

## General Information

Legal Name of Dance Studio or Competition:

Mailing address:

How long have you been in operation?

Website Address:

Name of contact person:

Position of contact:

Phone Number:

Annual revenues generated? \$

Number of staff members:

Annual Payroll:

|   |     |    |
|---|-----|----|
| Does the facility obtain written medical history including details of allergies for each child? (attach sample) | Yes | No |
|---|-----|----|

|                             |     |    |
|-----------------------------|-----|----|
| Is medication administered? | Yes | No |
|-----------------------------|-----|----|

|                                  |     |    |
|----------------------------------|-----|----|
| Signed parental consent on file? | Yes | No |
|----------------------------------|-----|----|

Who is responsible for administering?

|   |     |    |
|---|-----|----|
| Do all employees have C.P.R and first aid training? | Yes | No |
|---|-----|----|

What is the policy regarding sick children?

|  |     |    |
|--|-----|----|
| Are emergency telephone numbers (fire, poison control, police, ambulance) posted by telephone? | Yes | No |
|--|-----|----|

Describe any off-site activities (e.g. visits to zoo, park, etc.) and method of transportation:

|                                 |     |    |
|---------------------------------|-----|----|
| Is there an outside playground? | Yes | No |
|---------------------------------|-----|----|

|                                  |     |    |
|----------------------------------|-----|----|
| If yes, is it fenced and locked? | Yes | No |
|----------------------------------|-----|----|

|   |     |    |
|---|-----|----|
| Are staff members always present while children are using the playground? | Yes | No |
|---|-----|----|

Describe any playground equipment:

|   |     |    |
|---|-----|----|
| Are documented records kept for all incidents indefinitely? | Yes | No |
|---|-----|----|

|   |     |    |
|---|-----|----|
| Is written notification required if someone other than the parent or guardian will be picking up the child? | Yes | No |
|---|-----|----|

|                                     |     |    |
|-------------------------------------|-----|----|
| Does the centre transport children? | Yes | No |
|-------------------------------------|-----|----|

If yes, please advise details:

## Risk Information

|  |                    |  |                                       |  |        |
|--|--------------------|--|---------------------------------------|--|--------|
| Location Address:  |                    |  |                                       |  |        |
| Building Construction (if mixed construction, please indicate percentage of each type):          |                    |  |                                       |  |        |
| Fire Resistive (concrete wall, roof, floors)   |                    |  |                                       |  | %      |
| Masonry, non-combustible (masonry walls, steel deck roof, concrete floors)                       |                    |  |                                       |  | %      |
| Steel on steel (non-combustible walls, roof and floors with non-combustible supports)            |                    |  |                                       |  | %      |
| Brick veneer (frame walls with brick veneer, wood floors/roof)                                   |                    |  |                                       |  | %      |
| Frame (walls, floors/roof all of combustible materials)  |                    |  |                                       |  | %      |
| Year Built:  | Number of Storeys: | Total Square Footage (including basement): |                                       |  |        |
| If the building was constructed over 25 years ago, have the following been upgraded or replaced? |                    |  |                                       |  |        |
| Roof   | Yes                | No   | If yes, year updated:                 |  |        |
| Electrical   | Yes                | No   | If yes, year updated:                 |  |        |
| Plumbing   | Yes                | No   | If yes, year updated:                 |  |        |
| Heating  | Yes                | No   | If yes, year updated:                 |  |        |
| Type of Heating System:  |                    | Type of Secondary Heating (if any):        |                                       |  |        |
| Municipal Water Supply?  | Yes                | No   |                                       |  |        |
| Number of Fire Hydrants within 150 metres:   |                    | Distance to Fire Hall:                     |                                       | km   |        |
| Is the building being protected by an automatic sprinkler system?                                |                    | Yes  | No                                    |  |        |
| If yes, extent of protection:  |                    | 100%                                       | Partial: If partial, please describe: |  |        |
| Does the sprinkler system have monitored alarm protection?                                       |                    | Yes  | No                                    |  |        |
| Is there a fire alarm system?  | Yes                | No   | If yes, is the fire alarm monitored?  |  | Yes No |
| Is the building protected by an intrusion alarm?   |                    | Yes  | No                                    |  |        |
| If yes, is the alarm monitored?  |                    | Yes  | No                                    | Is there camera surveillance of the premises? Yes No |        |
| Do you have a working sump pump?   |                    | Yes  | No                                    |  |        |
| If yes, does it have a backup battery/generator/other power source?                              |                    | Yes  | No                                    | Is it alarmed?                                       | Yes No |
| Does your building have a backflow valve installed on the sanitary sewer line?                   |                    | Yes  | No                                    |  |        |
| Do you have water sensors installed in your building?  |                    | Yes  | No                                    |  |        |

## Coverages/Limits Requested

### PROPERTY & BUSINESS INTERRUPTION

#### Location 1

|   |         |         |          |          |    |
|---|---------|---------|----------|----------|----|
| Building replacement cost (including tenant's improvements) |         |         |          |          | \$ |
| Contents replacement cost (equipment and stock)             |         |         |          |          | \$ |
| Business Interruption                                       |         |         |          |          | \$ |
| Property deductible   | \$2,500 | \$5,000 | \$10,000 | \$25,000 |    |
| Earthquake coverage   |         |         | Yes      | No       |    |
| Flood coverage  |         |         | Yes      | No       |    |

### CRIME

| Coverage  | Standard Limits | Limit Requested |
|---|-----------------|-----------------|
| Employee Dishonesty – Commercial Blanket (Form A) | \$100,000       | \$              |
| Broad Form Money & Securities (Inside)            | \$10,000        | \$              |
| Broad Form Money & Securities                     | \$10,000        | \$              |
| Depositors' Forgery                               | \$50,000        | \$              |
| Money Orders & Counterfeit Currency               | \$25,000        | \$              |
| Credit Card Forgery                               | \$25,000        | \$              |

| <b>LIABILITY</b>   |              |
|--|--------------|
| <b>Coverage</b>  | <b>Limit</b> |
| Commercial General Liability (each occurrence/general aggregate)                             | \$           |
| Tenant's Legal Liability Broad Form (any one premises)                                       | \$           |
| Employers' Liability Extension   | \$           |
| Educators' E&O Extension (each occurrence/annual aggregate)                                  | \$           |
| <b><i>Separate applications required to quote Abuse, D&amp;O. and Umbrella Insurance</i></b> |              |

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

|  |  |
|--|--|
| <b>Signature of authorized officer</b>                     |  |
| <b>Print name and title of officer signing application</b> |  |
| <b>Date</b>  |  |