



Dance Studio and Instructor Liability Application
Cambrian Special Risks Insurance Services



130 Paris Street
Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866)-308-2784
Email: quotes@cambrianspecialrisks.com

SECTION 1: APPLICANT INFORMATION

- 1. Official / Legal Name of Organization:
2. Address: Street Number, Street Name, Apartment / Suite Number, City, Province, Postal Code
3. Phone, Fax
4. Website Address :
5. Will you require an Additional Insured to be added to the policy? Yes No
If "Yes", please provide name and mailing address:

SECTION 2: INSURANCE INFORMATION

- 1. Policy period From: To:
2. Limit required: \$1,000,000 \$2,000,000 \$5,000,000 Other
3. Are you aware of any incident which may result in a claim against you? Yes No
If "Yes", please provide details:
4. Previous Carrier: Renewal Offered? Yes No
If "No", please explain in detail the reason for non-renewal:
5. Loss History, please provide details below (attach additional page(s) if necessary):
Coverage Limit Carried Premium Total Losses

SECTION 3: UNDERWRITING INFORMATION

- 1. Total annual gross receipts from tuition/membership fees from all locations: \$
2. Do you sell products? Yes No
If "Yes", please provide annual gross receipts per product from all locations: \$
3. Do you have any of the following at any of your locations? Yes No
If "Yes", please provide how many annually: \$
Birthday Parties Exhibitions/Demos Sleepovers

4.  Fundraisers/Special Events     Open Dance     Recitals/Performances  
Do you have After School Programs?  Yes  No
5. Do you have any other source of income, including other businesses or activities?  Yes  No
6. Are you a;     Non Profit Organization     Corporation  
                   Partnership                                    For Profit Organization
7. Is the premises where you operate from;     Owned by you     Rented from someone  
   Sub-leased by you
8. Is your facility licensed for all activities that you conduct?  Yes  No  
If "No", please explain:
9. Are all employees covered under WSIB?  Yes  No  N/A  
If "No", please list numbers by job description and estimated payroll:  
  
Total payroll: \$ \_\_\_\_\_                   Number of Employees: \_\_\_\_\_
10. Confirm that all students/participants are Canadian?  Yes  No
11. Do you provide services to other business as a sub-contractor?  Yes  No
12. Have you signed any agreements assuming liability including care custody or control of any premises?  Yes  No  
If "Yes", please give details and provide copies:
13. Provide details on fundraising activities:
14. Do you operate a Dance Club?  Yes  No
15. Do you charge an entrance fee for admittance (excluding tuition)?  Yes  No
16. Do you meet at a hall, lodge or restaurant/bar?  Yes  No
17. Do you use Gymnastic Equipment/Pilates equipment?  Yes  No
18. Do you instruct "special needs" children?  Yes  No
19. Which of the following traditional names most closely resembles the dance that you teach? This would include all of your locations:
- |   |  |   |                                |   |  |
|---|--|---|--------------------------------|---|--|
| <input type="checkbox"/> Acrobatics           | <input type="checkbox"/> Ballet          | <input type="checkbox"/> Ballroom       | <input type="checkbox"/> Belly | <input type="checkbox"/> Cajun          | <input type="checkbox"/> Clogging            |
| <input type="checkbox"/> Country Song & Dance | <input type="checkbox"/> Country Western | <input type="checkbox"/> Exotic         | <input type="checkbox"/> Folk  | <input type="checkbox"/> Jazz           | <input type="checkbox"/> Lindy Hop/Jitterbug |
| <input type="checkbox"/> Hip Hop              | <input type="checkbox"/> Hula            | <input type="checkbox"/> Rhythm & Latin | <input type="checkbox"/> Salsa | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Square              |
| <input type="checkbox"/> Modern               | <input type="checkbox"/> Pole            | <input type="checkbox"/> Tap            | <input type="checkbox"/> Yoga  | <input type="checkbox"/> Yoga-Bikram    |  |
| <input type="checkbox"/> Swing                | <input type="checkbox"/> Tango           |   |                                |   |  |
| <input type="checkbox"/> Other: _____         |  |   |                                |   |  |
20. Please provide the total number of students enrolled for this policy term: \_\_\_\_\_
21. How many instructors are employed (full time or part time) at your studio: \_\_\_\_\_
22. Is there a signed Hold Harmless agreement on file for each student?  Yes  No
23. Are both parents/guardians signatures required for minors?  Yes  No

#### SECTION 4: PARTICIPANTS SAFETY

1. Is a disciplined policy in place and enforced?  Yes  No
2. Is an injury policy in effect?  Yes  No
3. Is an injury report form completed after any incident (attach sample)?  Yes  No
4. Is the chief instructor present at all classes?  Yes  No
5. Do you have a First-aid station at your premises?  Yes  No
6. Describe the precautions taken to avoid slips and falls at entrances in all weather conditions?
7. Are shower areas covered with non-slip floor covering materials?  Yes  No
8. Are the parking lots well-lit and patrolled?  Yes  No

### SECTION 5: ABUSE DEFENCE COST QUESTIONNAIRE

1. Please provide details in any previous abuse claims, including settlement amounts or reserves.
2. Are you aware, or been made aware, of any possible abuse claims that may arise over the next 12 months?

\*Any pending abuse claims or possible pending claims known to the insured prior to the effective date of this policy is excluded.

\*\*There is a minimum \$2,500 legal expense coverage for abuse (as defined by the wordings) inclusive in this policy. Greater amounts in \$3,000 increments can be purchased up to \$25,000.

### SECTION 6: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:
2. To assist us in becoming more knowledgeable about your association we require the following information:
  - a) Copy of insurance face sheet from current insurer
  - b) Copy of registration form
  - c) Copy of any waiver/release forms in use
  - d) Copy of any agreements assuming liability including care custody or control of any premises

### SECTION 7: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	

