

# Application for OrangeTheory Fitness Studios

This Application is for an Occurrence Form Policy



**Lackner McLennan Insurance**  
423 King Street North, Waterloo, ON N2J 2Z5  
1-800-265-2625 Ext. 320 • Fax: 519-579-1151  
**Joanne LeGal, CIP, CRM**  
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Is there any time the gym is open to members unstaffed? Yes  No   
Are you open 24 hours? Yes  No

*If 'Unstaffed', we cannot provide you with a quote. Please contact me for options – 1-800-265-2625 ext 320.*

Do you ever sublet your space to anyone outside of your normal operating hours? Yes  No

Date you are getting the keys to do renovations prior to move in date: \_\_\_\_\_

Does your landlord require Proof of Insurance before giving you the keys? Yes  No

*Please ensure that this information is provided before we begin issuing documentation, or delays will occur which can cause delays in obtaining your keys. Your lease will specify, or you can confirm with your landlord or property management company.*

If your landlord has requested to be added as an Additional Insured, please provide their full Corporate name and mailing address:

Full operating name: \_\_\_\_\_

Full Incorporated Business Name: \_\_\_\_\_

In Business since: \_\_\_\_\_

Web site address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone # you can be reached at during the day: \_\_\_\_\_ (Is this a cell #?) Yes  No

Mailing Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Location Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of all OWNERS of the company: \_\_\_\_\_

Number of all Full Time trainers: \_\_\_\_\_

Number of all Part Time trainers: \_\_\_\_\_

Confirm that all trainers are certified by a recognized organization:  
(ie. ACE, CanFit Pro, etc.)

What is the minimum age of participants? \_\_\_\_\_

Current Insurance Company Name: \_\_\_\_\_

Expiry Date of Policy: \_\_\_\_\_

No Previous Insurance: \_\_\_\_\_

Have there been any claims, or any current situation that might lead to a claim? Yes  No

If Yes, Please describe \_\_\_\_\_

Are you a: Tenant  Building Owner

Is the Building an Owned Commercial Condominium? Yes  No

Are you the owner of the Condominium? Yes  No

Type of building: Industrial  Commercial  Retail Strip Mall  Retail apartments upper floor  Other: \_\_\_\_\_

# of Stories: One  Two  More: (indicate #) \_\_\_\_\_

Is there a basement: Yes  No

Construction of Outside Walls: Hollow Concrete Block  Masonry  Brick  Steel  Frame

Construction of Floors: Poured Concrete  Frame  Other (describe) \_\_\_\_\_

Construction of Roof: Steel Deck  Frame  Asphalt Shingle  Other \_\_\_\_\_

Approximate Square Footage of the building: \_\_\_\_\_ s.f.

Square Footage of the area you are occupying: \_\_\_\_\_ s.f.

YEAR BUILT: \_\_\_\_\_

**If over 25 years ago, please confirm the year that the following updates were completed:**

Electrical		Partial		Complete		Year	
Plumbing		Partial		Complete		Year	
Heating		Partial		Complete		Year	
Roof		Partial		Complete		Year	

Type of Heating system: Suspended Forced Air Gas  Electrical  Rooftop HVAC units

Electrical System: Breakers  Fuses  Copper  Aluminum  Other: \_\_\_\_\_

Distance to hydrant: Within 150 meters  Within 300 meters  No hydrants

Distance to nearest responding paid fire hall: Within 5 km  Within 8 km  Over 10 km

Burglar Alarm: Yes  No  Monitored 24 hours? Yes  No

Fire Alarm: Yes  No  Monitored 24 hours? Yes  No

Do the premises have a sprinkler system? Yes  No

Are there fire extinguishers on premises? Yes  No

CONTENTS LIMIT: \$ \_\_\_\_\_

**Contents include all your equipment, monitors, furnishings, lockers, computers, etc.**

*- Valuation should be on a Replacement Cost Basis*

LOSS PAYABLE TO: \_\_\_\_\_

(If leasing equipment)

STOCK LIMIT: \$ \_\_\_\_\_

**Stock – Product that you hold for sale, such as supplements, t-shirts, water bottles etc.**

*- Valuation is Actual Cash Value (your cost to purchase, not selling price)*

TENANTS IMPROVEMENTS AND BETTERMENTS: \$ \_\_\_\_\_

**Tenants Improvements and Betterments – defined as building improvements, alternations and betterments made at the expense of the Insured (OR on behalf of the insured in the case of a landlord paying for them initially), to a building occupied by the insured, and for which the insured does not own. Your lease will more than likely make you responsible to insure the use interest in tenant's improvements made by a predecessor tenant. Please consult with your landlord to find out what that value would be. \* Rule of thumb is \$20 per square foot minimum. - Valuation is Replacement Cost**

**GENERAL & PROFESSIONAL LIABILITY LIMIT: \$5,000,000**

**The same limit will be applied to Commercial General Liability as well as Professional Liability.**

**The following information is Mandatory in order to obtain a quote:**

Estimated Gross Receipts for the coming 12 months: \$ \_\_\_\_\_  
(Includes anticipated memberships, PT, sales of supplements, t-shirts water bottles, etc)

Estimated number of members: \_\_\_\_\_

Do you sell food or beverages? Yes  No

If yes, please elaborate:

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Please confirm that the following are obtained prior to participation:

Waiver? Yes  No

Par-Q Form? Yes  No

**Please note: We require a minimum of 2 business days to put coverage into place, once the application has been approved.**

**\*\* PLEASE READ THE FOLLOWING \*\***

*I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.*

**Signature X** \_\_\_\_\_ **Date X** \_\_\_\_\_