



C A N A D A
Lackner McLennan
 INSURANCE LTD.



Lackner McLennan Insurance
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Application for CrossFit Box

This Application is for an Occurrence Form Policy

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.

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 Minimum CF L1 Certified: _____

Please describe all the different types of training that will be offered:

Please describe any special features/activities not usual to a Training Studio (eg Rock Climbing Wall) None OR:

Do you train children under 18 years old?	Yes		No	
What is the minimum age of children training at your facility?	Age: _____			
Do you do dryland team training of children under 18?	Yes		No	
Do you currently have or plan on offering CF Kids classes?	Yes		No	
Birthday Parties?	Yes		No	
Summer Camps?	Yes		No	
If yes to Summer Camps, please describe all activities at Summer Camps:				

Any transportation provided?	Yes		No	
Any overnight camps?	Yes		No	
If yes to the two questions above, please confirm that parents and/or guardians sign waivers.				

Any showers/sauna/hot tub/pool/massage/tanning?	Yes		No	
If yes, please describe:				

IF YES TO ANY OF THE ABOVE, A SUPPLEMENTAL ABUSE APPLICATION WILL BE REQUIRED!

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

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:

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** _____