

Health & Wellness Program

PREMIER MARINE

APPLICATION FOR HYPNOTHERAPISTS

Legal Business Name: _____

Individual Name: _____

Location Address: _____ City: _____ Province: _____ Postal: _____

Is this your residence? _____ Yes _____ No (if not your residence we will require full details of location)

Mailing (if different): _____ City: _____ Province: _____ Postal: _____

Contact Person: _____ Phone #: _____ Fax # _____

Res. # _____ Cell # _____ E-mail: _____

Web Page Address: _____

Expiry Date of Policy: _____ Current Insurance Company: _____ Risk Ever Been Cancelled: Y or N

★ **FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN A DELAY PROCESSING YOUR SUBMISSION** ★

Has prior coverage been on a Claims Made Basis? Y or N If yes, Retroactive date: _____

The last date that this policy was on a Claims Made Basis: Day _____ Month _____ Year _____

of years in business? _____

Are you a member of an association? _____ Yes _____ No

Please complete the following:

<u>Association</u>	<u>Membership or Registration #</u>	<u>Certification Held</u>	<u>Number of Years as Member</u>

****PLEASE PROVIDE A COPY OF CERTIFICATIONS**

DESCRIPTION OF OPERATIONS

Are full records kept Y or N How long are records kept: _____ years
Do clients sign a waiver Y or N

Liability Limits Desired (circle one): \$1,000,000 2,000,000

ESTIMATED GROSS RECEIPTS FOR THE YEAR: \$ _____ .00

Have you ever had claims against you in last 5 years? Y or N If yes, please list full details:

PROPERTY INFORMATION

Describe your location (Two storey, strip plaza, shopping mal, etc.) _____

Do you own the building? Yes No Building age _____ # of Stories: _____ Total Area of Bldg _____ ft

Latest Update: Roof _____ Heat _____ Plumbing _____ Electric _____ Total Area of your Premises _____ ft

Parking Lot/Walkways paved Yes No Are there any potholes in the parking lot? Yes No

Lighting Good Poor # of Stairs into your Facility _____ # of Stairs within your studio/area _____

Non Slip Steps – Outside Yes No Inside Yes No

Fire Hydrants within 500 ft? Yes No Restaurant within 2 adjacent units Yes No

Building Sprinklered? Yes No Monitored Alarm System Yes No Monitoring Company _____

Local Alarm System Yes No Surveillance System Yes No Doors have deadbolts? Yes No

Bars on Windows? Yes No Bars on Doors? Yes No Fire Alarm? Yes No

Any Smoking on Premises? Yes No Exterior Lighting? Yes No # of Fire Extinguishers _____

Unit Sprinkler System? Yes No # of Smoke Detectors? _____

Is there a bar/Tavern within 500 ft of your unit Yes No Is there a Variety Store Adjacent to your Unit? Yes No

Is Transportable Equipment locked up after every use? Yes No

What is at the Front _____ Back _____ Left _____ Right _____

Does Insured keep de-icer on hand when icy conditions are prevalent? Yes No

Who does snow removal? _____

CONSTRUCTION OF BUILDING (please circle one)

Wall joists: Concrete Block/Masonry Brick Veneer over Wood Frame/Siding

Roof joists: Concrete Steel Deck Metal Clad Wood joists

Is this your residence? Yes No

PROPERTY VALUES (If you had to replace the following items today)

Building (if required) _____ Equipment _____

Leasehold Improvements _____ Stock _____ Laptop Computers _____

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PLEASE NOTE:

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes was not provided.

The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The under-signed, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy.

A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Title of Applicant _____

Signature _____ Date _____

Brokerage: _____

Broker Contact name: _____ Signature: _____

ADDITIONAL INSURED (i.e.: landlord)

Please return to:
HUB International Insurance Brokers
3875 Henning Drive
Burnaby, BC V5C 6N5
Telephone: 604-293-1481
Facsimile: 604-293-1493
tos.vanprof@hubinternational.com