



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

DANCE INSTRUCTIONAL PROGRAM APPLICATION

GENERAL INFORMATION: (Please Print or Type)

1.

Official name of the Organization: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: Business () _____ Fax Number: () _____

Name of Contact for Insurance: _____

Location address: _____

Years Dance Studio has been in operation (give date and year): _____

Years of operation with current owner/operator: _____

Applicant is a: Non-profit Association Instructor only (no studio space)
 Proprietorship Corporation Partnership

2.

Full description of operations (obtain brochure, if available): _____

3.

List or attach schedule of dance classes, type of instruction, number of dancers per class, hours of instruction ie: 3:00 p.m. to 9:00 p.m.: _____

4.

Provide approximate breakdown of dances by the following age categories:

	Number Of Dancers	Percentage Of	
		Females	Males
Dancers under 19	_____	_____	_____
Dancers over 19	_____	_____	_____

5.

Number of Instructors: _____

Ratio of Instructors to Dancers: _____

List or attach Certificates of Training/Experience of Instructors: _____

6. Are there any activities involving trampolines: _____ if so please explain:

7.

Do you have any potential for travel to the United States? _____

8.

Past Insurance History:

Coverage and Loss History:

Indicate limits carried, corresponding premiums paid and total losses for the past three (3) years (attach company loss history - verification if required).

Coverage	Limit	Premium	Losses
General Liability	\$ _____	\$ _____	\$ _____
Participant Liability	\$ _____	\$ _____	\$ _____
Property Coverage	\$ _____	\$ _____	\$ _____

NOTE: Participant Liability means that there is coverage if parent sues because of child injuries caused by the dance studio or instructors etc.

List and explain any losses that have been paid by your insurance policies: _____

9.

Name of Current Insurance Carrier: _____

10.

Has any Insurance Carrier ever cancelled or refunded your organization coverage?

Yes () No ()

If yes, please explain: _____

11.

Insurance requirements for your organization (Please check and indicate limits required):

Desired Coverages	Limit
() General Liability including Participant	\$2,000,000. ()
() Property Coverages	
() Other Coverages	

Desired Effective Date for Coverages to Start: _____

12.

To assist us in becoming more knowledgeable about your organization, we require the following information:

- Copy of your registration forms
- Copy of any waivers/release forms used
- Copy of your programs and any promotional material used

13.

Any additional information or remarks that you believe may help us in evaluating your application will be appreciated, do you sublet your studio space, are there any special events, please use the space provided or attach separate page:

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the Company until accepted by the Company or companies underwriting this application.

Applicant Signature: _____ Date: _____