



WELCOME TO THE SPECIALTY INSURANCE PROGRAM – EXCLUSIVE FOR ALL OTF STUDIOS ACROSS CANADA.

As the insurance broker for this new OTF program, I have a personal interest in the Orangetheory Fitness model and have been an active member since April 2016 when it opened in Red Deer, AB. I am approaching 1000 classes and it has been the best exercise regiment I've ever had in my life.

- My daughter and son-in-law purchased an OTF franchise in Grande Prairie in June 2017.
- I was involved with their build-out and start up from October 2017 to April 2018 when they opened their doors with over 500 members.
- I went to an OTF Convention in 2018 and personally met with founder Ellen Latham and the key members of the OTF Canada Corporate team.
- In the summer of 2021, I approached OTF Canada and together we are proud launch of this new product to benefit all OTF Studio owners across Canada.

HOW TO GET STARTED:

- Download, review and fill out the attached application
- Email it to OTF@progressinsurance.ca
- If you have any questions, do not hesitate to contact us by phone or email

OTF Insurance Program team contact information:

- **Email:** OTF@progressinsurance.ca
- Marty Skinner (President) office: 587.797.4110 Cell: 403.341.0566
- Jennifer Wells - office: 587.797.4110
- Erin Leichman – direct: 780.428.7236

We look forward to the opportunity to be of service and your studio joining the OTF Canada Insurance Program.

Thanks and warmest regards,

A handwritten signature in black ink, appearing to read 'Marty Skinner', on a light blue rectangular background.

Marty Skinner
President / Progress Insurance



Brokerage Name:	Progress Insurance		
Broker Telephone:	403-341-0566	E-mail:	otf@progressinsurance.ca
Business Name:			
Location Address:			
	City:	Prov.:	P.C.:
Mailing Address:			
	City:	Prov.:	P.C.:
Owner/Operator:	Bus.#:	Fax:	
Email:	Cell #:	Res.#:	
Alternate Contact:	Phone:	Email:	
Website:			

Expiry Date of Current Policy:

OTF Common Expiry Date: July 1, 20

Current Insurance Company:

Number of years in business?

Have you ever been cancelled for nonpayment?

PROPERTY INFORMATION

Describe your location (strip plaza, shopping mall, etc.):

Building Age (year built):

No. Of Stories:

Do you own the building?

Total Area of Building: sq. ft.

Total Area of your Facility: sq. ft.

Sprinkler System: ☐

Monitored Alarm: ☐

Fire Hydrants within 500 feet: ☐

Is there Any Bar/Restaurant Adjacent to your operation? ☐

Does your location include a basement? ☐

Describe precautions taken to avoid slips and falls at entrances:

Do you have any equipment stored offsite? (i.e. home office) ☐

If yes, please describe:

CONSTRUCTION OF BUILDING

F/R	Structures/buildings must be made of reinforced concrete or protected steel	<input type="checkbox"/>	N/C	Building has exterior walls made of masonry materials, such as brick, concrete, hollow concrete block, stone, or other similar materials, with floors and roof constructed of metal	<input type="checkbox"/>
Masonry	brick veneer & combination of steel, concrete and wood	<input type="checkbox"/>	Frame	wood, tar and brick or similar materials.	<input type="checkbox"/>

LATEST UPDATES	FULL	PARTIAL	YEAR COMPLETED	TO CODE
Roof:	<input type="checkbox"/>	<input type="checkbox"/>		
Heat:	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing:	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical:	<input type="checkbox"/>	<input type="checkbox"/>		

If the building 20+ yrs old, this line is required *

If the building 35+ yrs old, these lines are required *

Use the following form to help breakdown and calculate accurate replacement cost:

STOCK:	Water/Pre-packaged Snack	\$	Clothing/Shoes/Hats	\$	Other	\$
EQUIPMENT:	Computers/Laptops	\$	Stereo/Video Equipment	\$	Signs	\$
	Furniture	\$	Machines	\$	Other	\$
LEASEHOLDS:	Existing Tenants Improv.	\$	Washrooms/Shower	\$	Change Rooms	\$
	Flooring	\$	Steamrooms/Built in Sauna	\$	Construction	\$
	Mirrors/ Wall Coverings	\$	Alarm/Phone Systems	\$	Other	\$

* **TOTAL CONTENTS (including all stock, equipment & leaseholds above)**

= \$

BUILDING REPLACEMENT VALUE (if required) (sq.ft. of building _____ x cost/sq.ft. \$ _____)

= \$



DID YOU KNOW:

Many people underestimate and therefore underinsure their property limits. Make sure you list how much it would cost to replace all of the above items today. To help estimate your Leasehold Improvements, you can multiply your square footage by \$20 (minimum \$/sq. ft. used for this industry).

OTHER BUSINESS(ES)

Do you own/operate or rent space to other businesses?

Total annual rental income \$

Describe type(s) of business:

EQUIPMENT

Do You Have Modified/Rebuilt/Used Equipment?

☐

If Yes, % used: %

Age:

Is Equipment Inspected Daily?

Who Does Maintenance?



LIABILITY INFORMATION

Liability Limit Requested: ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000

No. of Members: **# of Employees/Sub-Contractors (incl. Trainers):**

ANNUAL RECEIPTS

Membership	\$	Training	\$	Merchandise/Clothing	\$
Other:	\$	Other:	\$	Other:	\$

TOTAL GROSS ANNUAL RECEIPTS: \$

DESCRIPTION OF HEALTH CLUB OPERATIONS

Facility Hours:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Staffed							
Are members able to access the club when no staff is present? <u>NO</u>				If yes, complete the above table for the hours you are staffed & unstaffed. NA			
Approximate percentage (%) of clients using the facility during unstaffed hours:							<u>0</u> %
Do the security cameras operate 24 hours?				<u>Y</u>	If no, do they operate during unstaffed hours?		
How do you prevent multiple people entering the facility using the same card?							<u>NA</u>
Can guest passes be used during unsupervised hours?							<u>NA</u>
If clients abuse their privileges, are they prevented from using the facility when unstaffed?							<u>NA</u>
Are participants under the age of 18 able to access the facility during unstaffed hours?							<u>NA</u>
Is there staff present during all operating hours?				<u>Y</u>	Minimum age of Participants/Members: <u>14</u>		
Do the security cameras operate 24 hours?				<u>Y</u>	If no, do they operate during unstaffed hours?		
Do members sign waivers?		<u>Y</u>	Do you ever serve alcohol?		<u>N</u>	Do you have a liquor license?	
Do you sell supplements?		<u>N</u>	Do any contain ephedra or other metabolic enhancers?				<u>N</u>
Describe any activities away from the premises: <u>Sponsorship</u>							
List all programs offered if applicable:							

WET AREAS

Showers	#	Whirlpools	# <u>0</u>	Pools	# <u>0</u>
Infra Red Saunas	# <u>0</u>	Dry Saunas	# <u>0</u>	Steam Rooms/Wet Saunas	# <u>0</u>
Are all steam rooms vents/spouts covered/capped to defuse the steam?					<u>NA</u>
Non-Slip Flooring?			<u>N</u>	Rubber Mats In Halls?	
				<u>Y</u>	

ADDITIONS TO THE POLICY - CHECK THOSE THAT APPLY

☐ **A. ADDITIONAL INSURED IS MANDATORY FOR ALL OTF STUDIOS:**

1. Ultimate Fitness Group, LLC, OTF Royalties, LLC, Franchsor, LLC and their Affiliates
6000 Broken Sound Parkway NW Suite 200 Boca Raton, FL 33487
2. OTF Distribution, LLC 6000 Broken Sound Parkway NW, Suite 200, Boca Raton, FL 33487;
OTF Canada Inc. 100, 10357-109 Street Edmonton, AB T5J 1N3;
OTF Canada Distribution Inc. 100, 10357-109 Street Edmonton, AB T5J 1N3

☐ **B. LOSS PAYEE:** (Provide full name, address and interest in the policy * i.e. leasing co., mortgagee, etc.)

1.

2.

☐ **C. LESSORS FOR EQUIPMENT:**

1.

2.

☐ **D. OTHER:** (i.e. Landlord etc.)

1.

2.

CLAIMS HISTORY

 Has the company &/or staff had claims against them in last 5 years? , If yes please list details:

Date of Loss	Loss Details	Amount Paid/Reserve

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms and correspondence. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to **Sports & Fitness Insurance Canada**, you provide **Trothen & McConkey Insurance Broker Ltd.** with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

Applicant: **Signature:** _____ **Title:** _____ **Date:** _____