



FITNESS INSTRUCTOR / TRAINER BOOT CAMP INSURANCE APPLICATION

SECTION 1: INSURED

1.1 Effective Dates

Policy period required from (effective date): _____ to (expiry date): _____

1.2 Named Insured as it is to appear on policy:

Name of Organization (if different): _____

Mailing Address: _____

1.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) _____

1.4 Physical Address of Organization (if different than mailing):

1.5 Webpage: _____

1.6 Number of years the business has been in operation: _____

1.7 Total number of locations: _____

1.8 Name, Address and Description of Operations of all Subsidiary Companies:

1.9 Do the insured operate business outside of Canada?

☐ Yes ☐ No

1.10 Does the organization engage in any other business operations under the name of the Insured as will appear on the policy?

☐ Yes ☐ No

If yes, please explain: _____

SECTION 2: BROKER DETAILS

2.1 Name of Agent/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax Number: _____

E-mail address: _____

SECTION 3: GENERAL INFORMATION

- 3.1 Business Type: _____
- 3.2 Number of employees / Independent Contractors / trainers to be included: _____ (please specify)
Number of hours worked weekly: _____
- 3.3 Name and address of landlord requiring inclusion as "Additional Insured": _____

- 3.4 Applying as a: ☐ Group Exercise Instructor ☐ Personal Trainer ☐ Other: _____
- 3.5 Do you own / rent / or lease space? ☐ Yes ☐ No Receipts: \$ _____
- 3.6 Are clients required to sign a "Waiver of Liability"? ☐ Yes ☐ No *If yes, please attach sample
- 3.7 Have you ever had a claim brought against you? ☐ Yes ☐ No *If yes, please attach a letter explaining all details

SECTION 4: PROFESSIONAL BACKGROUND

- 4.1 Please identify all Memberships and / or Certifications obtained: **(Please attach copy of certification(s))**

NFALC - ☐ Membership ☐ Certification

ACSM - ☐ Membership ☐ Certification

AFFA - ☐ Membership ☐ Certification

ISSA - ☐ Membership ☐ Certification

OFC - ☐ Membership ☐ Certification

ACE - ☐ Membership ☐ Certification

NASM - ☐ Membership ☐ Certification

Other: _____ - ☐ Membership ☐ Certification

BCRPA - ☐ Membership ☐ Certification

Has the applicant completed Formal Physical Education ☐ Yes ☐ No

School: _____ Level Achieved: _____

Additional Training Taken: _____

- 4.2 Please check other activities applicable: (separate rates will apply)

Exercise Equipment: ☐ Yes ☐ No Pieces: _____

(Exercise equipment includes weight benches or machines, bikes, etc.)

Swimming Pool: ☐ Yes ☐ No Size: _____

Sauna/Jacuzzi: ☐ Yes ☐ No Number/Capacity: _____

Suntan Booths: ☐ Yes ☐ No Number: _____

(If yes, please have separate application completed)

All Courts: ☐ Yes ☐ No Number: _____

**** If you practice any of the following disciplines please call:** ☐ Bodywrapping ☐ Martial Arts ☐ Sports Medicine
☐ Physical Therapy ☐ Trampolines ☐ Gymnastics

4.3 Are you involved in any aspects of medical diagnostic or rehabilitation service? ☐ Yes ☐ No

4.4 Are you involved in any pre/post natal classes? ☐ Yes ☐ No

If yes, please explain: _____

4.5 Is there any hot yoga (ie. Bikram, Moksha, etc.) offered? _____

4.6 What safeguards or procedures do you employ to avoid injuries? _____

4.7 Any Outdoor Activities? (description) _____

4.8 Describe any additional operations not listed above: _____

SECTION 5: CLAIMS INFORMATION

5.1

Previous insurance company:

5.2

Does the Insured have a formal loss-control program?

☐ Yes ☐ No

If yes, please provide details:

5.3

Does the Insured have a formal employee safety-training program?

☐ Yes ☐ No

If yes, please provide details:

5.4

Does the Insured have a formal premises snow/ice clearance procedure?

☐ Yes ☐ No

If yes, please provide details:

5.5

Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

SECTION 6: DECLARATIONS

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed:

Full Name:

Position Held:

Date:

SECTION 7: ADDITIONAL INFORMATION

[illegible]