

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: _____

1.3 What is the insured?

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

1.4 Facility Address: _____

1.5 Total number of locations: _____

Address of each location (Include street, city, province, and postal code):

a. _____

b. _____

c. _____

*Use extra sheet if necessary.

1.6 Web Site: _____

1.7 Doing Business As: _____

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

1.9 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: _____

1.10 Number of years in business: _____

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 Membership #: _____ Type: _____ Expiration Date: _____
- 3.2 Number of employees / Independent Contractors / trainers to be included: _____ (please specify)
- 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 Desired effective date: _____
- 3.7 Are clients required to sign a "Waiver of Liability"? ☐ Yes ☐ No *If yes, please attach sample
- 3.8 Have you ever had a claim brought against you? ☐ Yes ☐ No *If yes, please attach a letter explaining all details
- 3.9 Number of hours worked weekly: _____

SECTION 4: PROFESSIONAL BACKGROUND

- 4.1 Please identify all Memberships and / or Certifications obtained: (Please attach copy of certification)
- | | |
|---|--|
| NFALC - <input type="checkbox"/> Membership <input type="checkbox"/> Certification | ACSM - <input type="checkbox"/> Membership <input type="checkbox"/> Certification |
| AFFA - <input type="checkbox"/> Membership <input type="checkbox"/> Certification | ISSA - <input type="checkbox"/> Membership <input type="checkbox"/> Certification |
| OFC - <input type="checkbox"/> Membership <input type="checkbox"/> Certification | ACE - <input type="checkbox"/> Membership <input type="checkbox"/> Certification |
| NASM - <input type="checkbox"/> Membership <input type="checkbox"/> Certification | Other: _____ - <input type="checkbox"/> Membership <input type="checkbox"/> Certification |
| BCRPA - <input type="checkbox"/> Membership <input type="checkbox"/> Certification | |
- Formal Physical Education: ☐ N / A
- 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: _____
- 4.9 Previous insurance company: _____
- 4.10 Previous losses: _____

SECTION 5: HEALTH CLUB/FITNESS STUDIO INFORMATION

- 5.1 Are you a licensed: ☐ Club ☐ Studio Gross Reciepts: \$_____ Square ft:_____
☐ Studio in your home
- 5.2 Total Number of Employees / Independent Contractors / Trainers to be included: (please specify)_____

5.3 Please complete Health Club Application if not operating from home.

Services and Equipment

Handball/Racquetball	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tennis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Basketball	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Jogging Tracks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bicycle Tracks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Restaurant/Snack Bar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cocktail Lounge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day Nursery/Babysitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gymnasium	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aerobic Classes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Barber & Beauty Shop	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Martial Arts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Masseuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sports Medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Events	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diet Plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toning Tables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Boxing/Kickboxing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please describe all other activities:_____

- 5.4 What are the hours of operation and is there a certified trainer on site at all times?:_____
- 5.5 Do you operate your business outside of Canada?_____

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.

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, additonal information as to the nature and scope of the report, if one is made, will be provided.

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.

Applicant's Name (please print):_____

Applicant's Signature:_____

Date:_____

Agent/Broker:_____