



**Fitness Liability
Insurance Application**

Your Name: _____

Business Name: _____

Membership #: _____ Type: _____ Expiration Date: ____/____/____
(IDEA, ISSA, BCRPA) (dd/mm/yy)

(Partnerships, corporations & business with employees or independent contractors must be business members)

Mailing Address: _____ Location Address: (if different from mailing) _____

Telephone: Business: (____) _____ Home: (____) _____
FAX: (____) _____

Operating as a : Proprietorship Partnership Corporation

Number of employees / Independent Contractors / trainers to be included _____ (please specify)

Name and address of landlord requiring inclusion as "Additional Inured":

Applying as a: Group Exercise Instructor Personal Trainer Other _____

Do you own, rent or lease space? Yes No Receipts: _____

Desired effective date: _____

Are clients required to sign a "Waiver of Liability"? Yes No If "Yes", please attach sample

Have you ever had a claim brought against you? Yes No
(If "Yes", please attach letter explaining all details)

Number of hours worked weekly: _____

Professional Background:

Please identify Membership in, or Certification by, any of the following: *(Please attach copy of certification)*

M	C	M	C	M	C	M	C	M	C
	NFALC		OFC		BCRPA		ISSA		ACE
	AFFA		NASM		ACSM	Other: _____			

Formal Physical Education: N/A

School: _____ Level achieved: _____

Additional Training Taken: _____

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 these disciplines please call:

- ◆ Bodywrapping
- ◆ Martial Arts
- ◆ Sports Medicine
- ◆ Physical Therapy
- ◆ Trampolines
- ◆ Gymnastics

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

Are you involved in any pre/post natal classes? _____

If yes, please explain: _____

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

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

Describe any additional operations/or outdoor activities: _____

Previous insurance company: _____

Previous losses: _____

Health Club/Fitness Studio Information

Are you a licensed Club Studio Gross receipts: \$ _____ Square feet: _____
 Studio in your home

Total number of employees / independent contractors / trainers to be included: _____ (please specify)

Services & Equipment:

Handball/Racquetball	Yes	No	Tennis	Yes	No
Basketball	Yes	No	Jogging Tracks	Yes	No
Bicycle Tracks	Yes	No	Restaurant/Snack Bar	Yes	No
Cocktail Lounge	Yes	No	Day Nursery/Babysitting	Yes	No
Gymnasium	Yes	No	Aerobic Classes	Yes	No
Barber & Beauty Shop	Yes	No	Martial Arts	Yes	No
Masseuse	Yes	No	Sports Medicine	Yes	No
Special Events	Yes	No	Diet Plans	Yes	No

Please describe any other activities: _____

What are the hours of operation and is there a certified trainer on site at all times?: _____

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

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, additional 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 Signature: _____

Date: _____

Broker Contact Information	
Agent Name:	
Broker Name:	
Address:	
City:	
Province:	
Postal Code:	
E-Mail:	
Phone:	
Fax:	