



CANADIAN SPORTS INSURANCE BROKERS

FITNESS INSTRUCTOR PACKAGE INSURANCE APPLICATION

Name of Insured

Mailing Address including
Province

Postal Code

Telephone

Website

Applying as:

Group Exercise
Instructor

Number of
Participants per class

Personal Trainer

Other

If Other:

Number of employees/Independent Contractors/Trainers to be included:

Total Gross Receipts (Annual)

Desired Effective Date

Number of hours worked weekly

PROFESSIONAL BACKGROUND

Please identify Membership in, or Certification by: (please attach copy of certification)

Are you involved in any pre/post natal classes or post rehabilitation?

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

Maximum Temperature:

YES

NO

Do you operate your business outside of Canada?

Describe any additional operations (kickboxing, etc)

Any outdoor activities?

YES

If YES, any outdoor cycling?

NO

PROPERTY COVERAGE

Is property coverage required?

YES NO Rented Owned Leased

Special Risk is able to offer the following coverage for an additional premium of \$100.00 subject to a \$500 deductible: \$5,000.00 Miscellaneous Property Floater, ACV, 100% Co, Max. \$500 payable any 1 item unless scheduled \$5,000.00 Extra Expense

if additional coverage/higher limits are required, please advise your broker. A full property application may need to be completed.

Main Location:

Construction Year Built

Any Upgrades?

of Stories Sprinklered? Alarmed? Local

Monitored None

PREVIOUS INSURANCE/LOSS HISTORY

Previous Insurance Company Is renewal being offered?

5 year loss history

Has any form of insurance ever been cancelled, refused or declined? Yes No

Waiver of Liability is required to be signed by all participants.

Waiver Attached Yes

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 carious risk characteristics. Upon written request additional information as the the nature and scope of the report, if one is made, will be provided.

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

Application Signature: X

Date:

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