

**SECTION 1: APPLICANT INFORMATION**

1. Name of Insured :
2. Name of Principal(s):
3. Contact Name:
4. Postal Address:
 

Street Number	Street Name	Apartment / Suite Number
City:	Province:	Postal Code:
5. Legal Address:
 

Street Number	Street Name	Apartment / Suite Number
City:	Province:	Postal Code:
6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
7. Will you require an Additional Insured to be added to the policy?  Yes  No  
If "Yes", please provide name and mailing address:

**SECTION 2: INSURANCE INFORMATION**

1. Policy period From: \_\_\_\_\_ To: \_\_\_\_\_
2. Limit required:  \$1,000,000  \$2,000,000  \$5,000,000  Other
3. Are you aware of any incident which may result in a claim against you?  Yes  No  
If "Yes", please provide details:
4. Previous Carrier: \_\_\_\_\_ Renewal Offered?  Yes  No  
If "No", please explain in detail the reason for non-renewal:
5. Loss History, please provide details below (attach additional page(s) if necessary):
 

Coverage	Limit Carried	Premium	Total Losses
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**SECTION 3: UNDERWRITING INFORMATION**

1. Total annual gross receipts from membership/guest fees from all locations: \$\_\_\_\_\_
2. Do you sell products?  Yes  No  
If "Yes", please provide annual gross receipts per product from all locations: \$\_\_\_\_\_
3. Do you have any of the following at any of your locations? If "Yes", please provide how many annually. \_\_\_\_\_  
 Exhibitions/Demos       Performances       Classes       Contests  
 Fundraisers/Special Events
4. Do you have After School Programs?  Yes  No

5. Do you have any other source of income, including other businesses or activities?  Yes  No
6. Are you a  Non Profit Organization  Corporation  
 Partnership  For Profit Organization
7. Is the premises where you operate from:  Owned by you  Rented from someone  
 Sub-leased by you
8. Is your facility licensed for all activities that you conduct?  Yes  No  
 If "No", please explain:
9. Are all employees covered under WSIB?  Yes  No  N/A  
 If "No", please list numbers by job description and estimated payroll:  
 Total payroll: \$ \_\_\_\_\_ Number of Employees: \_\_\_\_\_
10. Do you provide services to other business as a sub-contractor?  Yes  No
11. Have you signed any agreements assuming liability including care custody or control of any premises?  Yes  No  
 If "Yes", please give details and provide copies:
12. Provide details on fundraising activities:

#### SECTION 4: ELIGIBILITY INFORMATION

1. Total Number of Members: \_\_\_\_\_
2. Total Number of Personal Trainers: \_\_\_\_\_
3. Do your Instructors or Personal Trainers maintain their own separate insurance policy?  Yes  No  
*(See Personal Fitness Trainer Liability Application attached if coverage is required)*
4. What types of classes are taught?
5. Any boxing or kickboxing activities?  Yes  No  
 If "Yes", please describe sparing in terms of contact to different body sections. i.e.: light to body, none to head
6. List the equipment in the club available for student use. i.e.: bags, weights, stretching, pool, sauna, whirlpool, weapons, mats
7. What is the average size class and student/teachers ratio?
8. Do instructors give private lessons?  Yes  No
9. Provide approximate breakdown of members/guests by ages:  
 a. Youth – ages to 13: \_\_\_\_\_  
 b. Youth – ages 13 to 18: \_\_\_\_\_  
 c. Senior – ages 19 to 34: \_\_\_\_\_  
 d. Senior – ages 35 to 65: \_\_\_\_\_  
 e. Participants over 65: \_\_\_\_\_

## SECTION 5: PARTICIPANTS SAFETY

1. Is a disciplined policy in place and enforced?  Yes  No
2. Is an injury policy in effect?  Yes  No
3. Is an injury report form completed after any incident (attach sample)?  Yes  No
4. Is the chief instructor present at all classes?  Yes  No
5. Do you have a First-aid station at your premises?  Yes  No
6. Describe the precautions taken to avoid slips and falls at entrances in all weather conditions?
7. Are shower areas covered with non-slip floor covering materials?  Yes  No
8. Are the parking lots well-lit and patrolled?  Yes  No
9. What is the proximity to the closest medical facility?
10. Does the club have posted rules governing discipline and behaviour?  Yes  No
11. Are windows, door glass and mirrors made of safety glass?  Yes  No
12. Are shower areas covered with non-slip covering material?  Yes  No

## SECTION 6: ABUSE DEFENCE COST QUESTIONNAIRE

1. Please provide details in any previous abuse claims, including settlement amounts or reserves.
2. Are you aware, or been made aware, of any possible abuse claims that may arise over the next 12 months?

\*Any pending abuse claims or possible pending claims know to the insured prior to the effective date of this policy is excluded.

\*\*There is a minimum \$2,500 legal expense coverage for abuse (as defined by the wordings) inclusive in this policy. Greater amounts in \$3,000 increments can be purchased up to \$25,000.

## SECTION 7: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:
2. Please provide the following information with the application:
  - a) Copy of your registration form
  - b) Copy of any waiver/release forms in use
  - c) Information sheet on your type of martial arts
  - d) Resumes of all instructors
  - e) Copy of your Rules, Regulations and By-Laws governing recreational Martial Arts instituted by the owner/operator, association, provincial or national body
  - f) Copy of any agreements assuming liability including care custody or control of any premises

**SECTION 8: IMPORTANT NOTICE**

**PLEASE READ CAREFULLY:**

- 1. It is understood and agreed that coverage does not apply to bodily injury to a participant unless you implement sufficient procedures to secure from each participant and deliver to us simultaneously with notice of a participant claim a valid release and waiver of liability and indemnity agreement form and made part of the policy dated and signed by the participant prior to the time of the occurrence in which said participant was injured.**

**SECTION 9: DECLARATION**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

<b>BROKER CONTACT INFORMATION</b>			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	



**Personal Fitness Trainer Liability Application**  
Cambrian Special Risks Insurance Services



130 Paris Street  
Sudbury ON P3E 3E1  
Phone: (888) 339-6069 Fax: (866)-308-2784  
Email: [quotes@cambrianspecialrisks.com](mailto:quotes@cambrianspecialrisks.com)

**SECTION 1: APPLICANT INFORMATION**

8. Name of Applicant:

9. Address:

Street Number

Street Name

Apartment / Suite Number

City:

Province:

Postal Code:

10. Phone:

Fax:

11. Website Address :

12. Will you require an Additional Insured to be added to the policy?

Yes  No

If "Yes", please provide name and mailing address:

**SECTION 2: INSURANCE INFORMATION**

6. Policy period

From:

To:

7. Limit required:

\$1,000,000

\$2,000,000

\$5,000,000

Other

8. Are you aware of any incident which may result in a claim against you?

Yes  No

If "Yes", please provide details:

9. Previous Carrier:

Renewal Offered?  Yes  No

If "No", please explain in detail the reason for non-renewal:

10. Loss History, please provide details below (attach additional page(s) if necessary):

Coverage

Limit Carried

Premium

Total Losses

**SECTION 3: UNDERWRITING INFORMATION**

1. Total number of clients that are being trained: \_\_\_\_\_

2. Total number of trainers (part time or full time): \_\_\_\_\_

3. Name and location of training facility:

4. Gross Revenue: \$\_\_\_\_\_

5. Do you have any potential for travel outside of Canada?

Yes  No

6. Please provide, in detail, your scope of work as a fitness trainer:

**SECTION 4: OTHER INFORMATION**

3. Please provide any other information you feel would assist in the evaluation of your application:

4. Please identify Membership in or Certification by and attach a copy of the Certificate.

5. Please attach copies of the resumes for all trainers.

**SECTION 5: DECLARATION**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

**BROKER CONTACT INFORMATION**

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