

Basic Client Information:

Name Insured/Contact Name: _____

Legal Business Name: _____

Location Address: _____ City: _____ Province: _____ Postal: _____

Mailing (if different): _____ City: _____ Province: _____ Postal: _____

Contact Phone #: _____ Fax #: _____ Cell #: _____

E-mail Address: _____

Gross Receipts? \$ _____

CERTIFICATE PREMIUMS AND EXTENDED / OPTIONAL COVERAGE'S OFFERED

Base Premium per each individual Trainer:

Limit:	\$2,000,000	3 rd party liability and Professional coverage inclusive	Premium	\$200
	\$2,000,000	Bodily Injury and Property Damage	Fee	\$ 85
Deductible:	\$1,000		Base Premium Total	\$285

Optional service coverage:

Increase the liability limit from \$2,000,000 to \$3,000,000	Add \$50	_____
Increase the liability limit from \$2,000,000 to \$4,000,000	Add \$100	_____
Increase the liability limit from \$2,000,000 to \$5,000,000	Add \$150	_____
Pre Natal Training	Add \$100	_____
Hot Yoga	Add \$250	_____
Boot Camp (any activities outdoors)	Add \$100	_____
Tai Chi	Add \$100	_____
Teaching Yoga to other professional trainers	Add \$500	_____
Nutritional Consulting	Add \$100	_____
Cyber Liability \$100,000 Limit	Add \$150	_____
Cyber Liability \$250,000 Limit	Add \$225	_____
Total Premium including above options		

Premiums & Policy Fees are fully earned & retained once coverage is bound
 15% Broker Commission on Premiums

WARRANTIES, CONDITIONS AND EXCLUSIONS

(FOR BASIC INDIVIDUAL COVERAGE, NO ADDITIONAL COVERAGE'S):

Warranties / Conditions

1. If there have been any prior claims in the past 5 years – **you will not fit this program***
2. This policy is for each individual trainer and each individual must purchase their own insurance*
3. There is no coverage in place until the underwriter has provided a certificate of insurance*

Excluding:

1. All other operations not described and or listed within the description(s) of operations.
2. Any other service that is not described within the operations unless the program operations have been extended to offer broader modalities.
3. Weight loss/gain metabolic supplement sales and/or distribution of equipment/machines with movable parts.
4. Pre Natal training, Hot Yoga, Boot Camp, Tai Chi, diet/nutritional consulting unless the program operations have been extended to offer broader modalities.
5. Training to Professionals and/or carded athletes.
6. CrossFit and/or Gymnastics Training

By Signing this Application I confirm the following:

1. I have had no prior claims within the past 5 years.
2. I know I will not be covered for any other service that is not described within the operations unless the program operations have been extended to offer broader modalities.
3. I will not offer Weight loss/gain metabolic supplement sales and/or distribution of equipment/machines with movable parts.
4. I will not offer, Pre Natal training, Hot Yoga, Boot Camp and Tai Chi, unless the program operations have been extended to offer broader modalities
5. I will not offer training to Professionals and/or carded athletes
6. "Personal Trainer" as description of operations refers to an individual instructing in the related activities and operations that are standard for the purposes of physical fitness.
 - (a) The following activities are not included in the coverage under this Policy for "Personal Trainers":

- (i) The sale of products which the Insured mixes, blends, and/or manufactures. This also includes any product which the Insured re-labels with their own brand;
- (ii) The sale of electrical devices which has a cosmetic or health application, such as tanning equipment, cosmetic laser, IPL equipment, physical activity and/or vibration fat loss machines;
- (iii) The use of a trampoline greater than six (6) feet diameter; and
- (iv) Activities conducted in open waters, this does not including pool facilities
- (b) The following conditions must apply for this Policy to provide coverage for a "Personal Trainer":
 - (i) All fitness trainers must be certified to offer fitness training;
 - (ii) Nutritional consulting to follow the Canada Food guide; and
 - (iii) Signage posted in a visible area illustrating a requirement for eye protection for squash and racquetball activities.
 - (iv) Waivers are signed by all participants, or by parents in the case of minors.
 - (v) A Par-Q is completed with each participant. If concerns with the Par-Q a Med-X form will be completed by the participant and their doctor.

Initial: _____

ONLY REQUIRED IF CLIENT WOULD LIKE CYBER LIABILITY:

**** CYBER LIABILITY ****

- Does the Company store any medical/health information for clients? YES NO
- If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)? YES NO
- If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)? YES NO

*****Premiums & Policy Fees are fully earned & retained once coverage is bound*****

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Signature of Applicant:	Date:
Signature of Broker:	Date:
Broker Firm:	Broker AGT #:
Broker Email:	Tel: Fax:

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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