

Fitness Instructor/Studio Package Insurance Application

Brokerage: _____ Contact Person: _____ Email: _____

Name of Insured: _____ o/a _____

Mailing Address: _____ City/Prov _____ Postal Code _____

Location Address: (if different from mailing): _____

Telephone: (____) _____ Website: _____

Previous insurance company: _____ Is renewal being offered: _____

Has the named insured ever been refused or cancelled coverage? _____ Desired effective date: _____

5 year loss history: _____

UNDERWRITING INFORMATION

Estimated Total Annual Gross Receipts \$ _____ **Annual Retail Receipts: \$** _____

Do you own, rent or lease space on an annual basis? Yes No

Are you a licensed: Studio in your home Club Studio

Are clients required to sign a “Waiver of Liability” prior to taking an in person or online class/session?

Yes No (SRIM can provide a sample if needed)

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

Is the insured along with all additional trainers (full time/part time/contractors) fully certified? Yes No

Is there a staff member on site at all times? Yes No

Do any owners/employees certify other trainers? Yes No

Do you offer online instruction/skype sessions? Yes No

Are all online operations and services within Canada and only for Canadian participants? Yes No

Are there instructional videos posted on social media? Yes No

Do any trainers work one on one with professional and/or semi-professional athletes? Yes No

Is there any hot yoga (ie. Bikram, Moksha, etc.) offered? Yes No Maximum Temperature: _____

Do you operate your business outside of Canada? Yes No If YES: Where & what percentage? _____

Are there any outdoor activities that are over 10% of the operations? Yes No

Are there any aerial, hoop or silk activities? Yes No If yes, please advise height off of floor for silks _____

Is the location(s) under renovations of any kind? Yes No If YES – Please complete the renovation questionnaire

Do you serve alcohol or allow participants to bring alcohol on the premises and/or event(s)? Yes No

Please describe any other operations: _____

Name, address, and relationship to insured of any “Additional Insureds” to be added:

Please check those that apply:

Exercise Equipment Yes No Pieces _____ (Exercise equipment includes cardio 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 _____

Gymnasium Yes No Diet Plans (outside of Can Food Guide) Yes No
 Handball/Racquetball Yes No Sports Medicine Yes No
 Trampoline Activities Yes No Physiotherapy Yes No
 Bicycle Tracks Yes No Masseur Yes No
 Restaurant/Snack Bar Yes No Boxing/Kickboxing (contact or pad work) Yes No
 Cocktail Lounge Yes No Martial Arts Yes No
 Supplement Sales Yes No Day Nursery/Babysitting Yes No

PROPERTY COVERAGE:

Construction: _____ Year Built: _____ Any Upgrades: _____
 #of Stories: _____ Sprinklered: _____ Alarmed? Local: _____ Monitored: _____ None: _____
 Square Footage: _____ Other Occupancies: _____
 Any additional information: _____

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Miscellaneous Property Floater	
Extra Expense	
Business Interruption (Profits or ALS, please specify)	
Equipment Breakdown	
Computer (Hardware/Software)	
Office Contents	
Rent or Rental Value	
LIABILITY COVERAGE	AMOUNT OF INSURANCE
Commercial General Liability	

OPTIONAL COVERAGES: (Select any of the following optional coverages you require)

Sewer Back-up Property Extension Endorsement
 Flood Earthquake 3D Crime

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: _____