

FITNESS STUDIO/FITNESS INSTRUCTOR FORM

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? Yes No
 Has the named insured ever been refused or cancelled coverage? Yes No 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 sessions? Yes No Are there instructional videos posted on social media? Yes No
 Are all online operations and services within Canada and only for Canadian participants? 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 and 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 _____

Please check those that apply:

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	Masseuse	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? Yes No Alarmed? Local Monitored None

Fire Protection: Protected Semi-Protected, or Unprotected

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 of 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
- Earthquake 3D Crime Flood

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: _____