



Fitness Instructor Package Insurance Application

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured: _____

Mailing Address: _____ City/Prov _____ Postal _____

Telephone: (_____) _____ Website: _____

Applying as a: Group Exercise Instructor Personal Trainer Other _____

Total Receipts: _____ Retail Receipts: _____ Desired effective date: _____

Are clients required to sign a "Waiver of Liability"? Yes No (SRIM can provide a sample if needed)

Do you have studio space that you own/lease/rent on an annual basis and are the sole occupant? Yes No

Do you have clients come to your home? Yes No Number of hours worked weekly: _____

Professional Background:

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

Not including yourself please circle and advise the # of employees/independent contractors/trainers to be included _____

Is there any hot yoga (ie. Bikram, Moksha, etc.) offered? _____ Maximum Temperature: _____

Are you involved in any aerial yoga classes? _____ If yes, please advise height off of floor for silks _____

Do you operate your business outside of Canada?: _____

Do you offer online instruction/skype sessions? _____ If YES: What percentage of operations is done online? _____

Describe any additional operations (kickboxing, etc.): _____

Any outdoor activities? Yes No If yes any outdoor cycling? _____

Property Coverage Is property package required? Yes No

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

Above property option only available to individual instructors (rates may increase for studios including in-home studios)

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

Main Storage 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: _____

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: _____