SPECIAL RISK
INSURANCE MANAGERS

Please send completed application to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

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

Target Premium (if known):_____

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: _____