

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_  
 Phone: H:(\_\_\_\_) \_\_\_\_\_ W:(\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Website: \_\_\_\_\_

 Bus. Name: \_\_\_\_\_  
 Incorporated/Limited Company?  Yes  No

**List Your Certifications Here:**

\*\*YOU MUST REMIT A COPY OF EACH CERTIFICATION\*\*

**TRAINER ELIGIBILITY CHECKLIST - Please answer the following questions:**

Do you have employees or sub-contractors?	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you CrossFit certified/Instructing CrossFit?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you doing any work outside of Canada?	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you working with children under 12 years?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you require equipment damage coverage?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have any clients coming into your home?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you own or have you signed a lease for any commercial property that you work out of?	<input type="checkbox"/> Y <input type="checkbox"/> N	Have you had any prior claims?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you working with Semi-Prof/Prof Athletes?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you organize/host any special events/retreats?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you offer partner yoga?	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you an Instructor/Master Trainer (certify others)?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you offer any training/instruction <u>other than</u> face-to-face/in person (Zoom, Skype, etc.)?	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you working with any <u>active</u> rehabilitation patients?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you sell supplements (Isagenix, USANA, etc.)?	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you working with any <u>post</u> rehabilitation patients?	<input type="checkbox"/> Y <input type="checkbox"/> N
What are your total annual gross receipts? (If unsure, please estimate)			

**Policy Coverages and Extensions**
Comprehensive Liability

Provides premises/operation protection for any claims arising from your fitness related activities including sexual harassment.

Professional Liability

Protects you against bodily injury arising out of rendering or failure to render professional services.

Personal Injury Liability

Protects you against suits involving libel, slander, wrongful invasion of privacy, etc.

Tenant's Legal Liability

Provides \$250,000 of tenant's legal liability protection for any claims arising from facilities you rent, lease, or occupy.

Coverage	Deductible	Limit
<b>Liability - Occurrence Basis (including Professional)</b>		
Coverage A – Bodily Injury and Property Damage	\$0*/ \$500	\$2,000,000 ‡
Coverage B – Personal and Advertising Injury	\$0	\$2,000,000 ‡
Coverage C – Medical Payments – Any one person/Any one claim	\$0	\$25,000/\$25,000
Coverage D – Tenants' Legal Liability	\$500	\$250,000
General Aggregate Limit		\$5,000,000
Products-Completed Operations Aggregate Limit		\$2,000,000 ‡
Abuse Limitation	\$0	\$250,000
Additional Insured – Certificate Holders Endorsement		Included
Accident, Heart Attack and Stroke Insurance	\$0	As Per Endorsement
Martial Arts Studio Endorsement		Included
Retroactive Date Endorsement		Included
Hypnotherapy Extension Endorsement		Included
Beauty/Esthetics and Spas – Exclusions, Conditions, Restrictions and Warranties		Included
Cyber and Data Total Exclusion Endorsement		Included
Communicable Disease Exclusion		Included

‡ Higher Liability Limits are available

\* Bodily Injury Deductible subject to change depending on operations performed

## Policy Terms and Acknowledgements

### Terms and Acknowledgements:

This program is based on 1 instructor (yourself) only. If additional employees or contract trainers are hired we must be notified and policy & premium changes may be made.

It is required that all certifications will be kept valid/updated at all times.

It is required that a Get Active questionnaire, Med X, or similar questionnaire is completed and kept on file for all clients.

Any changes to operations or services from the information contained in this application are required to be disclosed to Sports & Fitness Insurance Canada for review of program eligibility. This may result in changes to premium, program, or cancellation of coverage.

A waiver must be signed and kept on file for at least 2 years (minors: 2 years after participant reaches the legal age of majority).

This policy will be fully earned. There will be no refund once the policy is bound.

There must be a log book in force to document all incidents and correspondence/follow ups.

All incidents will be reported to [claims@sportsfitnesscanada.com](mailto:claims@sportsfitnesscanada.com) immediately.

### Sub Broker Information

*Policy will be billed to your brokerage on our monthly statements less a flat \$25.00 commission.*

Brokerage Name:

Brokerage Address:

Contact Name:

Email:

Phone:

**This policy will be bound upon verification of eligibility, valid certification, signed quote and payment.**

**I confirm that all information above is true and accurate, and understand that the PREMIUM IS FULLY EARNED and there are no refunds once policy is bound.**

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms and correspondence. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to Sports & Fitness Insurance Canada, you provide Trothen & McConkey Insurance Broker Ltd. with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

By signing this form you are agreeing and accepting all terms, limits, coverages, and exclusions contained in the quotation, which will form the basis of the policy of issuance.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_