



**Fitness Liability  
Insurance Application**

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

Your Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Membership #: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(IDEA, ISSA, BCRPA) (d/m/y)

*(Partnerships, corporations & business with employees or independent contractors must be business members)*

Mailing Address: \_\_\_\_\_ Location Address: (if different from mailing) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Business: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
FAX: (\_\_\_\_) \_\_\_\_\_

Operating as a:  Proprietorship  Partnership  Corporation

Number of employees / Independent Contractors / trainers to be included \_\_\_\_\_ (please specify)

Name and address of landlord requiring inclusion as "Additional Inured":  
\_\_\_\_\_

Applying as a:  Group Exercise Instructor  Personal Trainer  Other \_\_\_\_\_

Do you own, rent or lease space? Yes / No (please circle) Receipts: \_\_\_\_\_

Desired effective date: \_\_\_\_\_

Are clients required to sign a "Waiver of Liability"?  Yes  No If "Yes", please attach sample

Have you ever had a claim brought against you?  Yes  No  
*(If "Yes", please attach a letter explaining all details)*

Number of hours worked weekly: \_\_\_\_\_

**Professional Background:**

Please identify Membership in, or Certification by, any of the following: *(Please attach copy of certification)*

M	C	M	C	M	C	M	C	M	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFALC		OFC		BCRPA		ISSA		ACE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			
AFFA		NASM		ACSM					

Formal Physical Education:  N/A

School: \_\_\_\_\_ Level achieved: \_\_\_\_\_

Additional Training Taken: \_\_\_\_\_

**Please check other activities applicable:** (separate rates will apply)

Exercise Equipment  Yes  No Pieces \_\_\_\_\_  
 (Exercise equipment includes weight benches or 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 \_\_\_\_\_

*If you practice any of these disciplines please call:*

- ◆ Bodywrapping
- ◆ Martial Arts
- ◆ Sports Medicine
- ◆ Physical Therapy
- ◆ Trampolines
- ◆ Gymnastics

Are you involved in any aspects of medical diagnostic or rehabilitation service?  Yes  No

Are you involved in any pre/post natal classes? \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

Is there any hot yoga (ie. Bikram, Moksha, etc.) offered? \_\_\_\_\_

What safeguards or procedures do you employ to avoid injuries? \_\_\_\_\_

Any Outdoor Activities? (description) \_\_\_\_\_

Describe any additional operations: \_\_\_\_\_

Previous insurance company: \_\_\_\_\_  
 Previous losses: \_\_\_\_\_

**Health Club/Fitness Studio Information**

Are you a licensed  Club  Studio Gross receipts: \$ \_\_\_\_\_ Square feet: \_\_\_\_\_  
 Studio in your home

Total number of employees / independent contractors / trainers to be included: \_\_\_\_\_ (please specify)

**Services & Equipment:**

Handball/Racquetball	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tennis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basketball	<input type="checkbox"/> Yes <input type="checkbox"/> No	Jogging Tracks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bicycle Tracks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant/Snack Bar	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocktail Lounge	<input type="checkbox"/> Yes <input type="checkbox"/> No	Day Nursery/Babysitting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gymnasium	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aerobic Classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Barber & Beauty Shop	<input type="checkbox"/> Yes <input type="checkbox"/> No	Martial Arts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Masseuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sports Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diet Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toning Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No # _____	Boxing/Kickboxing	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe any other activities: \_\_\_\_\_

What are the hours of operation and is there a certified trainer on site at all times?: \_\_\_\_\_

Do you operate your business outside of Canada?: \_\_\_\_\_

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: \_\_\_\_\_