

HOLMAN

INSURANCE BROKERS LTD.

3100 Steeles Ave. East, Suite #101, Markham Ontario Canada L3R 8T3
Telephone: 905-886-5630 Toll Free: 1-800-567-1279 Fax: 905-886-5622

Website: www.holmanins.com
E-mail: service@holmanins.com



FITNESS INSTRUCTOR LIABILITY INSURANCE APPLICATION THIS IS AN OCCURRENCE-FORM POLICY

This program has been specifically designed for Fitness Instructors. It is a Commercial General Liability “Occurrence Form Policy” which includes injury to Participants. Coverage is portable, allowing you to operate anywhere in Canada at multiple studios, retreats, your home, church, community center and parks etc.

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY.

“**Applicant**” means the individual detailed in question 1 overleaf below. This application form must be completed in ink, signed and dated by the **Applicant**. All questions must be answered and where appropriate “Not Applicable” or “N/A” specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Applicant**’s knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the **Applicant** is aware of any other information which it considers may alter, influence or prejudice the Insurers’ appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

Why Liability Insurance?

Because of your operations as a fitness instructor, you are open for a possible liability suit even if you are not negligent in your duties as an instructor. This policy covers your legal liability for bodily injury to participants in your class as well as spectators and passers-by.

PROGRAM HIGHLIGHTS

OPTION A

Commercial General Liability Program Highlights

- CGL and Injury to Participants \$2,000,000
- Personal Advertising Liability Included
- Products & Completed Operations Included
- Voluntary Medical Payments \$10,000
- Incidental Medical Malpractice Included
- Errors & Omissions (i.e. Professional Liability)

- Additional Insured – Blanket Basis included
- Employers Liability Extension Included
- Bodily Injury/Property Damage Deductible \$500
- Tenants Legal Liability \$2,000,000

OPTION B

Sports Accident – Schedule of Payments

- Principal Sum \$50,000
- Dental Accident Reimbursement \$10,000
- Dentures, Removable Teeth, hearing aids, Eyeglass and contact lenses \$200
- Emergency Transportation (i.e. Ambulance) \$50
- Family Transportation \$2,500 – any one insured person
- Prosthetic Appliances & Rehabilitation \$3,000
- Repatriation \$5,000
- Loss of Income-waiting period 30 days (\$100 a week)
- Aggregate Payable for any one Accident \$1,000,000
- Tuition Benefit \$2,000

Applicant Acknowledgement

Signature

Date

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INSURED INFORMATION

Applicant Name: Address:	First Name	Initial	Last Name
	Street Address		
City	Province	Postal Code	
Telephone Number:	Business #	Cell #	
Email Address:	Fax #		

BUSINESS OPERATIONS

Is fitness instructing a fulltime business for you? Yes No

Average number of hours you teach monthly: _____

Have you ever had a liability claim made against you? Yes No

If **YES**, please describe:

*What is the typical number of sessions per week per client? _____

*Do you train anyone under the age of 16 or over the age of 65? **If yes, please provide full details:** Yes No

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

*Are you providing any nutritional or dietary advice? Yes No

*Do you have any clients come to your home or do you work out of a public facility? Yes No

If you have employees or need equipment coverage, you must apply using the "Fitness Studio Application"

If you require coverage for out of country retreats, you must complete a supplementary application.

NOTE: ALL TRAINEES UNDER YOUR INSTRUCTION MUST COMPLETE A PARQ PHYSICAL ACTIVITY READINESS QUESTIONNAIRE ONCE A YEAR.

PREMIUM CALCULATION

<input checked="" type="checkbox"/> Please select all that apply	Write the applicable premium in the column. ▼
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A: Commercial General Liability

<input checked="" type="checkbox"/>	Commercial General Liability \$2,000,000		\$150
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B: Sports Accident

<input type="checkbox"/>	Optional Sports Accident \$50,000	\$25	\$
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		TOTAL PART A & B	\$
		BROKER FEE	\$25.00
For residents of Manitoba add 8% Quebec add 9% Ontario add 8%		TAX	\$
		TOTAL INCLUDING TAX	\$

Please advise the date insurance required is to be effective:	MM/DD/YYYY
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***NOTE: All Insurance premiums are subject to 100% minimum and retained premium. NO refund premium is applied for mid-term cancellation.**

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PROTECTION APPLICANT'S INFORMATION

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. for the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Applicant's Signature

Date

This application must accompany copies of Certification and Payment to avoid delay in processing

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Fitness Instructor Checklist

- Application completed in full. All questions must be answered.
- Relevant new certificates and qualifications attached. For new applicants or new certifications.
- Membership Documentation (e.g. Certificate of Membership).
- Premium payment attached online Banking confirmation # _____ Name of Bank: _____

PAYMENT OPTIONS

Internet Banking (not to be confused with Interac e-Transfer which we do not accept)

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
2. Enter Holman. Choose All Categories and province Ontario and submit.
3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOU LAST NAME FOLLOWED BY XX1
4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.

Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOU LAST NAME FOLLOWED BY XX1
4. Your banking institution will then take your payment over the telephone by your choice of payment method.

Debit Card Payments

1. Contact your bank by telephone or visit in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOU LAST NAME FOLLOWED BY XX1
4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
5. Choose banking option: Bill Payment and follow your bank instructions.

In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOU LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd.
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