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**FITNESS INSTRUCTOR / PERSONAL TRAINER
GENERAL LIABILITY INSURANCE APPLICATION**

www.holmanins.com
www.personaltrainerinsurance.ca
www.yoga-insurance.ca

This program has been specifically designed for Fitness Professionals including:

- Dance and Dance Fitness Instructors
- Fitness Coaches
- Personal Trainers
- Group Fitness Instructors
- All forms of Yoga and Pilates Instructors
- Sport Conditioning Instructors
- Wellness & Nutrition
- Even specialties such as Bellyfit™, Pyfusion™, Two-Brain Coaching or Zumba™

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 Professionals, 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**Sports Liability (Occurrence Form)**

- Public Liability \$2,000,000 higher limits available
- Injury to Participants included
- Personal Advertising Liability Included
- Products & Completed Operations Included
- Employee Benefits Liability included
- Contingent Employers' Liability included
- First Aid & Medical Payments \$10,000
- Sports Professional Liability – "Claims Made" \$1,000,000
- Tenant Legal Liability \$1,000,000
- Non-owned Auto Liability \$1,000,000
- Additional Insured – Blanket Basis included

Specific Exclusions

Communicable Disease
Sexual Abuse and Molestation
Trampoline,
Liquor
Marijuana

Deductible \$1,000

Applicant Acknowledgement

Signature

Date

FITNESS PROFESSIONALS / PERSONAL TRAINER LIABILITY INSURANCE APPLICATION

WARNING

If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact Holman Insurance Brokers Ltd. immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant's ability to claim under the Applicant's insurance policy.

INSURED INFORMATION

1.a.	Full Name of Applicant:	First Name	Initial	Last Name
b.	Location Address:	Street Address		
	City	Province	Postal Code	
2.a.	Do you operate under a Business Entity or Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, Full Name of Business:			
	Note for Incorporated Business Entity or Partnership Coverage:			
	This policy being applied for will cover the Business Entity or Partnership if incorporated and up to 1 administrative non-professional staff that do not provide any of the insured services. No additional charge for sole proprietor acting under a company name. There is an additional charge for an Incorporated companies and partnerships. All professionals must apply for individual coverage separately.			
2 b.	Telephone Number:	Business #	Cell #	
2.c.	Email Address:	Fax #		
	Date of Birth (mm/dd/yyyy)			

BUSINESS OPERATIONS

3. Is being a Fitness Professional a fulltime business for you? ☐ Yes ☐ No

You must provide a copy of any relevant certificates and qualifications you have achieved.

4. Average number of hours you teach monthly: _____

Average number of participants you teach monthly: _____

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

If you require coverage for out of country retreats, you must complete a supplementary application (additional charge may apply).

6. Is any of your work supervised? ☐ Yes ☐ No

If **YES**, please advise by whom and under what circumstances:

Name of Supervisor	Address	Tel #	Email
Please provide qualifications of supervisor			

7. a. Do you work with animals? ☐ Yes ☐ No

If **YES**, please advise when this would happen and with what types of animal.

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- b. Do you provide sports therapy / rehabilitation / massage therapy? ☐ Yes ☐ No
- c. Do you provide fitness instruction to Professional Sports persons and/or dancers? ☐ Yes ☐ No
- d. Do you teach instructors and/or certify or qualify another to teach others? ☐ Yes ☐ No

Where an applicant is a teacher, teaching is considered certifying and/or qualifying another to teach others.
(This should not be confused with instruction of others in participation of an activity.)

Your policy does not extend coverage to the actions of your students. Examples of this would be:

- i) a student or graduate injuring another student during practical training;
- ii) a student or graduate causes harm to a patient and an allegation is made that the damages were in whole or in part as a result of insufficient or deficient training.

If **YES**, please indicate relationship to whom and how often.

Attach relevant qualifications.

To Whom?	How often?
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- e. Do you require liability coverage for any additional Insured's? Please indicate the relationship, state name and full address. If more space is required, please complete the following. ☐ Yes ☐ No

Note: Additional Insured

This policy includes Blanket Additional Insured's however if they require a specific individual certificate to be issued there is an additional Charge of \$25 each plus tax and we require the following information:

It is requested the following entities are to be added to the policy as Additional Insured, but only with respect to the operation of the Named Insured. The certificate applies to the named insured while operating within the scope as a Fitness Professional.

Name and complete address, including postal code AND email of Additional Insured:			Interest in the insurance:
Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email :			
Address: (Street)	Province:	Postal Code:	

Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email:			
Address: (Street)	Province:	Postal Code:	

NOTE: If the answers to item 7 a – e are **YES**, an additional premium loading will apply. Please refer to premium calculation page.

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8.a Do you sell or distribute any fitness related products? ☐ Yes ☐ No

If yes, please state the products you sell or distribute.

b. Do you operate your own Fitness gym, Studio, Clinic or are responsible for premises lease of the space from which you operate? ☐ Yes ☐ No

If yes, you will need additional premises liability coverage. Please contact our office for a supplementary application for Fitness, Studio or Gym.

c. Do you require coverage for contents, stock, crime, business interruption theft and fire coverage? ☐ Yes ☐ No
If yes, these coverages are specifically excluded, however you may apply separately for these additional coverages. Please contact our office for a supplementary application.

A commercial package policy is bundled business insurance coverage for various perils, such as commercial contents, business interruption, crime and commercial general liability.

9. Do you operate your business outside of Canada and require World-wide coverage? ☐ Yes ☐ No

10. Do you practice Online, provide online E-services, Internet training, internet consulting, or provide social media, media streaming and/or videos? ☐ Yes ☐ No

11. Do you require Cyber Legal Liability Insurance coverage? ☐ Yes ☐ No
If yes, please request a Cyber Liability application.

12. Do you currently purchase any of the following types of insurance policies? Fitness Liability, Sports Liability, Medical Malpractice, Professional Liability Insurance or Errors or Omissions Insurance? If YES, please give full details: ☐ Yes ☐ No

LIMIT:	DEDUCTIBLE:	EXPIRY DATE MM/DD/YYYY	TYPE OF INSURANCE	INSURER	PREMIUM

If you previously had a "Claims Made" policy and require retro date coverage, please provide evidence of prior insurance policy.

13. Do you keep records for at least 7 years for all clients? ☐ Yes ☐ No

If **NO**, please advise why the answer is **NO**:

14. Do you obtain satisfactory consent in writing from each client prior to starting instruction? ☐ Yes ☐ No
If **YES**, please attach sample copy of consent form, intake form or client waiver.

15. Have any negligence claims ever been made against you whether successful or otherwise? ☐ Yes ☐ No

16. Have any claims for dishonesty ever been made against you whether successful or otherwise? ☐ Yes ☐ No

17. Have any complaints or investigations ever been made or undertaken against you? ☐ Yes ☐ No

18. Have you ever had a document relating to your activities unintentionally destroyed, damaged, lost or mislaid? ☐ Yes ☐ No

19. Have you ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? ☐ Yes ☐ No

20. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? ☐ Yes ☐ No

21. Have any sexual harassment and/or abuse claims ever been made against you? ☐ Yes ☐ No

22. Are you aware of any circumstances which may give rise to a potential claim or request for indemnity under ☐ Yes ☐ No

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this professional liability insurance?

23. Have you ever had a claim made against you whether successful or otherwise in respect of bodily injury, property damage, premises (including tenant's liability), liability, personal injury, advertising liability or medical expenses? If YES, please give full details: ☐ Yes ☐ No
24. Have you ever been declined, non-renewed or cancelled by any insurer for any type of Liability, Professional Liability, Sports Liability or Errors and Omissions insurance? ☐ Yes ☐ No

NOTE: If the answer to any of 13-24 above is YES, please provide full details here or attached sheet if space insufficient:

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FITNESS PROFESSIONAL SERVICES

CATEGORY A: Please ☒ all that apply below. NO gym equipment and machinery allowed, see Category B, D

<input type="checkbox"/> Antaraka (Core) Yoga	<input type="checkbox"/> Anusara Yoga	<input type="checkbox"/> Aqua Natal Yoga	<input type="checkbox"/> Aqua Fitness
<input type="checkbox"/> Asanas Yoga	<input type="checkbox"/> Ashtanga Yoga	<input type="checkbox"/> Barre™	<input type="checkbox"/> Beach Body™
<input type="checkbox"/> Belly Fit™	<input type="checkbox"/> Bikram Yoga™ below 40 Celsius #	<input type="checkbox"/> Classical Yoga	
<input type="checkbox"/> Can Fit Pro Instructor™	<input type="checkbox"/> Dance/Dance Fitness	<input type="checkbox"/> Dynamic Stretching	<input type="checkbox"/> Energy Work
<input type="checkbox"/> Essentrics™	<input type="checkbox"/> First Aid Instructor	<input type="checkbox"/> Fitness / Fitness Coach	<input type="checkbox"/> Group Fitness
<input type="checkbox"/> Hatha Yoga	<input type="checkbox"/> Health Coach	<input type="checkbox"/> Hot Yoga below 40 Celsius	Jazzercise™ available different application
<input type="checkbox"/> Jivamukti Yoga	<input type="checkbox"/> Kripalu Yoga	<input type="checkbox"/> Kundalini Yoga	<input type="checkbox"/> Laughter Yoga
<input type="checkbox"/> Meditation	<input type="checkbox"/> Mind Body	<input type="checkbox"/> Moshka Yoga™ below 40 Celsius	<input type="checkbox"/> Nutrition & Wellness
<input type="checkbox"/> Orange Theory™	<input type="checkbox"/> Personal Fitness Trainer	<input type="checkbox"/> Pilates	<input type="checkbox"/> Piyo Live
<input type="checkbox"/> Pound	<input type="checkbox"/> Power Yoga	<input type="checkbox"/> Pranayama Yoga	<input type="checkbox"/> Pyfusion™
<input type="checkbox"/> Qi-gong	<input type="checkbox"/> Reiki	<input type="checkbox"/> Restorative	<input type="checkbox"/> Revkor™
<input type="checkbox"/> Sivananda	<input type="checkbox"/> Spinning	<input type="checkbox"/> Sports Conditioning	<input type="checkbox"/> Tai Chi
<input type="checkbox"/> Two-Brain Coaching™	<input type="checkbox"/> Vini Yoga	<input type="checkbox"/> Vinyasa Yoga	<input type="checkbox"/> Yamuna Body Rolling
<input type="checkbox"/> Yin Yoga	Zumba™ available different application		

Notice: For Hot Yoga, Moshka Yoga, Bikram Yoga there is no surcharge for temperature below 40 Celsius, for temperatures ABOVE 40 Celsius, see Option C

CATEGORY B: Please ☒ all that apply

<input type="checkbox"/> Fitness with Gym equipment or machinery with moveable parts	<input type="checkbox"/> Bootcamp	<input type="checkbox"/> Kangoo Jumps	<input type="checkbox"/> Ropes
<input type="checkbox"/> Swim Instructor/Life Guard			

CATEGORY C: Hot Yoga– for Temperature's Above 40 Celsius - Includes ANY Modality in OPTION A and B., Please ☒ all that apply

<input type="checkbox"/> Hot Yoga	<input type="checkbox"/> Moshka	<input type="checkbox"/> Bikram	Please Advise Maximum temperature allowed in room Celsius
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CATEGORY D: Includes ANY Modality in OPTION A, B, C ABOVE - Please ☒ all that apply.

<input type="checkbox"/> Baby Yoga	<input type="checkbox"/> Cross Fit™	<input type="checkbox"/> Dragon Boat	<input type="checkbox"/> Fascial Stretch Therapy
<input type="checkbox"/> Lagree™	<input type="checkbox"/> Mother & Tots Yoga	<input type="checkbox"/> Outdoor activities	<input type="checkbox"/> Paddle Board Yoga
<input type="checkbox"/> Pre-Natal Fitness	<input type="checkbox"/> Pre-Natal Yoga	<input type="checkbox"/> Rip Surfing	<input type="checkbox"/> Stand Up Paddle Board
<input type="checkbox"/> Tire Fitness	<input type="checkbox"/> Weight Lifting Training with, equipment and/or machinery with moving parts		

CATEGORY E: Includes ANY Modality in OPTION A, B, C, D ABOVE - Please ☒ all that apply.

Coverage for minors under 16 not available

<input type="checkbox"/> Aerial Yoga	<input type="checkbox"/> Aerial Silks	<input type="checkbox"/> Acro Yoga	<input type="checkbox"/> Inversion Yoga
<input type="checkbox"/> Non contact mixed martial arts fitness	<input type="checkbox"/> Pole Fitness	<input type="checkbox"/> Slack lining	<input type="checkbox"/> Suspension Yoga

No trampolines. Crash pads, mats are required at all times. Certification of rigging required.

NO CATEGORY APPLICABLE:

<input type="checkbox"/> Others (please list) – additional premium may apply:

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PREMIUM CALCULATION and INVOICE

COVERAGE: Sports Liability – Occurrence Basis

<input checked="" type="checkbox"/> Please select all that apply. Rates based upon Deductible \$1,000 includes \$1,000,000 Errors & Omissions					Write the applicable premium in the column. ▼	
LIMIT OF LIABILITY ▼ Check off one	<input type="checkbox"/> Category A	<input type="checkbox"/> Category A & B	<input type="checkbox"/> Category A-C	<input type="checkbox"/> Category A-D	<input type="checkbox"/> Category A- E	Total Premium A or B or C or D or E
<input type="checkbox"/> \$2,000,000 Per Occurrence \$2,000,000 Aggregate	\$175	\$265	\$430	\$480	\$800	\$
<input type="checkbox"/> \$3,000,000 Per Occurrence \$3,000,000 Aggregate	\$215	\$350	\$590	\$645	Not available	
<input type="checkbox"/> \$5,000,000 Per Occurrence \$5,000,000 Aggregate	\$320	\$455	\$750	\$830	Not available	
Increase – Sports Professional Liability (Errors and Omissions)						
<input type="checkbox"/> \$1,000,000 per claim / \$1,000,000 Aggregate					\$ Included	\$
<input type="checkbox"/> \$2,000,000 per claim / \$2,000,000 Aggregate					\$50	
<input type="checkbox"/> \$3,000,000 per claim / \$3,000,000 Aggregate					\$150	
<input type="checkbox"/> \$5,000,000 per claim / \$5,000,000 Aggregate					\$250	
▼ If you answered YES to questions						
<input type="checkbox"/> Business Entity – Question 2.a.					Add \$100	\$
<input type="checkbox"/> Work with Animals – Question 7a					Question 7a – 7d – ADD 30% load each	\$
<input type="checkbox"/> Work with fitness instruction to Professional Sports persons and/or dancers – Question 7c						\$
<input type="checkbox"/> Do you provide sports therapy / rehabilitation / massage therapy – Question 7b						\$
<input type="checkbox"/> Teaching Instructors or Certifying others - Question 7d						\$
<input type="checkbox"/> Additional Insured as per Question 7e					\$25 each	\$
Optional Coverage – additional charge Please <input checked="" type="checkbox"/> all that apply						
<input type="checkbox"/> Online Internet, Training and / or Videos – Question 9					\$150	\$
<input type="checkbox"/> World-wide coverage Territory – Question 10					\$150	\$
					Add Broker Fee	\$ 50.00
					Total Before Tax	\$
For residents of Manitoba 7%, Ontario 8%, Quebec 9% and Saskatchewan 6%, Newfoundland/Labrador 15%					TAX	\$
					Grand Total Please remit	\$

***NOTE: All Insurance premiums are subject to 100% minimum and retained premium. NO refund of premium for mid-term cancellation.**

Please advise the date insurance required is to be effective:	MM/DD/YYYY
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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.

DISCLOSURE OF MATERIAL FACTS

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

PROGRAM DISCLOSURE

Your coverage will be placed with a program administered by Holman Insurance Brokers Ltd. We have engaged in a marketing process to offer a competitive product on a group basis with insurers but we have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by Holman to seek an alternative insurer if available.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost-effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

DECLARATION

I declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the category(ies) 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

Print Name

FITNESS PROFESSIONALS / PERSONAL TRAINER LIABILITY INSURANCE APPLICATION

FITNESS INSTRUCTOR / PERSONAL TRAINER INSURANCE CHECKLIST and PAYMENT OPTIONS

Application completed in full. All questions must be answered.

☐

All pages #1 to #8 must be returned. (including page #1).

☐

Relevant certificates and qualifications attached.

☐

Method of Payment (must accompany application, instructions next page)

☐ cheque attached (your cancelled cheque is your receipt)

☐ Bill Pay online payment Bank confirmation #_____ Name of Bank _____
confirmation receipt provided by bank provider

☐ Visa/Master Card - email confirmation receipt will be sent upon transaction

Please keep a copy your application and payment receipt (ie cheque, Bank confirmation or online payment receipt).

An invoice will not be issued.

Return completed application and additional materials requested to:

Holman Insurance Brokers Ltd.
1 Valleywood Drive, Suite #100, Markham ON L3R 5L9
Telephone:(905)886-5630

Email: programs@holmanins.com

PAYMENT OPTIONS

Credit Card, Visa or Mastercard

1. Go to <https://www.policypayments.com/Holman?step2>

Note: There is a administrative convenience fee of 2.50% charge

Interac e-Transfer ®

If you wish to pay by Interac e-Transfer ® you can send to etransfer@holmanins.com with no need to provide an answer to a security question. Is it safe to send an Interac e-Transfer® transaction without a security question as Holman Insurance Brokers Ltd. is registered for Autodeposit, whereby our bank has verified our identity.

Internet Banking - (NOT to be confused with Interac e-Transfer)

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 YOUR 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.
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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 YOUR LAST NAME FOLLOWED BY XX1
 4. Your banking institution will then take your payment over the telephone by your choice of payment method.
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Debit Card Payments

1. Contact your bank by telephone or visit bank 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 YOUR 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.
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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 YOUR 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.,
1 Valleywood Drive, Suite #100,
Markham, ON L3R 5L9

Please note: NSF Payments – there will be an additional \$50 service charge