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 K&K Insurance Brokers, Inc. Canada

FITNESS LIABILITY INSURANCE APPLICATION

1. Policy period required from _____ to _____
(Year) (Year)

INSURED

2. Named Insured as it is to appear on policy: _____

3. What is the Insured? Corporation Partnership Joint Venture
 Individual Other _____

4. Facility Address: _____
Street City Province Postal Code

5. Total number of locations: _____

Address of each location (Include street, city, province, and postal code):

- a. _____
- b. _____
- c. _____

**Use extra sheet if necessary.*

6. Web Site: _____

7. Doing Business As: _____

8. Name, Address and Description of Operations of all Subsidiary Companies:

9. Does the organization engage in any other business operations under the name of the Insured as will appear on the policy? Yes No

If yes, please explain: _____

10. Number of years in business: _____

BROKER

1. Name of Agent/Brokerage: _____

2. Contact Person: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

GENERAL INFORMATION

- 1. Membership #: _____ Type: _____ Expiration Date: _____
- 2. Number of employees / Independent Contractors / trainers to be included _____ (please specify)
- 3. Name and address of landlord requiring inclusion as "Additional Insured": _____

- 4. Applying as a: Group Exercise Instructor Personal Trainer Other _____
- 5. Do you own / rent / or lease space? Yes No Receipts: \$ _____
- 6. Desired effective date: _____
- 7. Are clients required to sign a "Waiver of Liability"? Yes No If yes, please attach sample
- 8. Have you ever had a claim brought against you? Yes No
**If yes, please attach a letter explaining all details*
- 9. Number of hours worked weekly: _____

PROFESSIONAL BACKGROUND

1. Please identify all Memberships and / or Certifications obtained: *(Please attach copy of certification)*

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

Formal Physical Education: N / A
 School: _____ Level Achieved: _____
 Additional Training Taken: _____

2. **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 the following disciplines please call:*

- Bodywrapping Martial Arts Sports Medicine Physical Therapy
- Trampolines Gymnastics

- 3. Are you involved in any aspects of medical diagnostic or rehabilitation service? Yes No
- 4. Are you involved in any pre/post natal classes? _____
If yes, please explain: _____
- 5. Is there any hot yoga (ie. Bikram, Moksha, etc.) offered? _____
- 6. What safeguards or procedures do you employ to avoid injuries? _____
- 7. Any Outdoor Activities? (description) _____
- 8. Describe any additional operations: _____
- 9. Previous insurance company: _____
Previous losses: _____

HEALTH CLUB/FITNESS STUDIO INFORMATION

1. Are you a licensed: Club Studio Gross Receipts: \$ _____ Square ft: _____
 Studio in your home
2. Total Number of Employees / Independent Contractors / Trainers to be included: _____
_____ (please specify)
3. **Please complete Health Club Application if not operating from home.*

SERVICES AND 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 all other activities: _____

4. What are the hours of operation and is there a certified trainer on site at all times?: _____
5. 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.

Date: _____

Applicant's Name (Please Print)

Applicant's Signature

Agent/Broker: _____