**INDIVIDUAL FITNESS TRAINER –** Application for Insurance

NOTE - The product is for Individual Fitness Trainers / Instructors - NOT for facilities / studios. Please refer to your Forward Underwriter for facilities / studio accounts.

**Instead of completing this application form, consider trying** [*JET*](http://www.forwardinsurance.ca)**, our self-serve platform.**

[*JET*](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [FORWARD](http://www.forwardinsurance.ca)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

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| --- |
| **APPLICANT INFORMATION** |
| Applicant’s Email Address for E-Signature\*: |       |
| Applicant Name (Legal Name): |       |
| Is the Applicant a corporation? | [ ]  No [ ]  Yes  |
|  | Name of principal(s): |       |  |
| Province (Mailing Address): |       |
| Year Established: |       | Years of Experience: |       |  |  |
| What are the anticipated revenues for the next 12 months? | $      |  |
|  |  |  |
| **RISK INFORMATION** |
|  |  |  |
| Does the Applicant work from a studio they own or lease? | [ ]  No [ ]  Yes  |  |
|  |  |  |
| Does the Applicant have employees or contract employees? | [ ]  No [ ]  Yes  |  |
|  |  |  |
| *If yes to either of the above questions, please stop and submit a fitness studio application* |
|  |  |  |
| Does the Applicant follow all health authority rules and regulations? | [ ]  No [ ]  Yes  |  |
|  |  |  |
| Does the Applicant keep patrons' signed/dated waivers and pre-medical history on file? | [ ]  No [ ]  Yes  |  |
|  |  |  |
| What Fitness services does the Applicant provide? Check all that apply. |  |  |
|  |  |  |
|  | [ ]  General Fitness Training – indoor only  | [ ]  Dance Instruction |
|  | [ ]  General Fitness Training – including outdoor  | [ ]  CPR and First Aid Instruction  |
|  | [ ]  Yoga and/or Pilates Training | [ ]  Martial Arts Instruction  |
|  | [ ]  Swimming/Water Exercise Instruction  | [ ]  Boxing Instruction |
|  |  |  |
| Does the Applicant provide any other services not listed above? | [ ]  No [ ]  Yes  |
|  |  |
|  | If yes, describe: |       |
|  |  |
| Are intentional punches/Kicks or strikes to the head and/or neck permitted? | [ ]  No [ ]  Yes |
| Are any intentional weapon strikes, other than for demonstration by the instructor permitted? | [ ]  No [ ]  Yes  |
| Are gymnastics, other than floor exercises permitted? | [ ]  No [ ]  Yes  |
| Are there any trampoline activities, other than individual use reformers? | [ ]  No [ ]  Yes  |
| Does the Applicant provide any training services outside of Canada? | [ ]  No [ ]  Yes  |
| Does the applicant provide any services to professional athletes and Olympic athletes? | [ ]  No [ ]  Yes  |
| Has the applicant been subject to any allegations of misconduct or professional negligence in the last 5 years? | [ ]  No [ ]  Yes  |
|  | If yes, please provide details: |       |
|  |  |
| **LOSS HISTORY** |  |
|  |  |
| Has the Applicant had any claims in the last 5 years? | [ ]  No [ ]  Yes  |
|  |  |
|  | If yes, provide claim information: |
|  |  |
|  | Claim 1 – Date of loss: |       | Amount of loss / damage / amounts paid: |       |
|  |  |  |  |  |  |
|  | Cause of loss: |       | Details: |       |
|  |  |  |  |  |  |
|  | Claim 2 – Date of loss: |       | Amount of loss / damage / amounts paid: |       |
|  |  |  |  |  |  |
|  | Cause of loss: |       | Details: |       |
|  |  |
|  | Claim 3 – Date of loss: |       | Amount of loss / damage / amounts paid: |       |
|  |  |  |  |  |  |
|  | Cause of loss: |       | Details: |       |
|  |  |  |  |  |
| Has the applicant organization ever had insurance cancelled, declined or refused by an insurance company? | [ ]  No [ ]  Yes  |
|  |  |
|  | If yes, check reason for decline/ refusal/ cancellation: |
|  |  |
|  | [ ]  Due to cancellation for non-payment (premium owned has been paid) | [ ]  Insurer does not write type of operation |
|  | [ ]  Due to cancellation for non-payment (premium still owing to insurer) | [ ]  Current carrier no longer writes this class |
|  | [ ]  Due to claims record  | [ ]  Other reasons (not cited in choice above)  |
|  | If other, please describe: |       |
|  |  |  |
| **COVERAGES** |  |
|  |  |  |
| Commercial General Liability | [ ]  $1,000,000 | [ ]  $2,000,000 | [ ]  $5,000,000 |  |
|  |  |  |  |  |
| Does the Applicant require property coverage? | [ ]  No [ ]  Yes  |  |  |
|  |  |  |  |
|  | Miscellaneous Articles Floater: | $       |  |
|  |  |  |  |
| **ISSUANCE INFORMATION** |
|  |  |  |  |
| Proposed Effective Date (MM/DD/YYYY): |       |  |  |
|  |  |  |  |
| **ADDITIONAL INSUREDS** |  |  |  |
|  |  |  |  |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): |  |
|  |  |  |  |
| Name |       | Address: |       |  |  |
|  |  |  |  |  |
| City: |       | Province: |       | Postcode/ZIP Code: |
|  |  |  |  |  |  |  |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.**NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. |
| **Signature of Applicant(s):** |       | **Date:** |       |
|  |  |  |  |
| **Brokerage:** |       | **Broker ID#:** |       |
|  |  |  |  |
| **Broker Email:** |       | **Phone:** |       |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.**