Logo

Description automatically generated**INDEPENDENT FITNESS TRAINERS –** APPLICATION FOR INSURANCE

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| **Instead of completing this application form, consider trying *JET*, our self-serve platform.**  ***JET* is the quickest path to quotes and policy issuance. A modern way FORWARD.**  **APPLICANT INFORMATION** | | | | | | | | | |
| Applicant Email Address: | |  | | | | | | | |
| *(required for e-signatures):* | |  | | | | | | | |
|  | |  | | | | | | | |
| Applicant (Legal Name(s)): | |  | | | | | | | |
|  | |  | | | | | | | |
| Is the Applicant a corporation? | | No  Yes | If yes, Name of principal(s): | | | |  | | |
|  | | | | | | | | | |
| Mailing Address: | |  | | | | | | | |
|  | |  | | | | | | | |
| Risk Address: | |  | | | | | | | |
|  | | | | | | | | | |
| Year Established: | |  | | Years of Experience: | | | |  | |
|  | | | | | | | | | |
| What are the anticipated revenues for the next 12 months? $ | | | | | | | | | |
|  | | | | | | | | | |
| **RISK INFORMATION** | | | | | | | | | |
| 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 | | | | | | | | | No  Yes |
| Has the applicant been subject to any allegations of misconduct or professional negligence in the last 5 years? | | | | | | | | |  |

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| **LOSS HISTORY** | |
| Has the Applicant had any claims in the last five years? If yes – date, details, amount paid: | No  Yes |
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| **PRIOR INSURANCE** | |
| Has insurance ever been cancelled, declined or refused? If yes, provide details: | No  Yes |
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| **REQUESTED LIMITS** | | | | |
| Commercial General Liability | $1,000,000 | |  |  |
|  | $2,000,000 | |  |  |
|  | $5,000,000 | |  |  |
|  | | | | |
| Does the Applicant require property coverage? | | No  Yes | | |
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| Miscellaneous Property Floater – Limit Requested: | | $ | | |

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| **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 immediately inform the insurer of mate rial 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. | | | |
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| **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS HAS CONFIRMED SO IN WRITING** | | | |
|  | | | |
| 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. | | | |
| **Applicant Signature:** |  | **Date:** |  |
| **Brokerage:** |  | **Broker ID:** |  |
| **Broker Email:** |  | **Phone:** |  |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.**