

INDIVIDUAL FITNESS APPLICATION

Trothen & McConkey Insurance Brokers Ltd.
Phone: 1-519-672-3224 Fax: 1-519-439-8865 Toll Free 1-888-346-6602
e-mail – earle@sportsfitnesscanada.com or elishama@sportsfitnesscanada.com

Name: _____
Mailing Address: _____
City: _____ Prov: _____ PC: _____
Phone #:H:(____) _____ W:(____) _____
E-Mail: _____
Website: _____

Bus. Name: _____

Incorporated/Limited Company? Yes No

List Your Certifications Here:

****YOU MUST REMIT COPY(S) OF YOUR CERTIFICATION(S)****

TRAINER ELIGIBILITY CHECKLIST - Please answer the following questions:

- | | | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Do you have employees or sub-contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you CrossFit certified/Instructing CrossFit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you doing any work outside of Canada? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you working with children under 12 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require equipment damage coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any clients coming into your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you own or have you signed a lease for any property that you work out of? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you working with any <u>active</u> rehabilitation patients? (this does not include post rehab referred by physician) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you working with Semi-Prof/Prof Athletes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you had any prior claims? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you offer partner yoga? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Was certification obtained by correspondence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you offer any training / instruction <u>other than</u> face-to-face / in person (online videos, Skype, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you organize/host any special events/retreats? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you sell supplements (Isagenix, USANA, etc.) ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you an Instructor/Master Trainer (certify others)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

COVERAGES

Comprehensive Liability

Provides premises/operation protection for any claims arising from your fitness related activities including sexual harassment.

Professional Liability

Protects you against bodily injury arising out of rendering or failure to render professional services.

Personal Injury Liability

Protects you against suits involving libel, slander, wrongful invasion of privacy, etc.

Tenant's Legal Liability

Provides \$250,000 of tenant's legal liability protection for any claims arising from facilities you rent, lease, or occupy.

Premium Amount:

- A. Limit - \$2,000,000 Deductible - \$0**
- Manitoba Resident- \$237.60 (includes 8% P.S.T.)
 Ontario Resident - \$237.60 (includes 8% P.S.T.)
 Quebec Resident - \$235.30 (includes 9% Q.S.T.)
 All other Provinces- \$220.00 (no applicable taxes)

- B. ** Limit - \$2,000,000 Deductible - \$0**
- Manitoba Resident- \$270.00 (includes 8% P.S.T.)
 Ontario Resident - \$270.00 (includes 8% P.S.T.)
 Quebec Resident - \$268.00 (includes 9% Q.S.T.)
 All other Provinces- \$250.00 (no applicable taxes)

****If you are certified for: Pilates, Yoga, Nutrition & Wellness, Pre & Post Natal, Tennis & Squash Instructor, SFIC, CCAA & Older Adult – YOU MUST CHOOSE OPTION B**

Payment Options:

1. Cheque [] Amount Remitted: \$ _____
Please make cheque payable to Trothen & McConkey Insurance Brokers Ltd.

2. By Credit Card Visa Master Card

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

This policy will be bound upon verification of eligibility, valid certification and payment.

I understand that the PREMIUM IS FULLY EARNED and there are no refunds once policy is bound. And all information completed above is true and accurate.

Signature: _____ Date: _____