



Fitness Club & Instructors Application

ABEX Affiliated Brokers Exchange Inc.
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Does Insured work with any professional athletes or is associated with any organizations that work with them? Yes No *If 'Yes', we would decline.*

Does Insured work with any minors? Yes No *If 'Yes', we would decline.*

Does Insured have any USA revenue? Yes No *If 'Yes', we would decline.*

Brokerage: _____ Broker contact: _____

Broker address: _____ Email: _____

Broker code: _____ Policy Number (for renewal purposes only): _____ Effective Date: _____

Full names of all Insureds: _____

Names of Principals: _____

Mailing address: _____

Underwriting Details

1. Fully describe the nature of your business activities, including website address. (If no website, attach brochure or company literature along with this form):

2. Number of years in business and experience of Insured:

3. We're accepting Risks for qualified trainers operating in Canada and with certification from North America. Minimum of 1 year experience. Receipts up to \$250,000. Select all that apply:

Activity	Number of Trainers	% of Revenue by Activity	Activity	Number of Trainers	% of Revenue by Activity
Aerobics Groups (no premises)			Older Adult Fitness		
Asanas			Personal Trainer		
Barre Instructor			Personal Training & Fitness		
Boxing for Fitness (Non-Contact)			Pilates Groups		
Cross Fitness Gym			PiYO		
CrossFit			Post-Natal Coach		
Dance			Racquetball Instructor		
Exercise Studios			Running Groups		
Fit 4 Two			Squash Instructor		
Fitness Instructor / Trainer			Tennis Instructor		
Group / Class Fitness Instructor			Walking Groups		
Group Fitness & Training			Weight Training		
Meditation Groups			Wellness & Nutrition Specialist		
Non-Contact Martial Arts			Yoga Groups (no premises)		
Nutritionist and Nutritionist Coach			Zumba		

4. State the number of employees in the below categories and include any independent contractors within these figures:

Instructors: _____ Other: _____

5. Revenue last complete financial year: Revenue estimate for current financial year:

6. Does the Insured operate out of their own studio or has no premises?

7. Do you ensure all of your employees are certified in cardiopulmonary resuscitation (CPR) and first aid? Yes No

If 'No', please explain:

8. If you are a fitness club, are all employees and independent contractors subject to criminal background checks? Yes No N/A

If 'Yes', please indicate which of the following background checks are performed:

Drug Screening Fingerprints Sexual Offender Registry

If 'No', please explain why:

9. If you are an instructor, has employment ever been declined as a result of any criminal background check conducted on you? Yes No

If 'Yes', please explain:

10. Do you:
a) verify the professional certificates or licenses of any employees or independent contractors working at your facility? Yes No

b) ensure that independent contractors maintain their own liability insurance? Yes No

If 'No', please explain:

11. In the event that your product or service failed or delivery was delayed please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property, or financial loss (consequential or otherwise) for your clients:

12. Are you the holder of an appropriate license for your facility or club? Yes No

If 'Yes', please state licenses you hold:

13. If automated external defibrillators (AEDs) are used at your facility, do you ensure your employees are suitably trained to operate them? Yes No

If 'No', please explain:

14. What is the minimum age requirement to use the club facilities?

15. Do you ensure each member of the club signs a membership agreement containing a 'hold harmless' clause in your favour for the use of your facilities which extends to the member's guests? Yes No

Do all members of the gym sign a waiver? Yes No

Is an incident log book maintained by the insured? Yes No

If you answered 'No' to any of above, please explain:

16. Is the facility staffed at all times during hours of business? Yes No

If 'No', please explain:

17. Are crèche services offered at the facility? Yes No

If 'Yes', are these offered by you or by a third party?

18. Do you have any sun beds at the facility? Yes No

If 'Yes', please state how many:

19. Do you have a swimming pool? Yes No

If 'Yes', is there a lifeguard on duty at all times?

If 'No', please explain:

20. Do you have a sauna or steam room? Yes No

21. Do you have a maintenance contract in place for the servicing of all of your equipment and facilities? Yes No

If 'yes', how often is the equipment and facilities serviced (tick as appropriate):

Annually Quarterly

Half yearly Monthly

Is maintenance schedule form signed daily? Yes No

22. For the upcoming year, do you anticipate any changes to the type of work you will be performing? If yes, please provide details:

23. List all your buildings or premises (please list on a separate sheet if more space is required):

Address	Owned Rented	% Occupied by You	Operations performed at each location

24. Are the above leased or rented in their entirety to others who control and operate the premises' elevator or boilers?

25. Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of party:

Interest of party:

Address of party:

26. Are all of the premises:

- | | | |
|---|-----|----|
| a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? | Yes | No |
| b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? | Yes | No |
| c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? | Yes | No |
| d) In a good state of repair? | Yes | No |
| e) Self contained with a lockable entrance door? | Yes | No |
| f) Protected by an intruder alarm that is subject to an annual maintenance contract? | Yes | No |

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

- | | | |
|--|-----|----|
| g) Heated by a conventional electric, gas, oil or solid fuel heating system? | Yes | No |
| h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? | Yes | No |
| i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? | Yes | No |
| j) Sprinklered, either fully or partially? | Yes | No |

NOTE: Assuming you have answered 'yes' to h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then please give further details:

27. What coverage do you require?

CGL \$1,000,000 (occ) / incl \$1,000,000 Errors and Omissions (claims made)

CGL \$2,000,000 (occ) / incl \$2,000,000 Errors and Omissions (claims made)

CGL \$3,000,000 (occ) / incl \$2,000,000 Errors and Omissions (claims made)

CGL \$4,000,000 (occ) / incl \$2,000,000 Errors and Omissions (claims made)

CGL \$5,000,000 (occ) / incl \$2,000,000 Errors and Omissions (claims made)

Non-Owned Automobile, Limit \$1,000,000

Tenant's Legal Liability, Limit \$500,000

Employee Benefits Liability

Deductible

Select desired property/contents limits: \$20,000 \$50,000 or other desired limit:

Tool/Equipment Coverage:

Percentage of stationary equipment such as weight racks and machines: %

Percentage of small mobile equipment such dumbbells, mats, anything easily moved/taken: %

Would you like a quotation for either of the following extensions:

Earthquake Yes No

Flood Yes No

28. Please detail the amounts to be insured below for each premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

Item	Amount Insured Premises 1	Amount Insured Premises 2
Main Building		
Landlord's fixtures & fittings and tenant improvements:		
Personal computers, printers and ancillary computer equipment at your premises:		
All other contents at your premises:		
Portable computers and associated equipment at home / away from your premises:		
All other contents at home / away from your premises:		

Please state, in respect of portable computers and associated equipment at home / away from your premises, the maximum value of any one item (not the total value of all items):

Please detail the amounts to be insured below for business interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, extra expense, or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium:

Business interruption cover ('Flexible First Loss') Amount insured: Indemnity period:

29. Please provide details of your current Commercial General Liability and Errors & Omissions Insurance (if any):

	Expiry Date	Limit	Deductible	Premium	Insurer
CGL					
E&O					

30. Please provide details of any claims or actions brought against your company, including defense costs and deductible. Include loss experience of companies that have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence	Claim Amounts				Open or Closed
		Reserve	Paid	Expenses	Deductible	

31. Additional comments:

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Signature(s) of All Named Insured(s) (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.
Coverage is only given upon written confirmation of binding from ABEX.**

This Section is For Broker Use Only

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*If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to **quotes@abexinsurance.com**