

Fitness Instructor/Studio Package Application

Applicant Information

1. Named Insured: _____ Operating Name: _____
2. Mailing Address: _____
3. Location Address (if different from Mailing): _____
4. Phone: _____ Email: _____
5. Website: _____
6. Previous Insurance Company: _____ Is renewal being offered: ☐ Yes ☐ No
7. Desired effective date: _____
8. Has the named insured ever been refused or cancelled coverage? ☐ Yes ☐ No
 If **yes**, please provide details:

9. Provide loss/claim history for the last five (5) years:

Underwriting Information

1. **Estimated total annual gross receipts \$** _____ **Annual retail receipts: \$** _____
2. Do you own the space or rent/lease space on an annual basis? ☐ Own ☐ Rent/Lease
3. Are you a licensed: ☐ Studio in your home ☐ Club ☐ Studio
4. Are clients required to sign a Waiver of Liability prior to taking an in person or online class/session? ☐ Yes ☐ No
5. Total number of employees / independent contractors / trainers to be included on the policy (please specify): _____
6. Is the insured and all additional trainers (full-time/part-time/contractors) fully certified? ☐ Yes ☐ No
7. Is there a staff member on site at all times? ☐ Yes ☐ No
8. Do any owners/employees certify other trainers? ☐ Yes ☐ No
9. Do you offer online instruction/sessions? ☐ Yes ☐ No
10. Are all online operations and services within Canada and only for Canadian participants? ☐ Yes ☐ No
11. Are there instructional videos posted on social media? ☐ Yes ☐ No
12. Do any trainers work one-on-one with professional and/or semi-professional athletes? ☐ Yes ☐ No

13. Is there any hot yoga (i.e., Bikram, Moksha, etc.) offered? ☐ Yes ☐ No
If **yes**, maximum temperature: _____
14. Do you operate your business outside of Canada? ☐ Yes ☐ No
If **yes**, where and what percentage? _____
15. Are there any outdoor activities that are over 10% of the operations? ☐ Yes ☐ No
16. Are there any aerial, hoop, or silk activities? ☐ Yes ☐ No
If **yes**, please advise height above floor for silks: _____
17. Is the location(s) under renovations of any kind? ☐ Yes ☐ No
If **yes**, please complete the renovation questionnaire.
18. Do you serve alcohol or allow participants to bring alcohol on the premises and/or at event(s)? ☐ Yes ☐ No
19. How many participants do you have? _____
20. Please describe any other operations:

21. Name, address, and relationship to insured of any "Additional Insureds" to be added:

22. Please check all that apply:

- | | | | |
|-----------------------|--|---|--|
| Exercise Equipment | ☐ Yes ☐ No | Number of pieces | _____ (Includes cardio machines, bikes, etc.) |
| Swimming Pool | ☐ Yes ☐ No | Size of pool | _____ |
| Sauna/Jacuzzi | ☐ Yes ☐ No | Number/Capacity | _____ / _____ |
| Tanning Booths | ☐ Yes ☐ No | Number of booths | _____ If yes , complete separate application. |
| All Courts | ☐ Yes ☐ No | Number of courts | _____ |
| Gymnasium | ☐ Yes ☐ No | Diet Plans (outside of Canadian Food Guide) | ☐ Yes ☐ No |
| Handball/Racquetball | ☐ Yes ☐ No | Sports Medicine | ☐ Yes ☐ No |
| Trampoline Activities | ☐ Yes ☐ No | Physiotherapy | ☐ Yes ☐ No |
| Bicycle Tracks | ☐ Yes ☐ No | Masseuse | ☐ Yes ☐ No |
| Restaurant/Snack Bar | ☐ Yes ☐ No | Boxing/Kickboxing (contact or pad work) | ☐ Yes ☐ No |
| Cocktail Lounge | ☐ Yes ☐ No | Martial Arts | ☐ Yes ☐ No |
| Supplement Sales | ☐ Yes ☐ No | Day Nursery/Babysitting | ☐ Yes ☐ No |

Property Coverage

1. Construction: _____ Year built: _____ #of stories: _____
Upgrades: _____
2. Sprinklered? ☐ Yes ☐ No Alarmed? ☐ Local ☐ Monitored ☐ None
3. Square footage: _____ Other occupancies: _____
4. Additional information: _____

5.	Property & Business Interruption Coverages	Amount of Insurance
	Building	
	Equipment (including Tenants Improvements)	
	Stock	
	Miscellaneous Property Floater	
	Extra Expense	
	Business Interruption (Profits or ALS; please specify)	
	Equipment Breakdown	
	Computer (Hardware/Software)	
	Office Contents	
	Rent or Rental Value	
	Liability Coverage	Amount of Insurance
	Commercial General Liability	

6. **Optional Coverages** (select any of the following optional coverages you require):

☐ Sewer Back-up
 ☐ Property Extension Endorsement
 ☐ Flood
 ☐ Earthquake
 ☐ 3D Crime

Declaration

I/we declare that to the best of my/our knowledge and belief the answers given on this application whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

I/we will undertake to inform Agile of any material alteration to these facts occurring before completion of the contract.

I/we agree this application, together with any other material information supplied, will form the basis of any contract of insurance.

If this application has been completed on my/our behalf by a third party, I/we agree that the third party is deemed to be my/our agent and not an agent for the Insurer and I/we have read the information provided before signing the form.

Applicant's Signature	Date
Company Name (if applicable)	Title/Position (if applicable)

Broker Information

Company Name: _____ Website: _____
 Address: _____
 Phone Number: _____ Fax Number: _____
 Broker's Name: _____ Email: _____

Broker's Signature	Date
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