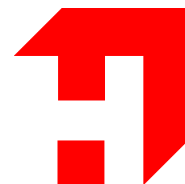


HOLMAN

INSURANCE BROKERS LTD.

3100 Steeles Ave. East, Suite #101, Markham Ontario Canada L3R 8T3
Telephone: 905-886-5630 Toll Free: 1-800-567-1279

email: service@holmanins.com



FITNESS PROFESSIONALS LIABILITY INSURANCE APPLICATION THIS IS AN OCCURRENCE-FORM POLICY

This program has been specifically designed for Fitness Professionals including:

- Dance and Dance Fitness Instructors
- Fitness Coaches
- Personal Trainers
- Group Fitness Instructors
- Yoga and Pilates Instructors
- Sport Conditioning Instructors
- Wellness & Nutrition

It is a Commercial General Liability "Occurrence Form Policy" which includes injury to Participants. Coverage is portable, allowing you to operate anywhere in Canada at multiple studios, retreats, your home, church, community center and parks etc.

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY.

"**Applicant**" means the individual detailed in question 1 overleaf below. This application form must be completed in ink, signed and dated by the **Applicant**. All questions must be answered and where appropriate "Not Applicable" or "N/A" specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Applicant's** knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the **Applicant** is aware of any other information which it considers may alter, influence or prejudice the Insurers' appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

Why Liability Insurance?

Because of your operations as a Fitness Professionals, you are open for a possible liability suit even if you are not negligent in your duties as an instructor. This policy covers your legal liability for bodily injury to participants in your class as well as spectators and passers-by.

PROGRAM HIGHLIGHTS

OPTION A - D

Commercial General Liability Program Highlights

- CGL and Injury to Participants \$2,000,000
- Personal Advertising Liability Included
- Products & Completed Operations Included
- Voluntary Medical Payments \$10,000
- Incidental Medical Malpractice Included
- Errors & Omissions (i.e Professional Liability) included
- Additional Insured – Blanket Basis included
- Employers Liability Extension Included
- Bodily Injury/Property Damage Deductible \$500
- Tenants Legal Liability \$2,000,000

OPTION E

Sports Accident – Schedule of Payments

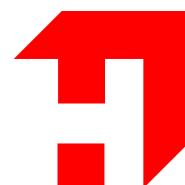
- Principal Sum \$50,000
- Dental Accident Reimbursement \$10,000
- Dentures, Removable Teeth, hearing aids, Eyeglass and contact lenses \$200
- Emergency Transportation (i.e. Ambulance) \$50
- Family Transportation \$2,500 – any one insured
- Prosthetic Appliances & Rehabilitation \$3,000
- Repatriation \$5,000
- Loss of Income-waiting period 30 days (\$100 a week)
- Aggregate Payable for any one Accident \$1,000,000
- Tuition Benefit \$2,000

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FITNESS PROFESSIONALS LIABILITY INSURANCE APPLICATION

INSURED INFORMATION

| | | | |
|--------------------------------|----------------|-------------|-----------|
| Applicant Name: Address: | First Name | Initial | Last Name |
| | Street Address | | |
| City | Province | Postal Code | |
| Business # | | Cell # | |
| Email Address: | | | |

BUSINESS OPERATIONS

Is being a Fitness Professional a fulltime business for you? ☐ Yes ☐ No

You must provide a copy of any relevant certificates and qualifications you have achieved.

Average number of hours you teach monthly: _____ ☐ Yes ☐ No

Have you ever had a liability claim made against you?
If YES, please describe: _____

If you have employees or need equipment coverage, you must apply using the "Yoga Studio Application"

If you require coverage for out of country retreats, you must complete a supplementary application.

OPTION A: Premium \$130 Please ☒ all that apply

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Anusara Yoga | <input type="checkbox"/> Aqua Natal Yoga | <input type="checkbox"/> Aqua Fitness | <input type="checkbox"/> Asanas Yoga |
| <input type="checkbox"/> Ashtanga Yoga | <input type="checkbox"/> Barre™ | <input type="checkbox"/> Belly Fit™ | <input type="checkbox"/> Classical Yoga |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Cross Fit™ | <input type="checkbox"/> Dance in Yoga/Dance/Dance Fitness | <input type="checkbox"/> Energy Work |
| <input type="checkbox"/> First Aid Instructor | <input type="checkbox"/> Fitness / Fitness Coach | <input type="checkbox"/> Group Fitness | <input type="checkbox"/> Hatha Yoga |
| <input type="checkbox"/> Health Coach | <input type="checkbox"/> Iyengar Yoga | <input type="checkbox"/> Jivamukti Yoga | <input type="checkbox"/> Kripalu Yoga |
| <input type="checkbox"/> Kundalini Yoga | <input type="checkbox"/> Laughter Yoga | <input type="checkbox"/> Meditation | <input type="checkbox"/> Mind Body |
| <input type="checkbox"/> Nutrition & Wellness | <input type="checkbox"/> Orange Theory™ | <input type="checkbox"/> Pilates | <input type="checkbox"/> PowerYoga |
| <input type="checkbox"/> Prananyama Yoga | <input type="checkbox"/> Prenatal Yoga | <input type="checkbox"/> Restorative | <input type="checkbox"/> Sports Conditioning |
| <input type="checkbox"/> Swim Instructor/Life Guard | <input type="checkbox"/> Sivananda | <input type="checkbox"/> Vinyasa Yoga | <input type="checkbox"/> Vini Yoga |
| <input type="checkbox"/> Yoga Therapy | <input type="checkbox"/> Zumba™ | | |
| <input type="checkbox"/> Hot Yoga # | <input type="checkbox"/> Moshka Yoga # | <input type="checkbox"/> Bikram Yoga # | |

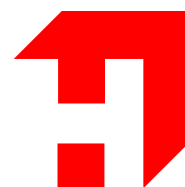
Notice: For Hot, Moshka, Bikram Yoga there is no surcharge for temperature below 40 Celsius, for temperatures ABOVE 40 Celsius, see Option C

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OPTION B: Premium is \$150 Includes ANY Modality in OPTION A Please ☒ all that apply

| | | | |
|----------------------------------|--------------------------------|----------------------------------|--|
| <input type="checkbox"/> Qi-gong | <input type="checkbox"/> Reiki | <input type="checkbox"/> Tai Chi | <input type="checkbox"/> Yamuna Body Rolling |
|----------------------------------|--------------------------------|----------------------------------|--|

OPTION C: Premium \$300 Hot Yoga– for Temperature's Above 40 Celsius - Includes ANY Modality in OPTION A, B, C

Please ☒ all that apply

| | | | |
|-----------------------------------|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Hot Yoga | <input type="checkbox"/> Moshka | <input type="checkbox"/> Bikram | Please Advise Maximum temperature allowed in room _____ Celsius |
|-----------------------------------|---------------------------------|---------------------------------|--|

OPTION D: Premium \$450 Includes ANY Modality in OPTION A, B, C Please ☒ all that apply

| | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Aerial Yoga / Inversion Yoga / Aerial Silks | <input type="checkbox"/> Paddle Board Yoga | <input type="checkbox"/> Yoga Slacklining | <input type="checkbox"/> Pole Fitness |
| <input type="checkbox"/> Others (please list) – additional load may apply: | | | |

OPTION E: Optional Sports Accident Premium \$25

| |
|---|
| <input type="checkbox"/> Principal Sum Limit \$50,000 |
|---|

PREMIUM CALCULATION and INVOICE

| | | | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--|--|
| <input checked="" type="checkbox"/> Please select all that apply | | | | Write the applicable premium in the column. ▼ | |
| Option A <input type="checkbox"/> | Option B <input type="checkbox"/> | Option C <input type="checkbox"/> | Option D <input type="checkbox"/> | Option E <input type="checkbox"/> | Total Premium A or B or C or D + E |
| \$130 | \$150 | \$300 | \$450 | \$25 | \$ |
| | | | | Add Broker Fee | \$25 |
| | | | | Total before Tax | \$ |
| | | | | For residents of Ontario 8%, Quebec 9% and Manitoba 8% TAX | |
| | | | | \$ | |
| Please advise the date insurance required is to be effective: | | MM/DD/YYYY | | GRAND TOTAL | \$ |

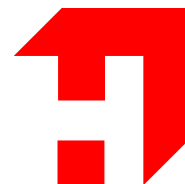
***NOTE: All Insurance premiums are subject to 100% minimum and retained premium. NO refund premium is applied for mid-term cancellation.**

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PROTECTION APPLICANT'S INFORMATION

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. for the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. the email address supplied by you in this application will be used. We must be notified of any change to your email address. the policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Applicant's Signature

Date

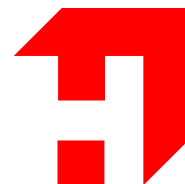
This application must accompany copies of Certification and Payment to avoid delay in processing

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FITNESS PROFESSIONALS LIABILITY INSURANCE CHECKLIST and PAYMENT OPTIONS

Application completed in full. All questions must be answered. ☐

Relevant certificates and qualifications attached. ☐

Premium payment ☐ attached ☐ online Banking confirmation # _____ Name of Bank: _____

Internet Banking (not to be confused with Interac e-Transfer which we do not accept)

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
2. Enter Holman. Choose All Categories and province Ontario and submit.
3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.

Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Your banking institution will then take your payment over the telephone by your choice of payment method

Debit Card Payments

1. Contact your bank by telephone or visit in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
5. Choose banking option: Bill Payment and follow your bank instructions.

In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

Credit Card

1. Go to www.yoga-insurance.ca
2. Click on Payment Options
3. Click on Master Card/ Visa icon and enter the required information.

By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd.
3100 Steeles Ave. East Suite 101, Markham ON L3R 8T3