



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: [professionalliability@tottengroup.com](mailto:professionalliability@tottengroup.com) Website: [www.tottengroup.com](http://www.tottengroup.com)

## FITNESS CLUBS AND INSTRUCTORS INSURANCE APPLICATION

Underwriters will rely upon each and every response given in this Application Form and any Supplementary Application Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

**BROKER/INSURANCE AGENT:** \_\_\_\_\_

1. Please state the name and address of the individual or company for whom this insurance is required. Where the applicant is a company, cover is also provided for all of the company's subsidiaries, but only if the data for all the subsidiaries is included in the answers to the questions contained in this form:

a. Name of individual or company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Website \_\_\_\_\_

b. Please state when your business was established \_\_\_\_\_

c. Please state the number of employees (include independent contractors) Instructors \_\_\_\_\_ Other \_\_\_\_\_

d. Please state your revenues received in respect of the following years (in CAD)

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Canadian revenue			
USA revenue			
Other territory revenue			
Total revenue			
Profit/ (Loss)			

Date of financial year end \_\_\_\_\_ DD / MM / YY

## 2. ACTIVITIES

- a. Please briefly describe below the nature of your business activities. *If you have a brochure, or company literature, please attach to this form.*

---

---

---

---



b. Please provide a full breakdown of your total revenue by activity. *The total of all activities listed here should equal 100%*

	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

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

If No, please explain \_\_\_\_\_

\_\_\_\_\_

d. Do you conduct any of your services with professional athletes? ☐ Yes ☐ No

If Yes, provide details \_\_\_\_\_

\_\_\_\_\_

e. Do you belong to any association related to these activities? ☐ Yes ☐ No

If Yes, provide details \_\_\_\_\_

\_\_\_\_\_

f. 1. If you are a fitness club, are all employees and independent contractors subject to criminal background checks? ☐ Yes ☐ No ☐ N/A

If Yes, indicate which of the following are performed ☐ Drug Screening ☐ Fingerprints ☐ Sexual Offender Registry

If No, explain why \_\_\_\_\_

\_\_\_\_\_

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

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

g. 1. Do you verify the professional certificates or licenses of any employees or independent contractors working at your facility? ☐ Yes ☐ No

2. Do you ensure that independent contractors maintain their own liability insurances? ☐ Yes ☐ No

If No, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



- h. 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:

---

---

---

3. **COVER FOR FITNESS CLUBS** Only complete this section if you are a fitness club

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

If Yes, please state what licenses you hold 

---

---

- b. 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 

---

---

- c. Please state the percentage of your revenues that relate to the following

Membership fees 

---

 %

Initiation fees 

---

 %

Refreshments bar 

---

 %

Liquor 

---

 %

Pro shop sales 

---

 %

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

---

- e. 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

If No, please explain 

---

---

- f. Is the facility staffed at all times during hours of business? ☐ Yes ☐ No

If No, please explain 

---

---

- g. Are crèche services offered at the facility? ☐ Yes ☐ No

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

---

- h. Do you have any sun beds at the facility? ☐ Yes ☐ No

If Yes, please state how many? 

---

- i. Do you have a swimming pool? ☐ Yes ☐ No

If 'yes', is there a lifeguard on duty at all times? ☐ Yes ☐ No

If No, please explain 

---

---

- j. Do you have a sauna or steam room? ☐ Yes ☐ No

- k. 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 ☐ Annually ☐ Half Yearly ☐ Quarterly ☐ Monthly



**4. COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE** Only complete this section if you require this cover.

- a. Please state the address of the premises to be insured (if different from the address given earlier)

Premises 1

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Premises 2

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

*Please continue on a separate sheet if more than 2 premises are to be insured*

- b. 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 \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

- c. Are all of the premises

- |   |  |
|---|--|
| 1. Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. In a good state of repair?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Self contained with a lockable entrance door?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Protected by an intruder alarm that is subject to an annual maintenance contract?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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.*

- |  |  |
|--|--|
| 7. Heated by a conventional electric, gas, oil or solid fuel heating system?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Sprinklered, either fully or partially?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*NOTE: Assuming you have answered 'yes' to c.8. and 9. 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*

---

---

---

---

---

---

---

---

---

---



- d. 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	<hr/>	<hr/>
Landlord's fixtures & fittings and tenant improvements	<hr/>	<hr/>
Personal computers, printers and ancillary computer equipment at your premises	<hr/>	<hr/>
All other contents at your premises	<hr/>	<hr/>
Portable computers and associated equipment at home / away from your premises:	<hr/>	<hr/>
All other contents at home / away from your premises	<hr/>	<hr/>

- e. 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): 

---

- f. Would you like a quotation for either of the following extensions Earthquake ☐ Yes ☐ No Flood ☐ Yes ☐ No

- g. 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

Item	Amount Insured	Indemnity Period
Business Interruption cover ('Flexible First Loss')	<hr/>	<hr/>

## 5. CLAIMS EXPERIENCE & INSURANCE HISTORY

- a. Please provide details of your current commercial general liability insurance, if applicable, and what you require for the next year of insurance

	Effective Date	Limit	Deductible	Premium	Insurer
Current	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Required	<hr/>	<hr/>	<hr/>	N/A	N/A

- b. Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY

- are you aware of any loss or damage, whether insured or not, that has occurred to the individual or any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- are you aware of any circumstances which may give rise to a claim against the individual or any of the Companies to be insured, or any partners or directors thereof, or
- have any claims or cease and desist orders been made against the individual or any of the Companies to be insured, or partners or directors thereof, or
- has the individual or any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions b. 1., 2., 3. and 4. above ☐ Yes ☐ No

*If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by Insurers, and the dates of all developments and payments.*



## 6. DECLARATION

- I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this Application Form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

---

Signature of Applicant

---

Full Name

---

Date

---

Position held at Insured

### ADDITIONAL INFORMATION

---

---

---

---

---

---

---

---