

## SECTION 1: APPLICANT INFORMATION

1. Name of Applicant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
4. Email: \_\_\_\_\_ Website: \_\_\_\_\_
5. Additional Insured & Address: \_\_\_\_\_

## SECTION 2: UNDERWRITING INFORMATION

1. Please provide a complete description of the operations:  
\_\_\_\_\_  
\_\_\_\_\_
2. CGL Limit Required: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$5,000,000  
☐ Other: \_\_\_\_\_
3. Errors & Omissions Limit (claims made) Required: ☐ \$1,000,000 Retroactive Date: \_\_\_\_\_
4. Total Number of Clients being trained: \_\_\_\_\_
5. Name and Location of Training Facility: \_\_\_\_\_
6. Gross Revenue: \_\_\_\_\_
7. Do you have any potential for travel outside of Canada? ☐ Yes ☐ No
8. Please list any relevant certifications or memberships and attach copies.  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you teach/instruct hot yoga? ☐ Yes ☐ No
10. Are you involved in any post rehabilitation? ☐ Yes ☐ No
11. Any outdoor activities (including cycling)? ☐ Yes ☐ No  
If **yes**, please describe:  
\_\_\_\_\_  
\_\_\_\_\_
12. Do you offer online training? ☐ Yes ☐ No  
If **yes**, what percentage of your revenue? \_\_\_\_\_



13. Do you sell supplements or other similar products? ☐ Yes ☐ No

If **yes**, please detail the types of products sold and what percentage of total revenue they account for:

14. Please forward a copy of waiver, registration form and injury report.

### SECTION 3: PROPERTY COVERAGE

1. Main Storage Location: \_\_\_\_\_
2. Construction: \_\_\_\_\_ Year: \_\_\_\_\_ Upgrades: \_\_\_\_\_ Alarm: \_\_\_\_\_
3. Number of Storeys: \_\_\_\_\_
4. Type of Contents: \_\_\_\_\_
5. Contents Limit Required: \_\_\_\_\_

### SECTION 4: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_
2. Expiring Premium: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
3. Is the above Insurer offering renewal? ☐ Yes ☐ No  
If **yes**, renewing premium: \_\_\_\_\_  
If **no**, please advise why not: \_\_\_\_\_
4. Are you aware of any incident which may result in a claim against you? ☐ Yes ☐ No  
If **yes**, please provide details: \_\_\_\_\_
5. Claims Experience. Describe all liability losses or incidents paid, or reserved, for the last 5 years (include dates and amounts): \_\_\_\_\_



## SECTION 5: OTHER INFORMATION

Please provide any other information you feel would assist in the evaluation of your application:

## SECTION 6: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk -Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

## BROKER CONTACT INFORMATION

Agent Name: \_\_\_\_\_

Brokerage Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City / Province: \_\_\_\_\_

Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_

