



# CANADIAN SPORTS INSURANCE BROKERS

## FITNESS STUDIO PACKAGE INSURANCE APPLICATION

Name of Insured:

Main Mailing Address:

Postal Code

Telephone Number:

Fax Number:

Website:

Operating as:

Proprietorship

Partnership

Corporation

Total Receipts:

Any Retail:

Desired Effective Date:

Are clients required to sign  
waiver? if YES, please  
attach copy

YES

NO

Do you own, rent  
or lease space on  
an annual basis?

YES

NO

Number of hours worked  
weekly:

Are clients required to sign  
waiver? if YES, please  
attach copy

YES

NO

Please attach Membership or Certification of your trainers

Are you involved in any  
aspects of medical  
diagnostic or rehab  
services?

YES

NO

Are you involved in  
any pre/post natal  
classes?

YES

NO

Is there any hot yoga  
offered?

YES

NO

If YES, maximum  
temperature:

Are you a licensed:

Studio

Club

Studio in your home

Square feet:

Total # of independent  
contractors to be  
included on policy:

Total # of employees to be  
included on policy:

Total # of trainers to be  
included on policy:

What are the hours of  
operation?

Is there a certified trainer  
on site at all times?

YES

NO

**PLEASE CHECK THOSE THAT APPLY:**

Exercise Equipment?	YES	Pieces (incl benches, machines, bikes, etc)
	NO	
Swimming Pool	YES	Size:
	NO	
Suana/Jacuzzi	YES	Number/Capacity:
	NO	
Suntan Booths	YES	Number: (if yes, complete other app)
	NO	
Courts	YES	Number:
	NO	

**OTHER SERVICES:**

Restaurant/Snack Bar	YES	Day Nursery/Baby-sitting	YES	NO
	NO			
Cocktail Lounge	YES	Masseuse	YES	NO
	NO			
Bicycle Tracks	YES	Trampoline Activities	YES	NO
	NO			
Gymnasium	YES	Sports Medicine	YES	NO
	NO			
Supplement Sales	YES	Boxing/Kickboxing	YES	NO
	NO			
Handball/Racquetball	YES	Diet Plans	YES	NO
	NO			
Martial Arts	YES	Physiotherapy	YES	NO
	NO			

**ADDITIONAL INFORMATION:**

Please describe any other activities:

What safeguards or procedures do you employ to avoid injuries?



Commercial Blanket Bond  
(FORM A)

**OPTIONAL COVERAGES:**

Select any of the following  
you require:

Sewer Back-up

Flood

Earthquake

Replacement Cost

States Amount Co Insurance

By-Laws

Property Extension End't

Comprehensive Property Extension

**PREVIOUS INSURANCE/LOSS HISTORY:**

Previous Insurance  
Company:

Is renewal being offered?

5 year loss history:

Any Additional Comments/  
Notes:

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

101C Hodsman Rd Regina, SK S4N 5W5  
Toll Free: 1 8 SPORTS 411 (1-877-678-7411)  
Local: 1 306-569-2150 FAX: 1 306-781-7066  
www.csib.ca