

# FITNESS KICKBOXING CANADA TRAINER PROGRAM APPLICATION

Aon Reed Stenhouse | Underwritten by Premiere Insurance Underwriting Services

<b>General Information</b>		
<b>1.</b>	Name of Insured: _____	
<b>2.</b>	Mailing Address: _____	
<b>3.</b>	Contact Name: _____	Title: _____
Web site: _____		
<b>4.</b>	Is Applicant currently Certified as a Trainer by Fitness Kickboxing Canada Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5.</b>	Number of locations: (please attach a schedule of all Rented or Owned Instruction Locations and Addresses)	
<b>6.</b>	Estimated annual number of clients: _____	<b>7.</b>
Estimated Annual Revenue: _____		
<b>8.</b>	Is any competitive contact or competitive sparring involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes please describe: _____ _____		
<b>9.</b>	Average hours of Training per month: _____	
<b>10.</b>	Describe any activities or exercises that you undertake with clients, which are not included in the Fitness Kickboxing Canada Instructor Manual with respect to your level of Certification: _____ _____	
<b>11.</b>	Have you ever had Insurance for Training Activities for which you made a Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes please describe: _____		
<b>12.</b>	Desired Limit of Commercial General Liability: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000	
<b>13.</b>	Type and level of Instruction:	
<input type="checkbox"/> Basic Kickboxing Fitness Instructor <input type="checkbox"/> Advanced Kickboxing Fitness Instructor <input type="checkbox"/> Basic Boxing Fitness Instructor <input type="checkbox"/> Advanced Boxing Fitness Instructor <input type="checkbox"/> Tai Chi <input type="checkbox"/> Personal Training <input type="checkbox"/> Boxing Level 3 <input type="checkbox"/> Kickboxing Level 3 <input type="checkbox"/> MMA Fitness/Conditioning Specialist Certification		
<b>14.</b>	Property Coverage (mats, bags, etc): <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	
If Property coverage is selected, please provide an invoice or schedule of items (showing their value) to be insured.		

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:**

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a Certificate of Insurance is issued by the Insurer's Authorized Representative in response thereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Certificate of Insurance shall be void.
- e) All Participants of the Insured Trainer must sign the Fitness Kickboxing Canada liability waiver. In the event of a claim, if the waiver was not signed there will be no coverage.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_