AON RISK SERVICES

FITNESS KICKBOXING CANADA TRAINER PROGRAM APPLICATION

Aon Reed Stenhouse | Underwritten by Premiere Insurance Underwriting Services

General Information

1.	Name of Insured:		
2.	Mailing Address:		
3.	Contact Name:	Title:	Web site:
4.	Is Applicant currently Certified as a Trainer by Fitness Kickboxing Canada Inc.? ☐ **Yes** ☐ **No**		
5.	Number of locations: (please attach a schedule of all Rented or Owned Instruction Locations and Addresses)		
6.	Estimated annual number of clients:	7.	Estimated Annual Revenue:
8.	Is any competitive contact or competitive sparring involved? ☐ **Yes** ☐ **No** If Yes please describe: _____		
9.	Average hours of Training per month:		
10.	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:		
11.	Have you ever had Insurance for Training Activities for which you made a Claim? ☐ **Yes** ☐ **No** If Yes please describe:		
12.	Desired Limit of Commercial General Liability: ☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000		
13.	Type and level of Instruction:	☐ Basic Kickboxing Fitness Instructor ☐ Basic Boxing Fitness Instructor ☐ Tai Chi ☐ Boxing Level 3 ☐ MMA Fitness/Conditioning Specialist Certification	☐ Advanced Kickboxing Fitness Instructor ☐ Advanced Boxing Fitness Instructor ☐ Personal Training ☐ Kickboxing Level 3

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.

Applicant Signature: _____ **Date:** _____

Title: _____ **Phone:** _____