



TRAINER INFORMATION

TRAINER ELIGIBILITY CHECKLIST

This checklist is to be used as a guideline. It will help to make sure that you have enclosed the proper information in order to issue the policy, as well as provide insight as to whether or not this policy will provide sufficient coverage.

Please answer the following questions:

- Do you have employees? **Yes** **No**
- Are you doing any work in the USA? **Yes** **No**
- Are you working with children under 12 years? **Yes** **No**
- Do you have any equipment that may require coverage? **Yes** **No**
- Do you own/lease any property from which you're working? **Yes** **No**
- Do you have any clients coming into your home? **Yes** **No**
- Are you working with any rehabilitation patients? **Yes** **No**
- Are you counseling clients in diet/weight management, other than outlined in the Canadian Food Guide? **Yes** **No**
- Are you working with any Professional Athletes? **Yes** **No**
- Have you had any prior claims? **Yes** **No**
- Did you obtain your certification by correspondence? **Yes** **No**

Coverages

Comprehensive Liability

Provides premises/operation protection for any claims arising from your fitness related activities including sexual harassment.

Professional Liability

Protects you against bodily injury arising out of rendering or failure to render professional services.

Personal Injury Liability

Protects you against suits involving libel, slander, wrongful invasion of privacy, etc.

Premises Liability

Provides \$250,000 of tenant's legal liability protection for any claims arising from facilities you rent, lease, or occupy.

Peace of Mind

EXCLUSIVELY DISTRIBUTED BY
Trothen & McConkey
INSURANCE BROKERS LIMITED

Name: _____
Mailing Address: _____
City: _____
Province: _____ Postal Code: _____
Phone Number: _____
Home:(____) _____ Work:(____) _____

Certified Through (Check One):

- CANFIT ACE OFC CPTN
- CALA BCRPA AFAA ACSM
- NFLAC OASES IDEA CCAA
- WATER ART YMCA/YWCA

Any other: _____
YOU MUST REMIT A COPY OF YOUR CERTIFICATION IN ORDER TO RECEIVE THIS COVERAGE.

Limit Desired (Check One):

	Limit	Deductible	Annual Premium
A. <input type="checkbox"/>	\$1,000,000	\$0	270.00
B. <input type="checkbox"/>	\$2,000,000	\$0	297.00
C. <input type="checkbox"/>	\$2,000,000	\$0	351.00

Option C is the only coverage for Pilates / Yoga Nutrition & Wellness / Pre & Post Natal / Tennis & Squash Instructor / SFIC / CCAA

All applicable taxes included.

Premium is fully earned - NO REFUNDS

Signature: _____ Date: _____

Payment Options

- Cheque Amount Remitted: \$ _____
Please make cheque payable to Trothen & McConkey Insurance.
- By Credit Card Visa Master Card
If paying by credit card, please complete the following three lines:
Cardholder Name: _____
Card Number: _____
Expiration Date: _____

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