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www.holmanins.com
www.jazzerciseinsurance.ca

This program has been specifically designed for Individual Franchised Jazzercise Fitness Professionals only.

It is a Commercial General Liability “Occurrence Form Policy” which includes injury to Participants and Sexual Abuse and Molestation. Coverage is portable, allowing you to operate anywhere in Canada at multiple studios, retreats, your home, church, community center and parks etc.

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY.

“**Applicant**” means the individual detailed in question 1 overleaf below. This application form must be completed in ink, signed and dated by the **Applicant**. All questions must be answered and where appropriate “Not Applicable” or “N/A” specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Applicant**’s knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the **Applicant** is aware of any other information which it considers may alter, influence or prejudice the Insurers’ appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

PROGRAM HIGHLIGHTS

- | | |
|---|------------------------------------|
| <p>Sports General Liability (Occurrence Form)</p> <ul style="list-style-type: none"> • Public Liability \$1,000,000 higher / \$3,000,000 Aggregate, higher limits available • Injury to Participants \$1,000,000 included • Tenant Legal Liability \$1,000,000 • Personal Advertising Liability Included • Products & Completed Operations Included • Employee Benefits Liability \$1,000,000 • Contingent Employers’ Liability • First Aid & Medical Payments \$10,000 • Sports Professional Liability – “Claims Made” \$1,000,000 • Sexual Abuse and Molestation – “Claims Made” \$100,000 each loss / \$300,000 annual aggregate • Trampoline, Liquor & Marijuana Exclusion • Additional Insured – Blanket Basis included • Additional Insured – Jazzercise Inc., included • Communicable Disease Exclusion | <p>Deductible \$500 or \$1,000</p> |
|---|------------------------------------|

Applicant Acknowledgement

 Signature

 Date

JAZZERICSE FITNESS INSTRUCTOR INSURANCE APPLICATION

WARNING

If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact Holman Insurance Brokers Ltd. immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant's ability to claim under the Applicant's insurance policy.

Personal Information of The Applicant (You) - Please provide the following specific information:

1.a	Full Name of Applicant :	First Name	Initial	Last Name
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b.	Location Address:	Street Address		
	City	Province	Postal Code	

2.a. Do you operate under a Business Entity or Partnership? Yes No
 If yes, Full Name of Business: _____

Note for Incorporated Business Entity or Partnership Coverage:

This policy being applied for will cover the Business Entity or Partnership if incorporated and up to 2 administrative non-professional staff that do not provide any of the insured services. No additional charge for sole proprietor acting under a company name. There is an additional charge for an Incorporated companies and partnerships. All professionals must apply for individual coverage separately.

2 b.	Telephone Number:	Business #	Cell #
2.c.	Email Address:		Fax #
	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Female <input type="checkbox"/> Male	

BUSINESS OPERATIONS

3.	Is being a Jazzercise Fitness professional a fulltime business for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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You must provide a copy of any relevant Jazzercise certificates and qualifications you have achieved.

If **YES**, Please advise name of qualified practitioner or instructor.

Name of qualified practitioner of instructor	Address	Tel #	Email

Please provide qualifications of qualified practitioner or instructor.

c. Do you provide sports therapy / rehabilitation / massage therapy or personal fitness instruction to Professional Sports persons and/or dancers? Yes No

4. Average number of hours you teach monthly: _____

Average number of participants you teach monthly: _____

5. If you have employees or need equipment coverage, you must apply using the "Fitness Gym / Studio Application"

If you require coverage for out of country retreats, you must complete a supplementary application (additional charge may apply).

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6. Is any of your work supervised? Yes No

If **YES**, please advise by whom and under what circumstances:

Name of Supervisor	Address	Tel #	Email
Please provide qualifications of supervisor			

7. a. Do you work with animals? Yes No
 If **YES**, please advise when this would happen and with what types of animal.

b. Do you provide sports therapy / rehabilitation / massage therapy Yes No

c. Do you provide fitness instruction to Professional Sports persons and/or dancers? Yes No

d. Do you teach and/or certify or qualify another to teach others? Yes No

Where an applicant is a teacher, teaching is considered certifying and/or qualifying another to teach others. (This should not be confused with instruction of others in participation of an activity.)

Your policy does not extend coverage to the actions of your students. Examples of this would be:

- i) a student or graduate injuring another student during practical training;
- ii) a student or graduate causes harm to a patient and an allegation is made that the damages were in whole or in part as a result of insufficient or deficient training.

If **YES**, please advise the relationship to whom and how often.
Attach relevant qualifications.

To Whom?	How often?
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e. Do you require liability coverage for any additional Insured's? Please indicate the relationship, state name and full address. If more space is required, please complete on a separate form. Yes No

Additional Insured

This policy automatically includes Additional Insured for Jazzercise Inc., 2460 Impala Dr, Carlsbad, CA 92010 and Blanket Additional Insured. If however, you require a specific individual certificate for other parties there is an additional Charge of \$25 each plus tax and we require the following information:

It is requested the following entities are to be added to the policy as Additional Insured, but only with respect to the operation of the Named Insured. The certificate applies to the named insured while operating within the scope as a Jazzercise Professional and the services listed.

Name and complete address, including postal code AND email of Additional Insured:			Interest in the insurance:
Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email:			
Address: (Street)	Province:	Postal Code:	

Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality
Email:			

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Address: (Street)	Province:	Postal Code:	<input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
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8. Do you keep records for at least 7 years for all clients? Yes No

If **NO**, please advise why the answer is **NO**:

9. Do you obtain satisfactory consent in writing from each client prior to starting instruction? Yes No
 If **YES**, please attach sample copy of consent form, intake form or client waiver.

10. Have any negligence claims ever been made against you whether successful or otherwise? Yes No

11. Have any claims for dishonesty ever been made against you whether successful or otherwise? Yes No

12. Have any complaints or investigations ever been made or undertaken against you? Yes No

13. Have you ever had a document relating to the **Applicant's** activities unintentionally destroyed, damaged, lost or mislaid? Yes No

14. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? Yes No

15. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? Yes No

16. Have any sexual harassment and/or abuse claims ever been made against you? Yes No

17. Are you aware of any circumstances which may give rise to a potential claim or request for indemnity under this professional liability insurance? Yes No

NOTE: If the answer to any of 10-17 above is **YES**, please provide full details:

18. Do you currently purchase Liability, Medical Malpractice and/or Professional Liability Insurance? If YES, please give full details: Yes No

LIMIT:	DEDUCTIBLE:	EXPIRY DATE MM/DD/YYYY	TYPE OF INSURANCE	PREMIUM

If you had a "Claims Made" policy and require retro date coverage, please provide evidence of prior insurance policy.

19. Have you ever had a claim made against you whether successful or otherwise in respect of bodily injury, property damage, premises (including tenant's liability), liability, personal injury, advertising liability or medical expenses? If YES, please give full details:

20. Do you sell, manufacture, distribute or wholesale any products, Yes No

If yes, do you sell to others that are not your clients? Yes No
 If yes, please give full details and describe products.

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PROFESSIONAL SERVICES

For JAZZERICSE FRANCHISE INSTRUCTORS ONLY: Please all that apply below.

<input type="checkbox"/> Antaraka (Core) Yoga	<input type="checkbox"/> Anusara Yoga	<input type="checkbox"/> Aqua Natal Yoga	<input type="checkbox"/> Aqua Fitness
<input type="checkbox"/> Asanas Yoga	<input type="checkbox"/> Ashtanga Yoga	<input type="checkbox"/> Barre™	<input type="checkbox"/> Beach Body™
<input type="checkbox"/> Belly Fit™	<input type="checkbox"/> Classical Yoga	<input type="checkbox"/> Coach	
<input type="checkbox"/> Dance/Dance Fitness	<input type="checkbox"/> Dynamic Stretching	<input type="checkbox"/> Energy Work	<input type="checkbox"/> Essentrics™
<input type="checkbox"/> First Aid Instructor	<input type="checkbox"/> Fitness / Fitness Coach	<input type="checkbox"/> Group Fitness	<input type="checkbox"/> Hatha Yoga
<input type="checkbox"/> Health Coach	<input type="checkbox"/> Jazzercise™	<input type="checkbox"/> Jivamukti Yoga	<input type="checkbox"/> Kripalu Yoga
<input type="checkbox"/> Kundalini Yoga	<input type="checkbox"/> Laughter Yoga	<input type="checkbox"/> Meditation	<input type="checkbox"/> Mind Body
<input type="checkbox"/> Nutrition & Wellness	<input type="checkbox"/> Orange Theory™	<input type="checkbox"/> Personal Fitness Trainer	<input type="checkbox"/> Pilates
<input type="checkbox"/> Piyo Live	<input type="checkbox"/> Pound	<input type="checkbox"/> Power Yoga	<input type="checkbox"/> Pyfusion™
<input type="checkbox"/> Prananyama Yoga	<input type="checkbox"/> Prenatal Yoga	<input type="checkbox"/> Qi-gong	<input type="checkbox"/> Reiki
<input type="checkbox"/> Restorative	<input type="checkbox"/> Revkor™	<input type="checkbox"/> Sivananda	<input type="checkbox"/> Spinning
<input type="checkbox"/> Sports Conditioning	<input type="checkbox"/> Swim Instructor/Life Guard	<input type="checkbox"/> Tai Chi	<input type="checkbox"/> Vinyasa Yoga
<input type="checkbox"/> Hot Yoga below 40 Celsius	<input type="checkbox"/> Moshka Yoga™ below 40 Celsius	<input type="checkbox"/> Bikram Yoga™ below 40 Celsius #	
<input type="checkbox"/> Vini Yoga	<input type="checkbox"/> Yamuna Body Rolling	<input type="checkbox"/> Zumba™	
<input type="checkbox"/> Other Not listed above	_____	Extra cost may apply	

Optional Coverages Please all that apply

<input type="checkbox"/> Online/Internet Training and/or Videos -	<input type="checkbox"/> World-wide coverage Territory (not to exceed 30 days annually)
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JAZZERICSE FITNESS INSTRUCTOR INSURANCE APPLICATION

PREMIUM CALCULATION and INVOICE

COVERAGE: Sports General Liability – Occurrence Basis

LIMIT OF LIABILITY ▼ Check off one	Premium With \$500 Deductible	Premium With \$1,000 Deductible	Premium
<input type="checkbox"/> \$1,000,000 each loss / \$3,000,000 annual aggregate Includes \$1,000,000 claims made Sport Professional Liability	\$195	\$177	\$
<input type="checkbox"/> \$2,000,000 each loss / \$4,000,000 annual aggregate Includes \$1,000,000 claims made Sport Professional Liability	\$245	\$223	
<input type="checkbox"/> \$5,000,000 each loss / \$5,000,000 annual aggregate Includes \$1,000,000 claims made Sport Professional Liability	\$457	\$4159	

Increase – Sports Professional Liability

<input type="checkbox"/> \$1,000,000 per claim / \$1,000,000 Aggregate	\$ Included	\$	
<input type="checkbox"/> \$2,000,000 per claim / \$2,000,000 Aggregate	\$50		
<input type="checkbox"/> \$3,000,000 per claim / \$3,000,000 Aggregate	\$150		
<input type="checkbox"/> \$5,000,000 per claim / \$5,000,000 Aggregate	\$250		
▼ If you answered YES to questions			
<input type="checkbox"/> Business Entity – Question 2 a	Add \$100	\$	
<input type="checkbox"/> Work with Animals 7a	Question 7a – 7d – ADD 30% load each		
<input type="checkbox"/> Do you provide sports therapy / rehabilitation / massage therapy 7b			
<input type="checkbox"/> Work with fitness instruction to Professional Sports persons and/or dancers 7c			
<input type="checkbox"/> Teaching Instructors or Certifying others 7d			
<input type="checkbox"/> Each Additional Insured – Question 7e	Add \$25 Per additional insured	\$	
<input type="checkbox"/> Online Internet Training and or Videos	\$150		
<input type="checkbox"/> World-Wide Coverage	\$150		
	ADD Broker Fee	\$ 50.00	
	TOTAL BEFORE TAX	\$	
For residents of Manitoba add 7% Newfoundland/Labrador add 15% Quebec add 9% Ontario add 8% Saskatchewan add 6% Other provinces no tax		TAX	\$
	TOTAL INCLUDING TAX	\$	

***NOTE: All Insurance premiums are subject to 100% minimum and retained premium. NO refund premium is applied for mid-term cancellation.**

Please advise the date insurance required is to be effective:	MM/DD/YYYY
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JAZZERICSE FITNESS INSTRUCTOR INSURANCE APPLICATION

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. For the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

DISCLOSURE OF MATERIAL FACTS

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

PROGRAM DISCLOSURE

Your coverage will be placed with a program administered by Holman Insurance Brokers Ltd. We have engaged in a marketing process to offer a competitive product on a group basis with insurers but we have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by Holman to seek an alternative insurer if available.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the therapy(ies) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Applicant's Signature

Date

Print Name

JAZZERICSE FITNESS INSTRUCTOR INSURANCE APPLICATION

CHECKLIST and PAYMENT OPTIONS

Application completed in full. All questions must be answered.

Relevant certificates and qualifications attached.

Method of Payment (must accompany application, instructions next page)

cheque attached (your cancelled cheque is your receipt)

online Bill payment Bank confirmation # _____ Name of Bank _____ confirmation receipt provided by bank provider

Visa/Master Card - email confirmation receipt will be sent upon transaction

Return completed application and additional materials requested to:

Holman Insurance Brokers Ltd.
1 Valleywood Drive, Suite #100, Markham ON L3R 5L9
Telephone:(905)886-5630

Email: programs@holmanins.com

JAZZERICSE FITNESS INSTRUCTOR INSURANCE APPLICATION

PAYMENT OPTIONS

Credit Card, Visa or Mastercard

1. Go to <https://www.policypayments.com/Holman?step2>

Note: There is a administrative convenience fee of 2.50% charge

Internet Banking – Also known as Bill pay / This is preferred method of payment other than credit card.

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
 2. Enter Holman. Choose All Categories and province Ontario and submit.
 3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.
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Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Your banking institution will then take your payment over the telephone by your choice of payment method.
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Debit Card Payments

1. Contact your bank by telephone or visit bank in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
 5. Choose banking option: Bill Payment and follow your bank instructions.
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In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd.,
1 Valleywood Drive, Suite #100
Markham ON L3R 5L9

Please note: NSF Payments – there will be an additional \$25 service charge