



Sports Coach Fitness Trainer Liability Insurance

This program has been specifically designed for Sports Coach Fitness trainers who provide fitness training to Athletes. This coverage is necessary for paid coaches, unpaid coaches, independent coaches, team leaders, mentors and training instructors that may not be insured whilst working / volunteering whilst training individual athletes or with teams or sanctioned bodies that normally would provide insurance protection to them or whilst working on their own ventures. This policy will provide additional protection, in the event their team or sanctioned body does not have insurance or in some cases not enough insurance.

Program highlights:

- Coach training to athletes with no age restrictions
- 60 different sports and more
- Available in most provinces

It is a Commercial General Liability "Occurrence Form Policy" which includes Injury to Participants. Coverage is portable, allowing you to operate anywhere in Canada at multiple venues, schools, gyms, community centers 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 practitioner detailed in question 1 overleaf below. This application form must be completed in ink, signed and dated by the **Applicant**. Please attach an updated and relevant resume/CV together with certificates proving all relevant qualifications in respect of this application. 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.

By signing this application form the **Applicant** is consenting to the use of information, including sensitive personal information. Where personal information relates to third parties, the **Applicant** confirms that it has been given the requisite consent to disclose such information to the Insurers for processing.

If there is insufficient space to complete an answer to any question in this application form, please continue on the continuation space (and additional page) provided, which should then be signed, dated, and attached to this application form.

PROGRAM HIGHLIGHTS

Sports Liability (Occurrence Form)

- Injury to Participants \$2,000,000 included
- Personal Advertising Liability Included
- Products & Completed Operations Included
- Voluntary Medical Payments \$10,000
- Incidental Medical Malpractice Included
- Additional Insured – Blanket Basis included
- Professional Liability (Claims Made Coverage) included
- Trampoline, Liquor, Abuse /Harassment & Marijuana Exclusions
- Employers Liability Extension Included
- Bodily Injury/Property Damage Deductible \$1,000
- Tenants Legal Liability \$2,000,000

Qualifications

In the event of a claim, the **Applicant** will be required to produce qualification certificates.



1 Valleywood Drive, Suite #100, Markham, Ontario L3R 5L9 Canada

Email: programs@holmanins.com

Tel: (905) 886-5630 Free: 1-800-567-1279

**Sports Coach Fitness Trainer
Liability Insurance
Application Form**

www.holmanins.com

www.coachinsurance.ca

Approved Organizations

This application applies only to sports specifically detailed below by the **Applicant**, AND for which the **Applicant** has an approved relevant qualification and is a member in good standing from one of the following of approved organizations:

- ☐ Any recognized Canadian Team or League coach education & certification program
- ☐ Aerobics and Fitness Association - AFFA
- ☐ American College of Sports Medicine -ACSM
- ☐ American Council on Exercise - ACE
- ☐ American Strength and Conditioning Association -ACSM
- ☐ Canadian Cycling Association including affiliated Provincial Associations and Clubs
- ☐ Canadian Fitness Education Services -CFES
- ☐ Canadian Professionals Standards -CSEP
- ☐ Canadian Society Exercise Physiology CSEP-CPT
- ☐ CanFit Pro™
- ☐ Certified Professional Training Network -CPTN
- ☐ Coaching Association of Canada
- ☐ Complete Human Performance - CHP
- ☐ Elite Dryland Training – H2T
- ☐ Fit Chicks Academy
- ☐ Goodlife Fitness
- ☐ Infofit
- ☐ International Coach Federation - ICF
- ☐ International Fitness Professional - IFP
- ☐ International Sports Science Academy -ISSA™
- ☐ National Academy of Sports Medicine -NASM
- ☐ National Coaching Certification Program -NCCP
- ☐ National Council for Certified Personal Trainers - NCCPT
- ☐ National Council on Strength and Fitness -NCSF
- ☐ National Personal Training Institute -NPTI
- ☐ National Strength and Conditioning Association -NSCA
- ☐ PCDI Canada
- ☐ Positive Coaching Alliance
- ☐ Sports Science and Exercise Science Graduates
- ☐ TRX Academy
- ☐ Others not listed, please list _____

If the **Applicant** is in any doubt as to whether an individual sport or association is approved for cover under this policy, the **Applicant** must discuss this with the Holman insurance Brokers Ltd. prior to accepting cover hereunder.

Applicant Acknowledgement

Signature

Date



1 Valleywood Drive, Suite #100, Markham, Ontario L3R 5L9 Canada

Email: programs@holmanins.com

Tel: (905) 886-5630 Free: 1-800-567-1279

**Sports Coach Fitness Trainer
Liability Insurance
Application Form**www.holmanins.comwww.coachinsurance.ca**Personal Information of the Applicant (You) - Please provide the following specific information:**

1.	Full Name of Applicant :	First Name	Initial	Last Name
	Corporate Entity Name If Required: Additional premium applies			

2a.	Address:	Street Address		
	City	Province	Postal Code	
b.	Telephone Number:	Business #	Cell #	
c.	Email Address:	Fax #		

3. Relevant Canadian Qualifications – PLEASE ATTACH CERTIFICATES

Name of Association, School or Centre	Course Title	Dates MM/DD/YY

4.	Date Of Birth:	MM/DD/YYYY
----	----------------	------------

5.	Certification number:	Organization Name
	Please attach copy of certification.	

6..	Do you provide sports therapy / rehabilitation / massage therapy or personal fitness instruction to Professional Sports persons and/or dancers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	---	------------------------------	-----------------------------

7.a.	Do you teach and/or certify and/or qualify other coaches to teach others?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?
----------	------------

7.b.	Do you teach other Professional Trainers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------	---	------------------------------	-----------------------------



Sports Coach Fitness Trainer Liability Insurance Application Form

www.holmanins.com
www.coachinsurance.ca

Note: Additional Insured

The policy being applied for includes Blanket Additional Insured's however if you require a specific individual certificate to be issued there is an additional charge

- 8... Do you require liability coverage for any additional Insured's? ☐ Yes ☐ No
 Please indicate the relationship, state name and full address. If more space is required, please complete the following:

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 Sport Coach.

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 * additional coverage may be required
Email:			
Address: (Street)	Province:	Postal Code:	

9. Do you do practice Online, provide E-Services, or do Internet training and/or Videos? ☐ Yes ☐ No
10. Have any negligence claims ever been made against you whether successful or otherwise? ☐ Yes ☐ No
11. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? ☐ Yes ☐ No
12. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? ☐ Yes ☐ No
13. Have any sexual harassment and/or abuse claims ever been made against you? ☐ Yes ☐ No
14. Please confirm participants complete a Par-Q prior to participating in activities? ☐ Yes ☐ No
15. Please confirm participants sign a waiver of liability for all contact sports. ☐ Yes ☐ No
16. Number of hours worked weekly: _____
17. Is there a certified coach on site at all times of operation? ☐ Yes ☐ No
18. Will there be any activities that include the use of a trampoline over 40 inches in diameter? ☐ Yes ☐ No
19. Do you have safeguards or procedures you employ to avoid injuries? ☐ Yes ☐ No
20. Do you operate your business outside of Canada and require to be insured? ☐ Yes ☐ No
21. Do you have any employees? ☐ Yes ☐ No
22. Does your training include outdoor cycling? ☐ Yes ☐ No
23. Do you currently purchase Liability and/or Professional Liability Insurance? If **YES**, please give full details: ☐ Yes ☐ No

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



1 Valleywood Drive, Suite #100, Markham, Ontario L3R 5L9 Canada

Email: programs@holmanins.com

Tel: (905) 886-5630 Free: 1-800-567-1279

**Sports Coach Fitness Trainer
Liability Insurance
Application Form**

www.holmanins.com

www.coachinsurance.ca


Professional Coaching Services

 Please ☒ all that apply below.

Level A:

<input type="checkbox"/>	Athletics, Track and Field	<input type="checkbox"/>	Badminton	<input type="checkbox"/>	Bowling 5-Pin
<input type="checkbox"/>	Bowling 10-Pin	<input type="checkbox"/>	Curling	<input type="checkbox"/>	Golf
<input type="checkbox"/>	Lawn Bowling	<input type="checkbox"/>	Racquetball	<input type="checkbox"/>	Tennis

Level B:

<input type="checkbox"/>	Archery	<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Broomball	<input type="checkbox"/>	Canoe	<input type="checkbox"/>	Cricket
<input type="checkbox"/>	Cross Country Skiing	<input type="checkbox"/>	Fencing	<input type="checkbox"/>	Field Hockey
<input type="checkbox"/>	Figure Skating	<input type="checkbox"/>	Handball 4 Wall	<input type="checkbox"/>	Kayak
<input type="checkbox"/>	Running	<input type="checkbox"/>	Rowing	<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Softball	<input type="checkbox"/>	Squash	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Synchronized Swimming	<input type="checkbox"/>	Team Handball	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Water Polo				

Level C:

<input type="checkbox"/>	Boxing	<input type="checkbox"/>	Football, touch only	<input type="checkbox"/>	Football, flag
<input type="checkbox"/>	Hockey	<input type="checkbox"/>	Ice Skating, Ice Dancing, Figure Skating	<input type="checkbox"/>	Judo
<input type="checkbox"/>	Karate	<input type="checkbox"/>	Orienteering	<input type="checkbox"/>	Roller Skating / Blading
<input type="checkbox"/>	Shooting, Rifle, <i>Shotgun, incl Range Warden</i>	<input type="checkbox"/>	Taekwondo	<input type="checkbox"/>	Wakeboard / Kneeboard
<input type="checkbox"/>	Water Skiing (no barefoot)				

Level D:

<input type="checkbox"/>	Biathlon	<input type="checkbox"/>	Blind Sports (Goalball)	<input type="checkbox"/>	Cerebral Palsy Sports (Boccia)
<input type="checkbox"/>	Cycling excluding Mountain Bike	<input type="checkbox"/>	Deaf Sports	<input type="checkbox"/>	Freestyle Skiing
<input type="checkbox"/>	Lacrosse	<input type="checkbox"/>	Marathon Training Coach	<input type="checkbox"/>	Ringette
<input type="checkbox"/>	Rugby	<input type="checkbox"/>	Running Coach	<input type="checkbox"/>	Special Olympics
<input type="checkbox"/>	Speed Skating	<input type="checkbox"/>	Table Tennis	<input type="checkbox"/>	Triathlon
<input type="checkbox"/>	Wheelchair Basketball	<input type="checkbox"/>	Wrestling		

Level E:

<input type="checkbox"/>	Alpine Skiing	<input type="checkbox"/>	Bobsleigh/Skeleton	<input type="checkbox"/>	Cycling with Mountain Bike
<input type="checkbox"/>	Diving	<input type="checkbox"/>	Equestrian	<input type="checkbox"/>	Gymnastics
<input type="checkbox"/>	Luge	<input type="checkbox"/>	Nordic Combined	<input type="checkbox"/>	Parachuting
<input type="checkbox"/>	Ski Jumping	<input type="checkbox"/>	Snowboarding	<input type="checkbox"/>	Water Ski - <i>Barefoot</i>
<input type="checkbox"/>	Weightlifting				



1 Valleywood Drive, Suite #100, Markham, Ontario L3R 5L9 Canada
 Email: programs@holmanins.com
 Tel: (905) 886-5630 Free: 1-800-567-1279

Sports Coach Fitness Trainer Liability Insurance Application Form

www.holmanins.com
www.coachinsurance.ca

PREMIUM CALCULATION

COVERAGE – Liability includes Professional Liability – Deductible \$1,000

Please select and check off the required limit and level. Write the applicable premium in the column.



▼ Check off one ► LIMIT OF INDEMNITY	<input type="checkbox"/> Level A	<input type="checkbox"/> Level A - B	<input type="checkbox"/> Level A - C	<input type="checkbox"/> Level A - D	<input type="checkbox"/> Level A - E	PREMIUM
<input type="checkbox"/> \$1,000,000 Per Claim, \$1,000,000 Aggregate	\$200.00	\$225.00	\$275.00	\$325.00	\$490.00	\$
<input type="checkbox"/> \$2,000,000 Per Claim, \$2,000,000 Aggregate	\$245.00	\$275.00	\$325.00	\$370.00	\$550.00	
<input type="checkbox"/> \$3,000,000 Per Claim, \$3,000,000 Aggregate	\$265.00	\$320.00	\$385.00	\$430.00	\$650.00	
<input type="checkbox"/> \$5,000,000 Per Claim, \$5,000,000 Aggregate	\$285.00	\$375.00	\$450.00	\$500.00	\$700.00	

Additional Premium Applies

Please ☒ all that apply below

<input type="checkbox"/> Bootcamp	<input type="checkbox"/> Ropes	\$50 Each	\$
<input type="checkbox"/> Hot Yoga Above 40 Celsius		\$100	\$
<input type="checkbox"/> Fitness with Gym equipment or machinery with moveable parts	<input type="checkbox"/> Outdoor Activities	\$150 each	\$
<input type="checkbox"/> Tire Fitness	<input type="checkbox"/> Weight training, equipment and/or machinery with moving parts		

Optional Coverages Please ☒ all that apply

NOTE: This policy includes Blanket Additional Insured's however if they require a specific individual certificate to be issued there is an additional Charge of \$25 each plus tax and we require the following information.

☐ **Additional insured - Question 8:** Please complete full name and address on page 5 of this application.

\$25 Each \$

☐ **Entity Coverage (Corporate Name) – Question 1**

\$100 \$

☐ **Teaching to other Professionals – Question 7a**

\$100 \$

☐ **Online, E-Services, Internet Training or Videos - Question 9**

\$150 \$

☐ **World-wide coverage Territory – Question 20**

\$150 \$

Policy Fee \$50.00

Total Cost before Tax \$

For residents of Ontario add 8%, Manitoba add 7%, Newfoundland & Labrador add 15%
 Saskatchewan 6%

TAX \$

TOTAL INCLUDING TAX \$

All premiums are annual and 100% retained. Please retain a copy for your records as no other invoice will be provided.

Please advise the date proposed insurance required is to be MM/DD/YYYY



1 Valleywood Drive, Suite #100, Markham, Ontario L3R 5L9 Canada

Email: programs@holmanins.com

Tel: (905) 886-5630 Free: 1-800-567-1279

**Sports Coach Fitness Trainer
Liability Insurance
Application Form**www.holmanins.comwww.coachinsurance.ca**effective:****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.

The email address supplied may be used to notify you of other related insurance products of interest to you.

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. I understand there is no coverage in effect until confirmed in writing by Holman Insurance Brokers Ltd.

Signing this Application does not bind the Applicant to enter into this insurance.

It is hereby agreed that the Insurer is authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

Applicant's Signature

Date



1 Valleywood Drive, Suite #100, Markham, Ontario L3R 5L9 Canada

Email: programs@holmanins.com

Tel: (905) 886-5630 Free: 1-800-567-1279

**Sports Coach Fitness Trainer
Liability Insurance
Application Form**

www.holmanins.com

www.coachinsurance.ca

Print Name



1 Valleywood Drive, Suite #100, Markham, Ontario L3R 5L9 Canada
Email: programs@holmanins.com
Tel: (905) 886-5630 Free: 1-800-567-1279

**Sports Coach Fitness Trainer
Liability Insurance
Application Form**

www.holmanins.com
www.coachinsurance.ca

Sport Coach Liability Checklist

Application completed in full. All questions must be answered.

☐

Organization Documentation (eg. Certificate of Membership).

☐

Premium calculation including tax for options– page 3.

☐

☐ cheque attached ☐ online Bank confirmation # _____ if online Name of Bank _____

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

☐ cheque attached (your cancelled cheque is your receipt)

☐ online Internet payment (Bill Pay) Bank confirmation # _____ Name of Bank _____
confirmation receipt provided by bank provider

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

Please keep a copy your application and payment receipt (ie cheque, Bank confirmation or online payment receipt).

An invoice will not be issued.

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



1 Valleywood Drive, Suite #100, Markham, Ontario L3R 5L9 Canada

Email: programs@holmanins.com

Tel: (905) 886-5630 Free: 1-800-567-1279

Sports Coach Fitness Trainer Liability Insurance Application Form

www.holmanins.com

www.coachinsurance.ca

PAYMENT OPTIONS

Credit Card, Visa or Mastercard

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

Note: There is a administrative fee of 2.50% charged.

Interac e-Transfer ®

If you wish to pay by Interac e-Transfer ® you can send to etransfer@holmanins.com with no need to provide an answer to a security question. Is it safe to send an Interac e-Transfer® transaction without a security question as Holman Insurance Brokers Ltd. is registered for Autodeposit, whereby our bank has verified our identity.

Internet Banking

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.

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.

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.

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

NSF payments - \$25 Fee