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 Markham, Ontario L3R 5L9 Canada
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Canadian Zumba Instructor Program

www.holmanins.com
www.zumbainsurance.ca

This program has been specifically designed for Individual Franchised Zumba™ 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.

Why Liability Insurance?

Because of your operations as a Zumba Instructor, you are open for a possible liability suit even if you are not negligent in your duties as an instructor. This policy covers your legal liability for bodily injury to participants in your class as well as spectators and passers-by.

PROGRAM HIGHLIGHTS

Sports Liability (Occurrence Form)

Deductible \$1,000

- Public Liability \$2,000,000 higher limits available
- Injury to Participants \$2,000,000 included
- Tenant Legal Liability \$1,000,000
- Personal Advertising Liability Included
- Products & Completed Operations Included
- Employee Benefits Liability included
- Contingent Employers’ Liability
- First Aid & Medical Payments \$10,000
- Sports Professional Liability – “Claims Made” \$1,000,000
- Additional Insured – Blanket Basis included
- Additional Insured – Zumba Fitness, LLC, included
- Communicable Disease Exclusion
- Sexual Abuse and Molestation exclusion
- Trampoline, Liquor & Marijuana Exclusion

Applicant Acknowledgement

 Signature

 Date

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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.

INSURED 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 1 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)			

BUSINESS OPERATIONS

3.	Is being a Zumba Fitness professional a fulltime business for you? You must provide a copy of any relevant Zumba certificates and qualifications you have achieved.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Average number of hours you instruct monthly: _____ Have you ever had a liability claim made against you? If YES, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	If you have employees or need equipment coverage, you must apply using the "Studio Application" If you require coverage for out of country retreats, you must complete a supplementary application (additional charge may apply).	
6. a.	Do you work with animals? If YES , please advise when this would happen and with what types of animal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Are you a student or a candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Where the **Applicant** is a student or candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage, it is a condition precedent to the right to be indemnified under this policy that the **Applicant** be under the supervision of a practitioner/instructor qualified within the activities covered and is restricted to performing practice treatments or case work only.

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and that the **Applicant** advises the recipient of such treatments (or their parent or legal guardian, if the recipient has not attained the age of 16) that they are receiving treatment as part of a training program. The **Applicant** must not offer treatments outside of their capabilities which shall at all times be governed by the phase reached in their training program and their supervising instructor/practitioner's assessment.

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

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

Note: Additional Insured

Additional Insured

This policy automatically includes Additional Insured for Zumba Fitness, LLC is a Florida limited liability company 800 Silks Run, Suite 2310, Hallandale, Florida USA 33009 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 Zumba Fitness Instructor.

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:	

7. Do you keep records for at least 7 years for all clients? Yes No

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

8. Do you obtain satisfactory consent in writing from each client prior to starting instruction?
If **YES**, please attach sample copy of consent form, intake form or client waiver. Yes No
9. Have any negligence claims ever been made against you whether successful or otherwise? Yes No
10. Have any claims for dishonesty ever been made against you whether successful or otherwise? Yes No
11. Have any complaints or investigations ever been made or undertaken against you? Yes No
12. Have you ever had a document relating to the **Applicant's** activities unintentionally destroyed, damaged, lost or mislaid? Yes No
13. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? Yes No
14. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? Yes No
15. Have any sexual harassment and/or abuse claims ever been made against you? Yes No
16. 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 9-16 above is **YES**, please provide full details:

17. 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.

18. 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:

19. 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 ZUMBA FRANCHISE INSTRUCTORS ONLY: Please all that apply below.

<input type="checkbox"/> Zumba™	<input type="checkbox"/> Zumba™ Step	<input type="checkbox"/> Zumba™ Toning
<input type="checkbox"/> Zumba Aqua™	<input type="checkbox"/> Zumba Sentao™	<input type="checkbox"/> Zumba™ Gold
<input type="checkbox"/> Zumba™ Gold Toning	<input type="checkbox"/> Zumba™ Kids	<input type="checkbox"/> Zumbini™
<input type="checkbox"/> Zumba™ In the Circuit	<input type="checkbox"/> Plate by Zumba™	
<input type="checkbox"/> Other Not listed above, please specify:		

PREMIUM CALCULATION and INVOICE

Coverage Sports Liability – Occurrence Basis / \$1,000 Deductible ▼ Check off all that apply <input checked="" type="checkbox"/>	Premium	Write the applicable premium in the column. ▼
<input type="checkbox"/> \$2,000,000 each loss / \$2,000,000 annual aggregate Includes Sports Professional Liability – “Claims Made” \$1,000,000	\$195	\$
<input type="checkbox"/> \$2,000,000 each loss / \$4,000,000 annual aggregate Includes Sports Professional Liability – “Claims Made” \$1,000,000	\$250	
<input type="checkbox"/> \$5,000,000 each loss / \$5,000,000 annual aggregate Includes Sports Professional Liability – “Claims Made” \$1,000,000	\$350	
Optional Coverage <input checked="" type="checkbox"/> all that apply - additional premium		
<input type="checkbox"/> Add corporate legal entity name of individual instructor (no employees) Q.2 a	Add \$100	\$
<input type="checkbox"/> Online Internet Training or Videos	Add \$150	\$
<input type="checkbox"/> Add Worldwide coverage Territory	Add \$150	\$
<input type="checkbox"/> Each Additional Insured	Add \$25	\$
Broker Fee		\$ 50.00
Total		\$
For residents of Manitoba add 7% Newfoundland/Labrador add 15% Quebec add 9% Saskatchewan add 6% Ontario add 8%	TAX:	\$
Grand Total		

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

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- 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.

All Trademarks are property of Zumba Fitness, LLC is a Florida limited liability company 800 Silks Run, Suite 2310, Hallandale, Florida USA 33009 .

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.

Applicant's Signature

Date

Print Name

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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: sports@holmanins.com

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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