

LIABILITY PROTECTION FOR AFLCA CERTIFIED GROUP FITNESS LEADERS
- NEW APPLICATION -

(Complete this form if you are applying for insurance for the first time)

NAME: _____

ADDRESS: _____

PHONE (HOME): _____ (WORK): _____ (FAX): _____

EMAIL ADDRESS: _____

AFLCA CERTIFICATE NUMBER _____ EXPIRATION DATE: _____

Do you operate under a business name, if so, please provide name: _____

Are there any other operations under this business name? If so, please provide details: _____

PLEASE CHECK LEVEL(S) OF AFLCA CERTIFICATION:

- GROUP EXERCISE LEADER
- AQUATIC EXERCISE LEADER
- FITNESS FOR OLDER ADULT LEADER
- RESISTANCE TRAINING LEADER
- TRAINER OF FITNESS LEADERS

PLEASE COMPLETE THE FOLLOWING (Do not leave any questions unanswered)

Do you have any employees or Independent Contractors? Y N

If your answer is yes, please contact Lloyd Sadd Insurance Brokers Ltd. for a different application.

Do you own, or do you have a rental/lease agreement for the space that you operate in? Y N

If your answer is yes, please contact Lloyd Sadd Insurance Brokers Ltd. for a different application.

Do you operate classes out of your home? Y N

If your answer is yes, please contact Lloyd Sadd Insurance Brokers Ltd. for a different application.

Does the facility you work in require to be listed on your policy as an “Additional Insured”?

If so, please provide their full name and mailing address:

In order to qualify for insurance through the AFLCA Insurance Program, you must provide a copy of a Waiver of Liability.

Please check the one that you will provide.

*If you do not provide a Waiver of Liability, insurance coverage WILL NOT be provided.

- A copy of the Waiver of Liability used at the facility that I work at
- A copy of my own Waiver of Liability
- A copy of the sample Waiver of Liability offered by Sports-Can

***YOU MUST ENSURE THAT EVERY PARTICIPANT/CLIENT READS AND SIGNS THE WAIVER YOU HAVE CHOSEN TO USE.** These signed waivers should be kept in your files, as in the event of a claim you may be required to present these to the Insurer.

Have you ever had a claim brought against you? Y N
If so, please provide details:

What safeguards or procedures do you employ to avoid injuries to any participant of your fitness class?

Do you provide any fitness classes that are led outside? Y N
If so, what type of outdoor activities do you offer your participants?

Previous Fitness Insurance Details (Insurance Company and Policy Number): _____

Do you teach outside of **Canada**? _____ If yes, please contact Lloyd Sadd Insurance Brokers Ltd. to review prior to forwarding your application.

This application does not bind the applicant or Sports-Can Insurance Consultants Ltd. to complete the insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. **Important Notice:** As part of the underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

It is mutually agreed between Sports-Can Insurance Consultants Ltd. and the Applicant that any inspection of premises, operation or any matter pertaining to insurance afforded by Sports-Can Insurance Consultants, is made for the use and benefit of Sports-Can Insurance Consultants Ltd.

Applicants Signature: _____ **Date:** _____

Lloyd Sadd Insurance Brokers Ltd.
Phone: 780.483.4544 or Toll Free: 1.800.665.5243
Contact: Kristin Solverson
Email: ksolverson@lloydsadd.com
www.lloydsadd.com

For additional information on this program please view the Informational Brochure

PREMIUM SCHEDULE AND COVERAGE INFORMATION

Total annual premium (including fees) for all instructors regardless of hours worked per week is \$270.00.

\$200.00	Policy Premium
\$ 35.00	Sports-Can Insurance Consultants Ltd. Policy Fee
\$ 35.00	Lloyd Sadd Insurance Brokers Ltd. Agency Fee

Policy Premium and fees are fully retained.

The policy term runs April to April annually and any policy that is purchased later than April 1 is subject to the premium schedule below. Review the chart for your premium.

Coverage: \$2,000,000 Commercial General Liability; \$2,000,000 Errors & Omissions Liability;
Deductible: \$1,000

HIGHLIGHT THE MONTH AND PREMIUM THAT YOU ARE CHOOSING

INSTRUCTORS (MONTH OF INCEPTION)	PREMIUMS	Total
April	\$200.00 + \$70 fee	\$270
May	\$185.00 + \$70 fee	\$255
June	\$170.00 + \$70 fee	\$240
July	\$155.00 + \$70 fee	\$225
August	\$140.00 + \$70 fee	\$210
September	\$125.00 + \$70 fee	\$195
October	\$110.00 + \$70 fee	\$180
November	\$95.00 + \$70 fee	\$165
December	\$80.00 + \$70 fee	\$150
January	\$65.00 + \$70 fee	\$135
February	\$50.00 + \$70 fee	\$120
March	\$50.00 + \$70 fee	\$120

- Please make your cheque payable to **LLOYD SADD INSURANCE BROKERS LTD.**
- All monies must be received in our office **prior to** the issuance of a certificate of insurance by Sports-Can Insurance Consultants Ltd. confirming that coverage is in place.
- Credit cards are not accepted, but we can accept credit card cheques.

Make sure you have the following attached to your application:

- A copy of your current AFLCA Certificate (do not send original)
- A copy of the Waiver of Liability each participant will read and sign.
- Full payment for your AFLCA insurance.

MAIL IT TO: **LLOYD SADD INSURANCE BROKERS LTD.**
C/O AFLCA PROGRAM
17413 – 107 AVENUE
EDMONTON, AB T5S 1E5