

C.H.E.K Advantage + LIABILITY INSURANCE PROGRAM

Exclusive to: Canadian C.H.E.K. Institute-trained Professionals

Dan Lawrie Insurance working for you!

Dan Lawrie Insurance has been a leading insurance brokerage for more than 25 years. We know from first hand experience that the key to successful group association insurance is keeping in touch with our clients and providing service right when you need it. This Program is underwritten through MINT Canadian Specialty which is one of Canada's most innovative providers of Errors and Omissions and General Liability Insurance

Find out what our insurance team and group association buy power can do for you!

Take Advantage of Group Buying Power

- ① Competitive Group Premiums
- ① Quality insurance with enhanced coverage
- ① Fast, Professional Service

These are the benefits you'll enjoy when you purchase insurance through **Dan Lawrie Insurance Brokers Ltd.** Insurance group plan.

Whether it's for business, fitness center or liability protection, our exclusive broker Dan Lawrie Insurance has the policy tailored to give you the most for your insurance dollar.

Quality Insurance Coverage

- **LIABILITY COVERGE UP TO \$2,000,000**
- **GENERAL LIABILITY WITH PROFESSIONAL EXTENSION**
- **Provides premises protection for any claims arising from the facility you own, lease or occupy and any claims arising from your professional liability exposure.**
- **PERSONAL INJURY LIABILITY**
- **Protect you against suits involving libel, slander, and wrongful invasion of privacy**
- **PRODUCTS LIABILITY**
- **EMPLOYEES AS ADDITIONAL INSURED**
- **NON-OWNED AUTOMOBILE**
- **YOUR LEGAL LIABILITY FOR INJURY TO PARTICIPANTS IS AUTOMATICALLY COVERED!**

Competitive Premiums by Category

Coverage is available **Canada** wide. Ontario and Quebec subject to:
Ontario Retail Sales Tax of 8%, Quebec 9%, please be sure to remember to add the tax to your total premium if you live in Ontario or Quebec.

Category # 1- Nutrition and Lifestyle Coaching only

\$ 500.00 - \$1,000,000 Limit

\$ 700.00 - \$2,000,000 Limit

Category # 2- Nutrition and Lifestyle Coaching, Exercise Coaching

\$ 800.00 - \$1,000,000 Limit

\$ 1,120.00 - \$2,000,000 Limit

Additional Exposure (i.e. Massage Therapy) may be included in this policy for an additional \$250.00 premium upon approval.

All applicants must submit proof of C.H.E.K. Institute certification and resume.

****All premiums are due before issuance of policies.****

Application for Nutrition and Life Style Coaching and/or Exercise Coaching

Name : _____

Address: _____

Home Phone #: _____ - _____ Website: _____

Work Phone #: _____ - _____ Email: _____

Please describe: Type of Exercise Coaching and/or Nutrition and Lifestyle Coaching provided.

Years of Experience in Exercise Coaching and/or Nutrition and Lifestyle Coaching (Volunteer Work Included). Please attach your resume.

Name and Locations of facilities where you will be Instructing

Estimated Annual Gross Receipts: _____

Do you have employees or sub-contractors working for you? Y or N

If you have employee's please indicate how many? _____

If you hire sub-contractors please advise how many? _____

*** If you hire sub-contractors please include a copy of your contract agreement.**

Have you or any of your employees:

(i) Have you ever been convicted for an act committed in violation of any law or ordinance other than traffic offenses? Y or N

(ii) Ever been treated for alcoholism or drug addiction? Y or N

Are you a current C.H.E.K. Institute-trained Professional in Good Standing with the C.H.E.K. Institute? Y or N

**** If yes, a copy of your Certificates of Completion MUST accompany application**

How many years have you been a C.H.E.K. Institute-trained Professional _____
Expiry Date _____

Please describe your Educational / Technical Qualifications (or attach resume)

Will you be conducting any Fitness Evaluation(s) and/or Nutrition and Lifestyle Appraisals on clients? If yes please describe:

Please indicate division of your patients by percentage between:

Exercise Coaching - _____

Nutrition and Lifestyle Coaching- _____

Other (Please describe) _____

Are you aware of any circumstances which may result in a Professional Liability claim or suit being made or brought against you or any of your employee's? Y or N

If yes please explain.

Please advise Category Applying for:

Category # 1 _____

Category # 2 _____

Additional Exposure _____

Limit of Liability Insurance Applying for:

\$1,000,000 _____ Premiums as shown

\$2,000,000 _____ Premiums as shown

Plus 8% Tax for Ontario Residents & 9% Tax for Quebec Residents

Please provide the name of your Prior Insurance Carrier Company _____

Expiry date of Prior Insurance Carrier _____

Policy # of Prior Insurance Carrier _____

Has any claim or lawsuit been brought against you and/or any of your employees? Y or N

Are there any Claims on your prior insurance in the past 6 years?

If Yes Please Explain:

Date of Loss	Description of Loss	Amount Paid

Notice to Applicant – Please Read Carefully

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

MINT Canadian Specialty (MCS) or the Insurer is authorized to make any inquiry in connection with this application. Signing this application does not bind the Insurer to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which MCS receives notice is on file with MCS and is considered physically attached to and part of the of the policy if issued. MCS and the Insurer will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify MCS who may modify or withdraw any outstanding quotation or agreement to bind coverage.

Warranty:

I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to MINT Canadian Specialty, Ltd., 145 King Street East, Suite 500, Toronto, Ontario, M5C 2Y7.**

Name of Applicant	Title (Officer, partner, etc.)
Signature of Applicant	Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

Where an Applicant for a contract, (1) gives false particulars of the described application for Fitness Liability coverage to be insured to the prejudice of the insurer, or (2) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein: or (3) the insured contravenes a term of the contract or commits a fraud: or (4) the Insured willfully make a false statement in respect of a claim under the contract, a claim by the insured is invalid and the right of the insured to recover indemnity is forfeited.

*DECLARATION / DISCLAIMER

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Completion of this Application does not guarantee acceptance for insurance coverage and is for quotation purposes only. I understand by submitting this application, coverage is not bound unless confirmed in writing by Dan Lawrie Insurance Brokers Ltd. **Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.** Dan Lawrie Insurance Brokers Ltd. is not responsible for applications not received due to transmitting errors. Please note a DLIB representative will contact you within 48 hours of receipt to confirm eligibility.

Applicant signature	Date	Broker Signature	Date
_____	_____/_____/_____ Month Day Year	_____	_____/_____/_____ Month Day Year

Underwritten by: MINT CANADIAN SPECIALTY

Broker:

