



**DAN LAWRIE  
INSURANCE BROKERS**

LAWRIE INSURANCE GROUP INC.

## **CANADIAN AQUAFITNESS LEADERS ALLIANCE INC. LIABILITY INSURANCE PROGRAM**

**Exclusive to: Certified – CALA Fitness Instructors and Personal or Group Trainers.**

### **Dan Lawrie Insurance working for you!**

**Dan Lawrie Insurance** has been a leading insurance brokerage for more than 30 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.

Intact Insurance Company of Canada is one of Canada's most experience providers of Commercial General Liability Insurance with offices coast to coast. Intact Insurance Company of Canada provides service and protection.

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

## **Take Advantage of Group Buying Power**

- ⦿ Competitive Group Premiums
- ⦿ Quality insurance with enhanced coverages
- ⦿ Fast, Professional Service

These are the benefits you'll enjoy when you purchase insurance through **Lawrie Insurance Group Inc. o/a Dan Lawrie Insurance Brokers** Insurance group plan.

# Quality Insurance Coverage

- **COMMERCIAL GENERAL LIABILITY** with limit options of \$2,000,000, \$3,000,000 and \$5,000,000 including **PROFESSIONAL EXTENSION** Provides premises protection for any claims arising from the facility you occupy and any claims arising from your professional liability exposure as a trainer/instructor certified by Canadian Aquafitness Leaders Alliance Inc. All claims must be within the policy wording and the member must be considered legally liable
- **PERSONAL INJURY LIABILITY**  
Protect you against suits involving libel, slander, and wrongful invasion of privacy for which member is found to be legally liable.
- **PRODUCTS LIABILITY**
- **EMPLOYEES AS ADDITIONAL INSURED**
- **TENANTS LEGAL LIABILITY - \$250,000 Limit**
- **CROSS LIABILITY**
- **NON-OWNED AUTOMOBILE**
- **YOUR LEGAL LIABILITY FOR INJURY TO PARTICIPANTS IS AUTOMATICALLY COVERED!**
- **NO DEDUCTIBLE**

*How to Apply?*  
*It's easy!*  
*3 easy steps to follow...*

- 1.** COMPLETE the enclosed application.
- 2.** Fax to: **905- 521-7989**  
Attention: **Program Unit**  
Or email to: [cala@danlawrie.com](mailto:cala@danlawrie.com)
- 3.** Mail the original signed documents, along with copies of your certifications and your resume and also enclose your full payment (pls include tax if applicable) Payable to **Dan Lawrie Insurance Brokers**. A Certificate will be mailed to you. **Coverage cannot be bound until payment has been received in full.**  
Mail to: **Dan Lawrie Insurance Brokers**  
**PROGRAM UNIT**  
**CALA Fitness Liability Insurance Program**  
**105 Main Street East, Suite 1400**  
**Hamilton, Ontario L8N 1G6**

**All Premiums 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.**

**Certified Member of Canadian Aquafitness Leaders Alliance Group**  
**Exercise Instructor and/or Personal Trainer of Canadian Aquafitness**  
**Leaders Alliance**

**\$ 240.00 - \$2,000,000 Limit**

**\$ 270.00 - \$3,000,000 Limit**

**\$ 300.00 - \$5,000,000 Limit**

**plus 8% Tax for Ontario Residents & 9% Tax for Quebec Residents**

All applicants must submit proof of certification and resume along with copy of membership from Canadian Aquafitness Leaders Alliance Inc. **All Premiums due before issuance of certificates.**

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_

Work Phone #: \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Type of Instruction provided (Aqua, Yoga, Pilates, Feldenkrais Method, Other)

State all types of Instruction/Training provided \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Years of Experience Instructing \_\_\_\_\_

Name and Locations of facilities where you will be Instructing:

\_\_\_\_\_

\_\_\_\_\_

How Long Have You Been A CALA Member \_\_\_\_\_

Membership # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Are you currently a certified member of CALA? Yes or No

Please list all other Associations of which you are a member: \_\_\_\_\_

Will you be conducting any fitness evaluations or appraisals on Clients?

Yes or No

If yes, please elaborate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please advise Limit Applying for:

- \$ 240.00 - \$2,000,000 Limit
- \$ 270.00 - \$3,000,000 Limit
- \$ 300.00 - \$5,000,000 Limit

**Application for CALA Fitness Liability Insurance**

**Your Prior Insurance Carrier Company Name** \_\_\_\_\_

**Expiry date of Prior Insurance Carrier** \_\_\_\_\_

**Policy # of Prior Insurance Carrier** \_\_\_\_\_

**Any Claims on your prior insurance in the past 6 years?** \_\_\_\_\_

**If Yes Please Explain: Dates of Loss and Payouts and type of loss:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**\*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 Lawrie Insurance Group Inc. o/a Dan Lawrie Insurance Brokers. **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.** Lawrie Insurance Group Inc. o/a Dan Lawrie Insurance Brokers 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:**



**Broker:**



**DAN LAWRIE  
INSURANCE BROKERS**

LAWRIE INSURANCE GROUP INC.

**Canadian Aquafitness Leaders Alliance Inc. Liability Insurance Program (CALA)**

**Insurer: Intact Insurance**

**Premiums: As per certificates Issued**

**Commercial General Liability Limit – As per Certificate Issued**

**Bodily Injury & Property Damage arising out of Premises, Products and Operations, Inclusive:**

- Participant Coverage Included
- Member, Participants, Officials, Coaches and volunteers as additional Insured
- Landlords Mentioned as additional named insureds
- Blanket, All Risk, Tenants' Legal Liability Named and Unnamed Locations \$250,000
- Employees as Additional Insured
- Volunteers as Additional Insured
- Products and Completed Operations
- Other Locations
- Voluntary Property Damage \$2,000 Limit
- 60 Day Cancellation
- Owners Protective Liability
- Voluntary Medical Payments \$7,500/ Person: \$25,000/Accident
- Blanket Written Contractual Liability
- Contractors Protective
- Occurrence Property Damage
- Cross Liability and Severability of Interest
- Incidental Medical Malpractice
- Advertising Injury Liability \$1,000,000 Maximum Limit
- Employer's Liability \$100,000 Limit
- Employee Benefits \$100,000 Limit
- Personal Injury Liability
- Occurrence Bodily Injury Damage
- New Entities 90 Days
- World Wide Liability Protection as long as the Suit against the insured is brought within Canada or the United States. Activities of an insured person who's home is in Canada but is away for a short time on Named Insured's business.
- Legal Liability for Bodily Injury or Death to Spectators and other members of the public and Accidental Damage to their Property arising from any Sanctioned Activity
- Non-Owned Automobile
- OEF 94 / 96 Legal Liability for Damage to Non-owned Automobiles Limit \$25,000 (All Perils Deductible \$500.00)
- OEF 99 Excluding Long term leased vehicles
- Host Liquor
- Elevator Coverage
- Pollution Liability Exclusion