

**LIABILITY PROTECTION FOR AFLCA CERTIFIED GROUP
FITNESS LEADERS
RENEWAL APPLICATION**
*(complete this form if you are renewing your insurance
from the prior term)*

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:

- | | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | GROUP EXERCISE LEADER |
| <input type="checkbox"/> | AQUATIC EXERCISE LEADER |
| <input type="checkbox"/> | FITNESS FOR OLDER ADULT LEADER |
| <input type="checkbox"/> | RESISTANCE TRAINING LEADER |
| <input type="checkbox"/> | TRAINER OF FITNESS LEADERS |

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

Do you have any employees or Independent Contractors? _____

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

Do you own the building that you teach in? _____

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

Do you rent or lease space? If so, please provide details _____

Does the facility you work for, require to be listed 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. You have 3 choices listed below. Please indicate by circling the one that you will provide.

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

YOU MUST ENSURE THAT EVERY PARTICIPANT READS AND SIGNS THE WAIVER YOU HAVE CHOSEN TO USE.

Indicate which Waiver of Liability you will provide:

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

Have you ever had a claim brought against you? Yes No

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? If so, what type of outdoor activities do you offer your participants?

Has there been any change to your operations in the last 12 months: _____

Do you teach outside of **Canada**? _____ If yes, please contact Lloyd Sadd Insurance 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:** _____

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
April	\$200.00 + \$70 fee
May	\$185.00 + \$70 fee
June	\$170.00 + \$70 fee
July	\$155.00 + \$70 fee
August	\$140.00 + \$70 fee
September	\$125.00 + \$70 fee
October	\$110.00 + \$70 fee
November	\$95.00 + \$70 fee
December	\$80.00 + \$70 fee
January	\$65.00 + \$70 fee
February	\$50.00 + \$70 fee
March	\$50.00 + \$70 fee

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.
Payment by credit card is not a form of payment that is accepted.

Make sure you have the following attached to your application:

1. A copy of your current AFLCA Certificate (do not send original)
2. A copy of the Waiver of Liability each participant will read and sign.
3. 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