



PERSONAL TRAINER
STUDIO APPLICATION

Trothen & McConkey Insurance
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COMPLETE THIS BOX ONLY IF THIS APPLICATION IS BEING SUBMITTED BY AN INSURANCE BROKER
Brokerage Name _____ Producer's Name _____
Telephone: _____ Fax: _____ E-mail: _____

Legal Business Name: _____
Location Address: _____ City: _____ Province: _____ Postal: _____
Mailing (if different): _____ City: _____ Province: _____ Postal: _____
Contact Person: _____ Phone: _____ Fax No.: _____
Res: _____ Cell: _____ E-mail: _____

Expiry Date of Policy: _____ Current Insurance Company: _____

PROPERTY INFORMATION

Describe your location (Two story, strip plaza, shopping mall, etc.) _____

The Building Age: _____ No. of Stories: _____ Do you own the building? [] Yes [] No

Total Area of Building: _____ (Sq. Ft) Total Area of your Facility: _____ (Sq. Ft)

LATEST UPDATES?...

CONSTRUCTION OF BUILDING

Roof _____ WALL: _____ ROOF: _____
Heat _____ [] Concrete Block/Masonry [] Steel Deck or Concrete
Plumbing _____ [] Brick Veneer over Wood [] Wood Joists
Electric _____ [] Frame/Siding [] Metal Clad

Sprinkler System? [] Yes [] No # of Smoke Detectors: _____ # of Fire Extinguishers: _____
Burglar Alarm? [] Yes [] No Fire Alarm [] Yes [] No Alarm Monitored? [] Yes [] No
Fire Hydrants within 500 feet? [] Yes [] No

AVERAGE Hours of Operation: _____:_____ to _____:_____

Is there Any Bar/Restaurant Adjacent to your operation? [] Yes [] No
Do you own, operate, or rent space to associated businesses? [] Yes [] No
If yes, please describe: _____
Describe precautions taken to avoid slips and falls at entrances? _____
Who does snow removal? _____
Types of steps if any? _____
Regular salting of ice? [] Yes [] No Do you apply? [] Yes [] No

FINANCIAL INFORMATION

Please use the following stock and equipment individual category breakdowns to help determine totals:

STOCK: Supplements \$ _____ Lotions \$ _____ Sun Glasses \$ _____ Clothes \$ _____

Other Stock not mentioned \$ _____ please specify: _____

EQUIPMENT: Computers \$ _____ Laptops \$ _____ Signs \$ _____ Aerobic Mics \$ _____

Furniture \$ _____ Cardio Theatre \$ _____ Machines \$ _____ Sun tanning Beds \$ _____

LEASEHOLDS: Any purchased Tenants Improvements \$ _____ Construction Costs \$ _____

Aerobic Floors \$ _____ Courts \$ _____ Change rooms \$ _____ Offices \$ _____

PROPERTY VALUES IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY:

Building (if you require coverage) \$ _____ Leasehold Improvements \$ _____

Equipment \$ _____ Stock \$ _____

LIABILITY INFORMATION Liability Limits Desired: [] \$2,000,000 [] \$3,000,000 [] \$5,000,000

No. of Clients? _____	Membership Receipts	\$ _____
	Training Receipts	\$ _____
	Supplement Receipts	\$ _____
	Alcohol Receipts	\$ _____
	Clothing Receipts	\$ _____
	Other Receipts	\$ _____
	Total Yearly Gross Receipts	\$ _____

Describe all the training programs which you conduct: _____

Describe your personal training studio? _____

Number of years in business? _____ No. of full time Employees? _____ No. of part time? _____

Maximum amount of cash left on Premises overnight? _____ If over \$250, do you have a safe? _____

ADDITIONAL INSUREDS (i.e.: landlord)

LOSS PAYEES (i.e.: bank financing, equipment leases, etc.)

DESCRIPTION OF OPERATIONS

PROCEDURES: Describe the following procedures:

Fitness Tests: _____

Do you check Blood Pressure? _____

Do you use a Par-Q , Med X or your own questionnaire? Yes No

Please describe: _____

Are clients required to sign a waiver? Yes No “Please attach a copy.”

Do you sell supplements? Yes No Do you use diet plans? Yes No

Changerooms:

Do you have showers? Yes No Please describe floor (eg. 2”tiles): _____

Rubber mats in hall? Yes No

Do you have modified or re-built/used equipment? Yes No % _____

Proper Pins, Grips & Connectors? Yes No Orderly Layout? Yes No

Is equipment inspected daily? Yes No Who does maintenance? _____

How do most clients pay? (ie. cash, visa) _____

EMPLOYEES:

NAME	CERTIFICATION	YEARS EXP.	POSITION

Claims in last 5 years? Yes No _____

Any person who knowingly and with intent to defraud any insurance company or another person, files an application containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects this person to criminal and civil penalties.

Applicant Signature: _____ Title: _____ Date: _____