



Personal Fitness Trainer Liability Application
Cambrian Special Risks
 130 Paris Street
 Sudbury ON P3E 3E1
 Toll Free Phone: 888-339-6069 Toll Free Fax: (866) 308-2784
Email: quotes@cambrianspecialrisks.com



SECTION 1: APPLICANT INFORMATION

- Name of Applicant: _____
- Contact Name: _____
Last Name First Name
- Address: _____
Street Number Street Name Apartment / Suite Number
- City: _____ Province: _____ Postal Code: _____
- Phone: _____ Fax: _____
- Website Address: _____

SECTION 2: UNDERWRITING INFORMATION

- Total number of clients that are being trained: _____
- Name and location of training facility: _____

- Gross Revenue: _____
- Has any company declined or cancelled any coverage, for you or this function / event, in the past? Yes No
 If "Yes" please provide details: _____

5. Loss History, please provide details below:

Year	Insurer	Premium	Details of Loss(es)	# of Loss(es)	Total Amount(s) Paid

- Previous Carrier: _____ Premium: _____
- Limits Requested: \$1 million \$2 million \$5 million Other: _____
- Errors & Omissions Limit: \$1 million \$2 million

SECTION 3: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks/Echelon until accepted by Cambrian Special Risks/Echelon but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that Cambrian Special Risks/Echelon requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect.

Applicant

Name:

Last Name

First

Name

Applicant

Signature:

Date:

mm/dd/yyyy