

# FITNESS PROFESSIONALS INSURANCE APPLICATION FORM

PLEASE COMPLETE EVERY SECTION. FAILURE TO DO SO WILL DELAY APPROVAL OF COVER.

## YOUR DETAILS

|                                |           |  |                             |
|--------------------------------|-----------|--|-----------------------------|
| Surname:                       |           | First name:  |                             |
| Date of birth:                 | Above 65? | YES  | NO                          |
| Address:                       |           |  |                             |
| Work telephone:                |           | Mobile:  |                             |
| Email:                         |           |  |                             |
| Do you have a Trading License? |           | <input type="checkbox"/> YES (Please provide a copy) | <input type="checkbox"/> NO |
| Reps Membership Number         |           |  |                             |

## INFORMATION REQUIRED

1. I provide:

☐ 1A. Physical training only ☐ 2B. Online training (Advice) along with physical training

Please note that if your services cater to both points 1A and 3C separately then both GL and PI coverage will be required. However, if your services are only for points 1A and 2B then only GL coverage is required

☐ 3C. Online training (Pure Advice) and no physical training

2. Period of Insurance required from:

Cover will be provided from the date your payment is authorised

Day:  Month:  Year:

3. Type of qualifications/years of experience

4. Estimated - Gross fees

5. Are you a:

\* In case you are an employee then please share NOC

☐ Freelance trainer ☐ Gym / Fitness centre employee\*

## COVERAGE REQUIRED

Please check the appropriate category based on the above information provided:

|                       |   |   |
|-----------------------|---|---|
| 1. General Liability* | Limits per occurrence in AED:                           |   |
|                       | 500,000<br><input type="checkbox"/> (Cost: AED750 only) | 1,000,000<br><input type="checkbox"/> (Cost: AED1,050 only) |

\* Applies to physical/physical and online training

2. Professional Indemnity\*\*

\*\* Applies to online training **only** (Pure Advice) and no physical training

Limits in the aggregate in AED:

☐ 500,000 ☐ 1,000,000

Premium for Professional Indemnity will adjust according to Gross Fees.

(Please note that AED25 fee will be charged additionally for policy issuance.)

## CLAIMS INFORMATION

Previous and pending claims:

1. Have any claims been made against you for negligence in the last 3 years?

☐ YES

☐ NO

2. Have there been any incidents in the last 3 years that may result in claims against you (whether you were insured or not)?

☐ YES

☐ NO

Give a brief summary if either of the above is "Yes":

3. Has any Insurer in respect of the risks to which this proposal relates ever:

a. Declined a proposal, refused renewal or terminated a policy?

☐ YES

☐ NO

b. Required an increased premium, or imposed special conditions?

☐ YES

☐ NO

Reasons:

## PERSONAL ACCIDENT UNDERWRITING INFORMATION

LIMITS - DEATH / PERMANENT DISABLEMENT – AED 50,000

### NOMINATION

In the event of my death in the circumstances giving rise to a valid claim under the Policy, the Benefit shall be payable to the following nominee(s).

| Name | Relationship | Address | % of benefit |
|------|--------------|---------|--------------|
|      |              |         |              |
|      |              |         |              |
|      |              |         |              |
|      |              |         |              |

Above 65 years old requires completion of a health questionnaire

## DECLARATION OF APPLICANT

I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The company's acceptance of this proposal and payment is required before cover may be bound and the policy issued.

Signature of Applicant:

Date of application (dd/mm/yyyy):

## DOCUMENTS REQUIRED IN ORDER TO PROCEED FORWARD:

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☐ Valid trade license (If applicable)

☐ Passport copy

☐ Reps membership card or Certificates

*\* Please provide photocopies of documents that are applicable*

## METHOD OF PAYMENT

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### CREDIT CARD AUTHORIZATION FORM

I authorize you to charge the amount from my credit card, details as below:

☐ Visa

☐ Mastercard

Credit card number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiry date:

Month:

|  |
|--|
|  |
|--|

Year:

|  |
|--|
|  |
|--|

Amount:

Name (as on credit card):

Signature (as on Credit Card)

Date:

*Please note that Credit Card payments are being authorized and collected by RSA Insurance company.*

## WHAT IS NEXT?

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**Please forward this application form and the credit card authorization form to:**

**info.reps@marsh.com**

*Please note if your application for a new policy is accepted, you will receive your policy documents by email within 7 business days, from the date your payment is authorised. If you require a Certificate of Insurance prior to this, please email the team at info.reps@marsh.com.*

