



FITNESS PROFESSIONALS

Member Benefit

Insurance Registration Form

Return form to: REPs, Gold and Diamond Park, Bldg. 7-218, Al Quoz

PLEASE COMPLETE EVERY SECTION TO AVOID DELAY IN PROCESSING.

YOUR DETAILS

Surname:	First name:
Date of birth:	P.O. Box:
Address:	
Telephone Number:	Mobile:
Email:	
What country do you work in?	
REPs Membership Number	

INSURANCE COVER:

Membership benefit includes Professional Insurance:

- A maximum indemnity of USD5,000,000 any one occurrence
- Claims arising in respect of third party bodily injury and property damage
- Protection against Medical Malpractice
- Protection against Errors and Omissions incidents

INFORMATION REQUIRED

1.) Type of Qualification(s) / Year qualified / Country of Qualification?

2.) Do you suffer from any disabilities, transmittable diseases (e.g. Hepatitis, HIV, etc.) or other impediment which may affect the performance of your professional duties as a fitness trainer?

Yes No

3.) Have you been the subject of or convicted of any criminal offence (other than minor traffic offences), professional disciplinary proceedings, or inquiries?

Yes No

4.) Have any claims for injury or professional negligence been made against you during the last 3 years?

Yes No

5.) Has any insurer previously declined to accept, cancelled, refused to continue or agreed to continue only on special terms, in respect of this type of insurance?

Yes No

DECLARATION OF APPLICANT

I hereby declare that the above statements and facts are true and that no material facts have been suppressed or misstated. I understand that the completion of this form does not bind coverage. The company's acceptance of this proposal and payment is required before cover is valid and the policy issued.

Signature of Applicant: _____ Date of application (dd/mm/yyyy): _____

Insurance arranged in association with:



شركة العين الأهلية للتأمين
Al Ain Ahlia Insurance Co.

