

YOGA PROGRAM APPLICATION (YAA Certified)

General Information

Applicant's Name: _____
 Location Address: _____
 Mailing Address: _____
 Contact Name: _____ Phone / Fax: _____
 Email Address: _____ Requested Effective Date: _____

Underwriting Information

Are you certified through the Yoga Association of Alberta? Yes No **If no, please contact JLT at the number below**
 Year first certified? _____ Number of years experience teaching yoga? _____
 Are you currently a member of the Yoga Association of Alberta Yes No
 Number of hours of instruction per week? _____ Are you 18 years of age or older? Yes No
 Are you a resident of Canada? Yes No What type of yoga do you teach? _____
 Annual revenue? _____ Number of Yoga Students Annually? _____
 Do you teach any Bikram (Hot) Yoga? Yes No If yes, do you allow pregnant women to participate? Yes No
 Do you perform any operations outside of Canada? Yes No If so, where? _____
 Are practicum students supervised by a senior yoga instructor? Yes No
 Are you an independent yoga instructor? Yes No Do you rent or own a yoga studio? Rent Own
 Do you teach any activities other than yoga? Yes No
 If yes, please describe _____ Number of students? _____ How Often? _____

Prior Insurance

Do you currently carry insurance? Yes No If so, who is the Insurer? _____
 What type of Insurance did you carry? Liability Property Errors & Omissions
 Policy Term: _____ Have you had any claims within the past 3yrs? Yes No
 If yes, please provide date of loss, amount paid, details of incident:

Premium Information

\$ 202.00	\$1,000,000 Commercial General Liability & Errors & Omissions – <i>Mandatory</i>
\$ _____	Increase Commercial General Liability & Errors & Omissions limit to \$2,000,000 – Add \$50.00
\$ _____	I require \$5,000 Miscellaneous Articles Coverage – Add \$25.00
\$ _____	I require \$25,000 Commercial Property Package Coverage - Add \$200.00
\$ _____	I require \$15,000 Accidental Death & Dismemberment Coverage for my students – Add \$30 for up to 75 Students
\$ _____	I require \$15,000 Accidental Death & Dismemberment Coverage for my students – Add \$100 for 75 to 250 Students
\$ _____	Reduce Commercial General Liability & Errors & Omissions Deductible from \$1,000 to \$0 – Add \$9.00 on \$1,000,000 Limit & \$11.00 on \$2,000,000 Limit (Not available for hot yoga operations)
\$ _____	If you were previously on a claims-made E&O policy, please advise Retro Date: _____ - Add \$ 60.00
\$ _____	Program includes Travel Insurance for one member only. For additional members, add \$ 17 per member. How many members? _____
\$ _____	SUB-TOTAL

TOTAL PREMIUM:

Apply the following factors based on the applicable effective date to obtain the total premium due:

- Effective between November 1, 2011 and January 31, 2012: SUB-TOTAL x 1.00 + \$25.00 Agency Fee = \$ _____
- Effective between February 1, 2012 and April 30, 2012: SUB-TOTAL x 0.75 + \$25.00 Agency Fee = \$ _____
- Effective between May 1, 2012 and July 31, 2012: SUB-TOTAL x 0.50 + \$25.00 Agency Fee = \$ _____
- Effective between August 1, 2012 and November 1, 2012: SUB-TOTAL x 0.25 + \$25.00 Agency Fee = \$ _____

Note: The following criteria must be met in order to qualify for coverage under this program:

- Must be 18yrs of age or older
- Must be a Canadian resident & only operate in Canada
- Must be a member of and certified by the Yoga Association of Alberta
- Practicum students must be supervised by a senior yoga instructor
- Excludes Bikram (Hot) Yoga for pregnant women
- No claims within 3 years
- Excludes other modalities (Massage Therapy, Acupuncture, Personal Training Etc.) – May be available on a referral basis

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- A) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an insurance policy and that applicant has not omitted, suppressed or misstated any facts
- B) The signing and filing of this applications does not bind the applicant or the company and no insurance shall be deemed effective unless and until a written binder or policy of insurance is issued by the company in response hereto.
- C) All exclusions in the policy apply regardless of any answers or statements in this application
- D) Applicant understands that the deductible under any policy to be issued in response hereto shall include both loss payment and claim expenses as defined in the policy
- E) If any of the Above questions have been answered fraudulently or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void
- F) A common expiry date of November 1, 2012 applies to all insureds covered under this program regardless of the effective date of coverage

Applicant Signature: _____ Date: _____
(DD/MM/YYYY)

Applicant Title: _____

Agent/Broker: Jardine Lloyd Thompson Canada Inc.
Box 3, Suite 800, 55 University Avenue
Toronto, Ontario M5J 2H7

Payment Information

* Subject to a Retail Sales Tax if you are located in one of the following provinces: Ontario – 8% or Quebec – 9%

1. **Credit Card:** Please complete the following information and return along with your completed application. Kindly note a 2.5% service charge will apply for all credit card payments:

Credit Card Type	Name of Credit Card Holder	Credit Card Number	Expiry Date

2. **Cheque:** Please mail your completed application and cheque payable to Jardine Lloyd Thompson Canada Inc. to the following address:

Jardine Lloyd Thompson Canada Inc.
55 University Avenue, Suite 800, Box 3
Toronto, Ontario, M5J 2H7
Telephone: 1(877)240-5475
Fax: (416)941-9022
Email: vlee@jltcanada.com or gferraro@jltcanada.com