



# MEDICAL MALPRACTICE Fitness Instructor Proposal Form

## IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

## DECLARATION

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

## Privacy Statement

I/We consent to Camargue Underwriting Managers processing my/our personal information as per the Privacy Statement which may be accessed here <https://www.camargueum.co.za/legal>

.....  
**NAME**

.....  
**CAPACITY**

.....  
**SIGNATURE OF THE PROPOSER**

.....  
**DATE DD/MM/YYYY**

## BROKER DETAILS

Broker:  
.....

Contact Person:  
.....

Tel:  
.....

Email:  
.....

Fax number:  
.....

**AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW**  
Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.  
33 Glenhove Road, Melrose Estate, 2196. Telephone: 011 778 9140, E-mail: [camargue@camargueum.co.za](mailto:camargue@camargueum.co.za), Website: [www.camargueum.co.za](http://www.camargueum.co.za).

**UNDERWRITTEN BY THE LICENSED INSURERS:**

**Compass Insurance Company Limited**  
Co. Reg. No. 1994/003010/06  
FSP (12148)

## 1 | GENERAL INFORMATION

Details of entities to be insured (the "Proposer")

Proposer's Name: \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_

ID number (if Sole Trader): \_\_\_\_\_

Trading Name (if different from above): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Practice/Trading Address/es if different from the above:  
\_\_\_\_\_

Company Reg No: \_\_\_\_\_ VAT No: \_\_\_\_\_

Date Company Established / Services Commenced: / /  
*As currently constituted*

Date Company Established / Services Commenced: / /  
*As initially established:*

Contact Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Company Legal Constitution: \_\_\_\_\_ Partnership / Private Company / Public Company / Close Corporation /  
Non-profit Organisation / Government / Sole Proprietor

**2 | INSURANCE HISTORY**

1. Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If Yes, please state:

Insurers:

.....

Limit of Indemnity:	R
Excess:	R
Premium:	R
Date of expiry of coverage:	
Retroactive Date:	

2. For the type of Insurance now being proposed, has any Insurer ever:

a) Required an increased premium or imposed special terms?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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b) Refused to accept or renew any insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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c) Cancelled the insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If any answer is Yes to any of the above 3 questions, please provide full details:

**3 | REQUIRED COVER**

1. State the LIMIT OF INDEMNITY and EXCESS required:

Limit:	R	R	R
Excess:	R	R	R

2. Do you require public liability cover?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If yes, for which limit/s?

R
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**4 | PREVIOUS LOSSES/ EXISTING CIRCUMSTANCES**

1. Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

a) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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b) Cause any loss to the Proposer, any predecessor or any past or present Principal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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c) Otherwise affect the consideration of this proposal for insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If any answer is Yes to any of the above 3 questions, please provide full details:

**2. In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If Yes, please identify details (including loss date, amount claimed and a brief description):

**3. What steps have been taken to prevent a recurrence?**

**4. Have you ever engaged in a similar activity under a different name?**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If Yes, then please provide full information.

**5 | ACTIVITIES OF PROPOSER**

**1. Please indicate which of the following disciplines you perform**

Fitness Instructor	<input type="checkbox"/>	Dancing	<input type="checkbox"/>
Personal Trainer	<input type="checkbox"/>	Tai Chi	<input type="checkbox"/>
Gym Instructor	<input type="checkbox"/>	Pilates	<input type="checkbox"/>
Aerobics Instructor	<input type="checkbox"/>	Junior aerobics (Children over 12 years)	<input type="checkbox"/>
Aqua Aerobics Instructor	<input type="checkbox"/>	Swimming Instructor	<input type="checkbox"/>
Older Adults Instructor	<input type="checkbox"/>	Open water swimming	<input type="checkbox"/>
Boxacise (No physical contact)	<input type="checkbox"/>	Health & Wellness	<input type="checkbox"/>
Taebo (No physical contact)	<input type="checkbox"/>	Pre/Post natal instruction	<input type="checkbox"/>
Nutritional advice in conjunction with	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>
Beach and/or bush walking	<input type="checkbox"/>	Yoga	<input type="checkbox"/>
Sports coaching: specify type of sport	<input type="checkbox"/>	Other (please specify on the next page)	<input type="checkbox"/>

Which physical contact sports are you involved in?

2. Are any classes provided to clients who are pregnant?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. Do you work with professional athletes?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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4. Do you have your own training studio, rent out a third party's premises or provide private sessions at client's homes?

5. Do you train clients who are under 18 years old?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If answered yes, please specify what percentage of clients?

6. Actual number of sessions provided within the last year?

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7. Estimated number of sessions for the current year?

.....

8. If group sessions are provided, what is the average number of clients per group session?

.....

9. List the type of products (if any) you supply to patients/clients:

.....

**6 | NAMES AND QUALIFICATION OF PRINCIPALS**

NAME IN FULL	QUALIFICATIONS	INSTITUTION	DATE QUALIFIED

2. Are you a member of any professional organisation, or registered with any self regulating body?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If Yes, please state:

a) Which
b) Period of membership/ registration

3. Has membership or registration with such organisation/body ever been suspended, withdrawn, amended or declined or had any special conditions attached?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If Yes, then please provide full information.

**7 | STAFF COMPLIMENT**

1. Please state the number of employees in each of the following classifications:

Partners / Directors / Principals	
Qualified Staff	
Other Staff (ex. Admin)	
Administrative Staff (Typists etc)	
Contract Hired Staff	

2. Names and Qualifications of Qualified Staff

NAME IN FULL	POSITION	QUALIFICATIONS	DATE QUALIFIED

**8 | FINANCIAL INFORMATION**

1. When was your immediate past/last financial year end: .....

	PREVIOUS FINANCIAL YEAR	LAST FINANCIAL YEAR	CURRENT FINANCIAL YEAR
Gross Revenue from Fees:	R	R	R
Gross Revenue from any other source (provide brief details on a separate page)	R	R	R
<b>Total Revenue:</b>	<b>R</b>	<b>R</b>	<b>R</b>

**9 | ADDITIONAL INFORMATION**

1. Is there any further information that should be made known to the Underwriters in order that they may form a proper estimate of the risk?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If Yes, please attach relevant brochures or publications, copies of contract conditions or advise on a separate page.

