



FITNESS TRAINER APPLICATION

1. Name of Insured: _____ Web site: _____

2. Mailing Address: _____

3. Where do you Train? _____

(Attach a schedule of all Rented or Owned Locations and addresses):

4. Are you Certified as a Trainer by any Organization? Yes No If Yes, For how many years? _____

If Yes, which organization(s)? _____

5. Type(s) of Instruction: Personal Fitness Training Fitness Kickboxing, Fitness Boxing, Tae Bo etc.

Aerobics Dance Yoga, Pilates Aquafit Other, Please describe:

6. Do you provide instruction for: Professional Athletes? Yes No Pre or Post-Natal Fitness? Yes No

7. Describe any activities or exercises that you undertake with clients, other than fitness training (e.g. nutrition counseling):

8. Estimated: Annual # of clients: _____ Annual Revenue: _____ Average hours of training/week: _____

9. Is any competitive sparring or competitive contact involved? Yes No If Yes please describe: _____

10. Do you instruct minors? Yes No If Yes, attach Supplemental Abuse Application Are parents present? Yes No

11. Are you involved in selling any equipment? Yes No If Yes please describe: _____

12. Have you ever had Insurance for Training Activities Yes No If Yes, for how many years? _____

If Yes, have you ever made a Claim? Yes No If Yes, attach a full Loss Run which includes a claim description

13. Desired Limit of CGL & Professional Liability: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

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 application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a Certificate of Insurance is issued by the Insurer's Authorized Representative in response thereto.
c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
d) 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 Certificate of Insurance shall be void.

Applicant Signature: _____ Date: _____

Title: _____ Phone: _____