



PILATES INSURANCE APPLICATION

ELIGIBILITY REQUIREMENTS: Independent contractors working as trainers and instructors in the fitness industry are eligible for coverage. This classification includes trainers and instructors that work one-on-one with clients and may also teach group exercise classes.

SECTION I – LICENSED AGENT OR BROKER INFORMATION:

Agency: _____ Contact: _____ License: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Email: _____

SECTION II – GENERAL INFORMATION:

Corporation Individual LLC Partnership Other: _____
 Named insured: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Phone: _____ Fax: _____ Email: _____
 Date of Birth: _____ Certified Thru: _____

Are you a licensed or registered dietitian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or lease the building in which you train/teach? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the location you own or lease greater than 1,000 square feet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where is instruction performed? (Check all that applies) <input type="checkbox"/> Your Home <input type="checkbox"/> Client's Home <input type="checkbox"/> Home Club <input type="checkbox"/> Virtual <input type="checkbox"/> Other	
Have you ever had a loss on a personal trainer liability policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____	

Types of instruction, services, or description of your business:
 * Martial arts training/instruction * Swimming instruction * Have business owned vehicles * Has employees
 * Any form of aerial yoga * Any aerial classes * Cheer/Cheerleading instruction * Tumbling/Gymnastics instruction
 * Massage Therapy * Self and/or Police Defense classes

Does any of the above describe your business? Yes No

SECTION III – WORKSHEET

***PREMIUMS ARE FULLY EARNED**

Preferred Effective Date : _____

Select limit: \$2,000,000/\$2,000,000 \$215.00
 \$2,000,000/\$4,000,000 \$230.00 \$ + _____
 Number of Additional Insureds? _____ x \$25.00 \$ + _____
 Total Cost: \$ + _____

Additional Insured's Names and Addresses (Additional Insureds can not be another trainer or instructor.):

1. _____
2. _____
3. _____
4. _____
5. _____

Please attach a sample copy of your waiver of liability/hold harmless agreement with your application.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects this person to criminal and civil penalties.

 Signature of Applicant Date

MAKE CHECKS PAYABLE TO: **SPORTS AND FITNESS** OR GO ONLINE TO **WWW.SPORTSFITNESS.COM** TO PURCHASE