SPORTS & FITNESS
INSURANCE CORPORATION

Trainer/Instructor 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 of 2 or more students. Our coverage only applies in the United States; therefore, it does not apply internationally.

Ineligible Activities or Services: If you provide any of the following instruction or service, or if it describes your business operation, then you are not eligible for this coverage. Please contact us for guidance on what other coverages we offer.

- Martial Arts Instruction
- Swimming Instruction
- Have a business owned vehicle
- Have employees
- Any form of aerial yoga
- Any aerial classes
- Cryotherapy
- Cheer/Cheerleading instruction
- Tumbling/Gymnastics instruction
- Massage Therapy
- Self and/or Police Defense classes
- Subleasing Space
- Own or lease a space greater than a 1,000 square feet where you train or teach
- Perform in-person instruction within your own home

I attest none of the ineligible activities or services are performed within the business seeking insurance. _____
Applicant's Signature

Which type of instructor best describe your operation:

☐ Personal Trainer ☐ Yoga Instructor
☐ Pilates Instructor ☐ Group Exercise Instructor (Can not work one-on-one with clients to qualify.)

Section I – Licensed Agent or Broker Information (Leave blank if you are not working with an agent.)

Agency:_____ Contact:_____ License:_____

Address:_____

City:_____ State:_____ Zip:_____

Telephone:_____ Fax:_____ Email:_____

Section II – General Information

☐ Corporation ☐ Individual ☐ LLC ☐ Partnership ☐ Other Describe:_____

Namedinsured:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____ Country: _____

Telephone:_____ Fax:_____ Email:_____

Date of Birth (Must be 18 years or older): _____ Certified Thru: _____

Section III – Underwriting Information

Preferred Effective Date: _____

Are you a licensed or registered dietitian? ☐ Yes ☐ No

Where is instruction performed? (Check all that applies) ☐ Client's home ☐ A Club ☐ Virtual/Online ☐ Other

Note: Instructors performing in-person instruction within their own home do not qualify for this coverage.

Have you ever had a loss on a trainer/instructor liability policy? ☐ Yes ☐ No

If yes, please describe:_____

Section IV – Worksheet *Annual Premiums are fully earned and non-refundable.

Choose a limit for the type of instructor:

Limits	Personal Trainer	Yoga Instructor	Pilates Instructor	Group Exercise Instructor
$500,000 / $1,000,000	☐ $160.00	☐ $160.00	--	--
$1,000,000 / $2,000,000	☐ $185.00	☐ $185.00	--	☐ $120.00
$1,000,000 / $3,000,000	☐ $200.00	☐ $200.00	--	--
$2,000,000 / $2,000,000	☐ $215.00	☐ $215.00	☐ $215.00	--
$2,000,000 / $4,000,000	☐ $230.00	☐ $230.00	☐ $230.00	☐ $135.00

Limit Premium: $ + _____

Number of Additional Insureds? _____ X $25.00 = Additional Insured Premium: $ + _____

Total Cost: $ + _____

MAKE CHECKS PAYABLE TO: **SPORTS AND FITNESS** OR VISIT **WWW.SPORTSFITNESS.COM** TO PURCHASE YOUR POLICY IMMEDIATELY

SPORTS & FITNESS INSURANCE • P.O. Box 1967 • Madison, MS 39130 • 601-898-8464 • 800-844-0536 • Fax: 601-707-1019 • sportsfitness.com

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

1. _____
2. _____
3. _____

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

Section VI – Payment Options

Please complete either the credit card or electronic check payment section below and return the form to Sports & Fitness Insurance for processing by mail, fax, or email.

Credit Card Payment – Visa, MC, or Discover

NOTE: By selecting to pay with a credit card, a convenience fee of 2% will be added to your invoice except in Connecticut and Massachusetts.

Cardholder's Name _____

Credit Card Number _____ Expiration Date _____

Billing Address _____

Phone No.: _____

Amount to be charged: _____

Electronic Check Payment**

I (we) hereby authorize Sports & Fitness Insurance Corporation (The Company) to initiate entries to my checking/savings accounts at the financial institution listed below (The Financial Institution) and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and The Financial Institution a reasonable opportunity to act on the request.

Name of Bank _____

Routing Number _____

Account Number _____

Amount to be charged: _____ ** Do not mail check with this option.

_____ _____

Signature Date

MAKE CHECKS PAYABLE TO: **SPORTS AND FITNESS** OR VISIT **WWW.SPORTSFITNESS.COM** TO PURCHASE YOUR POLICY IMMEDIATELY