



ELIGIBILITY REQUIREMENTS: Independent contractors working as group exercise instructors (2 or more students) in the fitness industry are eligible for coverage. **Personal trainers that work one-on-one with clients are not eligible for this classification.**

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: _____
Name Insured: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Fax: _____ Email: _____
Date of Birth: _____ Driver's License #: _____ State: _____ Certified Thru: _____

Do you have a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you offer nutritional counseling? <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 <input type="checkbox"/> Home Club <input type="checkbox"/> Other	Do you own any vehicles in your business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a loss on a personal trainer liability policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____	

SECTION III – WORKSHEET *PREMIUMS ARE FULLY EARNED

Select limit: \$1,000,000/\$2,000,000.....\$120.00
 \$2,000,000/\$4,000,000.....\$135.00 \$ + _____
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. _____

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 YOUR POLICY IMMEDIATELY!