



# YOGA 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.

## SECTION I – LICENSED AGENT OR BROKER INFORMATION:

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_ License: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION II – GENERAL INFORMATION:

Corporation  Individual  LLC  Partnership  Other: \_\_\_\_\_  
 Name Insured: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Certified Thru: \_\_\_\_\_

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:  \$500,000/\$1,000,000.....\$160.00  
 \$1,000,000/\$2,000,000 .....\$185.00  
 \$1,000,000/\$3,000,000 .....\$200.00  
 \$2,000,000/\$2,000,000.....\$215.00  
 \$2,000,000/\$4,000,000.....\$23000 \$ + \_\_\_\_\_  
 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. \_\_\_\_\_

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 VISIT **WWW.SPORTSFITNESS.COM** TO PURCHASE YOUR POLICY IMMEDIATELY