Fitness professionals
Application form

Applicant information

1. Applicant name (you)
2. Principal business address
3. Telephone number
4. Website
5. Date established / /
6. Entity is an:

Individual	☐	Joint Venture	☐
Partnership	☐	LLC	☐
Corporation	☐	Other	☐

Please provide a detailed description of operations:

7. Please state amounts of total revenue:

	in last 12 months	for next 12 months
Fee for services	$	$
Product sales	$	$
Other – (describe):	$	$
Total	$	$

Please indicate the total number of:

a. Individual client sessions in the **next** 12 months:

b. Number of classes led in the **next** 12 months:

8. Additional coverage requested:

☐ General liability
(please complete general liability supplemental application)

☐ Hired and non-owned auto
(please complete hired and non-owned auto application)

Operations

9. Please select your discipline(s):

☐ Personal trainer	☐ Yoga/pilates
☐ Athletic trainer	☐ Physical therapy
☐ Group exercise	☐ Cross fit
☐ Nutrition/dietician	☐ Other:

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10. Do you conduct any operations outside of the United States? Yes ☐ No ☐

    If Yes, describe operations and in which countries:

11. Do you provide any instruction of sports skills? Yes ☐ No ☐

12. Do you own or operate your own fitness or dance studio? Yes ☐ No ☐

13. If you are an individual, please provide the name of facility where you work:

14. If working for a non-owned facility, does the facility require a certificate of insurance? Yes ☐ No ☐

15. Are you required to include any non-owned entity as an additional insured on the coverage you are seeking under this policy? Yes ☐ No ☐

    If Yes, please explain:

16. Do you or your employing facility have a waiver, reviewed by an attorney, that is signed by the participant or by parent/guardian (if working with minors)? Yes ☐ No ☐

17. Do you have clients complete a health history questionnaire prior to activity? Yes ☐ No ☐

Staff information

18. a. Please indicate the number of employed and contracted staff:

Profession	Employed	Contracted	Profession	Employed	Contracted
Personal trainer			Nurse		
Nutritionist			Athletic trainer		
Dietician			Other (describe):		

b. Are all of the above registered or licensed in accordance with all applicable state laws? Yes ☐ No ☐

   If No, please attach an explanation.

c. Do you require contracted staff to carry their own professional liability insurance? Yes ☐ No ☐

d. Do you maintain certificates of insurance to confirm such coverage? Yes ☐ No ☐

e. Has the applicant or have any of the above employees/contractors: Yes ☐ No ☐

   i. ever been the subject of disciplinary or investigative proceedings or reprimand by a governmental or administrative agency, hospital or professional association? Yes ☐ No ☐

   ii. ever been convicted for an act committed in violation of any law or ordinance other than traffic offenses? Yes ☐ No ☐

   iii. ever been treated for alcoholism or drug addiction? Yes ☐ No ☐

iv. ever had any state professional license or license to prescribe or dispense narcotics refused, suspended, revoked, renewal refused or accepted only on special terms or ever voluntarily surrendered same? Yes ☐ No ☐

If Yes, to any of the above, please attach an explanation.

Insurance and claims history

19. Has any similar insurance ever been declined or cancelled? Yes ☐ No ☐

If Yes, please explain in the comments section.

20. Does any person to be insured have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim against him/her? Yes ☐ No ☐

If Yes, please attach complete details including a description of the incident(s).

21. After inquiry have any claims been made against any proposed insured(s) during the past five years? Yes ☐ No ☐

If Yes, please complete a supplemental claim form for each claim.

How many claims have been made in the last five years? ☐

22. a. List prior professional liability insurers for the past five years (if none, please tick box). ☐

Insurer	Dates covered from-to (mm/dd/yy)	Limits of liability per claim/ aggregate	Deductible	Premium	Coverage type: occurrence or claims-made

b. If the current/expiring policy is on a claims-made form, what is the retroactive date? / /

23. a. Is the applicant currently insured under a commercial general liability policy including products and completed operations coverage? Yes ☐ No ☐

Insurer	Dates covered from-to (mm/dd/yy)	Limits of liability per claim/ aggregate	Deductible	Premium	Coverage type: occurrence or claims-made

b. If the current/expiring policy is on a claims-made form, what is the retroactive date? / /

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Comments section

It is understood and agreed that with respect to questions 20 and 21, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the underwriters.

Name of applicant

Signature of person authorized to execute on behalf of the applicant

Name/title of person authorized to execute on behalf of the applicant

Date / /

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated. Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

A copy of this application should be retained for your records.