



Personal Trainers Supplemental Application (Complete in addition to ACORD)

1. Name of Applicant: _____ Website Address: _____

2. What types of training does insured provide? **(Check all that apply.)**
 Aerobics Cardio Kick-Boxing Dance exercise Diet and nutrition counseling Fitness class instruction
 In-home personal training Pilates Spinning Weight training Yoga
 Other (please describe): _____

3. Annual Gross Sales? \$ _____ Number of owners? _____

4. Number of employees (other than owners): _____ Payroll of employees (other than owners): \$ _____

5. Does insured use any independent contractors or volunteers? Yes No

6. Is insured a Certified Personal Trainer and/or a Licensed Personal Trainer? Yes No

7. Describe insured's educational background and experience in exercise physiology, diet, and nutrition: _____

8. What is insured's experience as a Personal Trainer? _____

9. Are all clients required to sign a waiver of liability form? Yes No

10. Are all clients required to have medical clearance? Yes No

11. Are background checks required on all employed trainers? N/A Yes No

12. Does insured do any Martial Arts instruction? Yes No

13. Does insured sell any food or vitamin supplements? Yes No

14. Does insured have any clients or instructors under age 18? Yes No

15. Does insured sell any exercise or athletic equipment? Yes No

16. Does insured do any medically monitored exercise programs? Yes No

17. Does insured ever recommend diets less than 1,000 calories per day? Yes No

18. Is insured an Athletic Sports Coach or a Certified Professional Athletic Trainer? Yes No

If yes, are clients amateur, pro, or semi-pro athletes? _____

Describe: _____

19. Is insured involved in any of the following activities? **(Check off all that apply.)**

Blood Analysis Boxing Kick-boxing Physical education teacher Stress testing

Stroller based fitness Training professional body builders Use of trampolines Wrestling

If none of these apply, check here

If sexual molestation coverage is not desired, please check here Coverage is not requested.

20. Have you had any incidents or claims brought against you for sexual molestation or any other allegations of misconduct? Yes No

21. If you have employees, are there written guidelines in place regarding sexual misconduct? Yes No

If **NO**, please explain: _____

22. Please check the limits you are requesting:

\$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$300,000 Other _____

Applicant's Signature

Date

Title

Producing Agent