



# Personal Trainers Supplemental Application (Complete in addition to ACORD)

WESTERN WORLD INSURANCE COMPANY    TUDOR INSURANCE COMPANY    STRATFORD INSURANCE COMPANY

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 \_\_\_\_\_

**SEXUAL MOLESTATION COVERAGE: \$25,000/\$50,000 Limits are included at no additional charge. Higher Limits are available for an additional premium charge (see below).**

**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