



\*Please visit [www.allrisks.com/submit-a-risk](http://www.allrisks.com/submit-a-risk) or contact your current All Risks, Ltd. producer to submit applications.

### Personal Trainers Supplemental Application

1. Name of Applicant: \_\_\_\_\_  
Website: \_\_\_\_\_
2. What types of training does the insured provide? (Check all that apply)
 

<input type="checkbox"/> Aerobics	<input type="checkbox"/> Cardio Kick-Boxing	<input type="checkbox"/> Dance exercise	<input type="checkbox"/> Spinning
<input type="checkbox"/> Diet & Nutrition Counseling	<input type="checkbox"/> Fitness Class Instruction	<input type="checkbox"/> In-home personal training	<input type="checkbox"/> Yoga
<input type="checkbox"/> Weight Training	<input type="checkbox"/> Pilates	<input type="checkbox"/> Other (please explain): _____	
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: \_\_\_\_\_
19. Is insured involved in any of the following activities? (Check all that apply)
 

<input type="checkbox"/> Blood Analysis	<input type="checkbox"/> Boxing	<input type="checkbox"/> Kick-boxing	<input type="checkbox"/> Physical education teacher	<input type="checkbox"/> Stress testing
<input type="checkbox"/> Stroller based fitness	<input type="checkbox"/> Use of trampolines	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Training professional body builders	

 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
22. Please check the limits you are requesting:  \$25,000/\$50,000  \$50,000/\$100,000  \$100,000/\$300,000  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent