



Personal/Athletic Training Application

1. Name of Applicant: _____

Mailing Address _____
Street City State/Zip

2. Tax Identification Number _____ Telephone Number (____) _____

3. Years in Business _____

4. Location Address (if different than above)

Street City State/Zip

5. How are clients referred to the applicant? _____

6. Is Applicant "Hospital-based" or affiliated with any type of hospital or medical facility? Yes No

7. Present number of clients in each age group below:

Number of over 65	_____
Between 50 & 65	_____
Between 25 & 49	_____
Between 18 & 24	_____
Under 18	_____

8. Please describe in detail all types of training techniques used

9. Is a complete physician's examination required prior to providing services? Yes No

10. Is a complete medical history of each patient or client reviewed prior to providing services? Yes No

11. Are full patient assessments performed prior to providing services? Yes No

12. Are hot/ice packs used on clients? Yes No

13. Are clients given instructions and left to perform the therapy/exercises on their own? Yes No
14. Is any dietary or nutritional consultation provided? Yes No
 If yes, please describe _____
 If yes, are all medical conditions and nutritional restrictions considered Yes No
15. Does the applicant obtain a signed waiver prior to providing services? Yes No
 If yes, please provide a copy.

CLAIM HISTORY

16. Has any Professional or General Liability claim or suit been brought in the past five years against the applicant or any predecessor in interest concerning the entity to be insured, or are you aware of any claims or suits, or any incident that could become a claim or suit, that has not been reported to your current insurance carrier? Yes No

HIRING / SCREENING AND EMPLOYMENT PROCEDURES

17. Are employees' / contractors' references contacted before hiring or placement? Yes No
 Check all that apply: _____ Written _____ Verbal
18. Check all the following that apply if obtained, verified, and filed as part of each employee screening and hiring process:
 Applications _____ Multi-State Registry _____
 Drug / HIV / Hep. Testing _____ Criminal Background Checks _____
 Education/Competency _____ Licenses/Annual Confirmation _____
19. Does applicant question prospects about previous claims or suits? Yes No
20. Are employees required to actively participate in continuing education? Yes No
21. Does applicant verify any pending license suspensions, revocations or pending disciplinary actions? Yes No

CONTRACTUAL AGREEMENTS

22. Does applicant enter into contractual agreements or provide services to any of the following:
 School Districts Yes No
 Colleges or Universities Yes No
 Professional Athletes Yes No
23. Do these contractual agreements contain hold harmless or indemnification clauses favorable to the applicant? Yes No
24. Is applicant required to name any other entity as an additional insured? Yes No

GENERAL LIABILITY

24. How often is maintenance performed on machines and equipment? _____

25. Are walkways and floors kept free from debris and loose equipment? Yes No

26. Is facility well lit? Yes No

27. What type of security is provided to ensure the safety of clients? _____

28. Does pool have a full-time lifeguard? Yes No

29. Is lifeguard certified? Yes No

30. Are tanning beds regularly maintained and calibrated? Yes No

31. Are clients required to sign a waiver prior to tanning services? Yes No

32. Does the applicant provide child care? Yes No

33. Is this short term care only provided while the children's parents are training? Yes No

34. What is the minimum age of the children that the insured will care for? _____

35. Are all toys maintained as to eliminate any small loose parts? Yes No

36. What is the maximum staff to child ratio? Yes No

37. Are all staff in the child care center properly trained in providing child care? Yes No

38. Please describe any emergency procedures followed if a child is injured _____

This insurance does not apply to any of the following: physician, surgeon, dentist, nurse midwife, chiropractor, podiatrist, osteopath, and psychiatrist. Unless otherwise provided by endorsement, these medical professional occupations are excluded from coverage. The insurance described herein is subject to all terms, conditions and exclusions of the insurance certificate.

YOUR APPLICATION CANNOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify and outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event th Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

SIGNATURE OF APPLICANT X _____ DATE X _____

(Must be signed by principal, partner or officer of group or individual applying for insurance.)

Producer: _____

Telephone Number: (____) _____

Producer's Address:

Street City State/Zip

Surplus Lines Agent License #