



P.O. Box 1967
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Fax: 601-707-1020
www.sportsfitness.com

Pilates Insurance Application

Section I – Licensed Agent or Broker Information:

Name: _____
Contact Name: _____ License Number: _____
Address: _____
Telephone: _____ Fax: _____ Email: _____

Section II – General Information

Corporation Individual LLC Partnership Other: _____

Named Insured: _____

Mailing Address: _____

City, State, Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Date of Birth: _____ Driver's License #: _____ State: _____ Certified Thru: _____

Do you have a spouse? Yes No

Do you have dependent children? Yes No

Do you offer nutritional counseling? Yes No

Do you own or lease the building in which you train/teach? Yes No

Is the location you own or lease greater than 1,000 square feet? Yes No

Do you have any employees? Yes No

Where is instruction performed? (Check all that applies) Your Home Client's Home Club Other Location

Have you ever had a loss on a personal trainer liability policy? Yes No

If yes, please provide details: _____

4. Do you own any vehicles in your business? Yes No

Section III – Worksheet *PREMIUMS ARE FULLY EARNED

Select Limit:

\$2,000,000/\$2,000,000 \$215.00

\$2,000,000/\$4,000,000 \$230.00

Number of Additional Insureds: _____ x \$25.00

\$+ _____

\$+ _____

Total Cost:

\$ _____

Additional Insured's Names and Addresses (Additional Insureds can not be another trainer or instructor):

1. _____
2. _____
3. _____
4. _____
5. _____

Any person who knowingly and with intent to defraud any insurance company or another person, files an application containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects this person to criminal and civil penalties.

Signature _____

Date _____

MAKE CHECKS PAYABLE TO: **SPORTS & FITNESS INSURANCE**

OR GO ONLINE TO **WWW.SPORTSFITNESS.COM** TO PURCHASE YOUR POLICY IMMEDIATELY!