



PRINT AND FAX TO: 509-352-2532

Personal Trainers Insurance Application

Eligibility Requirements: Independent contractors working as trainers and instructors in the fitness industry are eligible for coverage. This classification includes trainers and instructors that work one-on-one with clients and may also teach group exercise classes.

Section I – Licensed Agent or Broker Information:

Agency: Pacific Alliance Insurance, Inc. Contact: James C. Ropp License: 229687 Address: 2910 E. 57th Ave. #210, Spokane, WA 99223 Telephone: 509-340-0712 Fax: 509-352-2532 Email: jamesr@pacificallianceinsurance.com

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 have any employees? 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
Where is instruction performed? (Check all that applies) Your Home Client's Home Club Other	Do you own any vehicles in your business? Yes No
Have you ever had a loss on a personal trainer liability policy? Yes No If yes, please provide details: _____	

Section III – Worksheet *PREMIUMS ARE FULLY EARNED

Select Limit:

<input type="checkbox"/>	\$500,000/\$1,000,000	\$160.00
<input type="checkbox"/>	\$1,000,000/\$2,000,000	\$185.00
<input type="checkbox"/>	\$1,000,000/\$3,000,000.....	\$200.00
<input type="checkbox"/>	\$2,000,000/\$2,000,000.....	\$215.00
<input type="checkbox"/>	\$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.

Please attach a sample copy of your waiver of liability/hold harmless agreement with your application.

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

Credit Card Payment

Cardholder's Name (printed): _____
Billing Address: _____ City, State, Zip: _____
Phone: _____
Credit Card No: _____ [] Visa [] Master Card [] Discover
Expiration Date MM/YY: _____ 3 digit security code (last three numbers on back of card) _____
Amount to Charge to Card: \$ _____

Signature

Date

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