



Kulchin Ross Insurance Services
18757 Burbank Blvd, Suite 104
Tarzana, CA 91356
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877-420-0042 toll free
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Liability Application for
Fitness Trainers & Instructors

Important Note: All trainers and instructors must be currently certified by a U.S. national board. This policy does not provide injury or damage coverage arising out of premises you own, rent, or occupy, or arising out of the sale of any type of product.

Please select your primary discipline(s): [ ] Personal Trainer [ ] Aerobics-Individual/Group [ ] Yoga [ ] Pilates [ ] Dance [ ] P90X
[ ] Cardio Kickboxing [ ] Dancersize/Jazzercise [ ] StrollerFit/Strides [ ] Water Aerobics [ ] Zumba

Your Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_ [ ] Individual [ ] Corporation [ ] Partnership

Mailing Address: \_\_\_\_\_ Apt./Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Name of facility where you work: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does this facility require a certificate of insurance? [ ] Yes [ ] No

Have you ever applied for insurance with Markel Insurance Company? [ ] Yes [ ] No Policy #, if applicable: \_\_\_\_\_

Has a medical or liability claim been made against you in the last 5 years? [ ] Yes [ ] No (If Yes, attach a letter explaining all details.)

Have you signed a lease to rent space for your business? [ ] Yes [ ] No

Program & Training Information

1. Do you carry a current U.S. certificate in the area of your expertise? [ ] Yes [ ] No

2. Do you have clients complete a health history form including all of the following: health conditions, allergies, and medications, OR are you willing to start requiring a signed health history form? [ ] Yes [ ] No

3. Do you or your employer (if not self-employed) require a signed waiver from all clients OR are you willing to start requiring a signed waiver? [ ] Yes [ ] No

NOTE: You must keep your clients' health history forms and waivers for a minimum of 6 years. Please have these forms available upon request.

4. In addition to the primary disciplines marked at the top of the application, do you provide any of the following services/instruction?

- [ ] Martial Arts [ ] Sports Medicine [ ] Gymnastics [ ] Trampoline [ ] Tanning Devices
[ ] Body Wrapping [ ] Massage Therapy [ ] Physical Therapy [ ] Other Medical Treatments [ ] Chiropractic Treatments
[ ] Other (describe) \_\_\_\_\_

5. Do you employ personal trainers or instructors other than yourself? [ ] Yes [ ] No Number of Employees \_\_\_\_\_

NOTE: You will be charged an earned individual premium plus any applicable taxes and fees for each employee.

IMPORTANT: IT IS MANDATORY THAT YOU OBTAIN CURRENT CERTIFICATES OF INSURANCE FOR INDEPENDENT CONTRACTORS.

Complete the following questions only if you are in need of coverage for water aerobics.

6a. Is water aerobics instruction done in water greater than 5 feet? [ ] Yes [ ] No If yes, flotation devices are mandatory.

6b. Are you CPR certified? [ ] Yes [ ] No

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**Limit of Liability requested:**

- \$500,000 (Premium - \$136 fully earned)    OR     \$1,000,000 (Premium - \$171 fully earned)  
 \$2,000,000 (Premium - \$195 fully earned)

The premium is a per person premium and is fully earned. Taxes and fees will be added where they apply.

**Desired Effective Date:** \_\_\_\_\_

**Please send my insurance policy by:**     E-mail *(Be sure to complete the email address at the top of this application.)*  
 Mail

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Coverage shall not be bound until the company approves the applicant's completed application and premium payment is received. The company's receipt of premium does not bind coverage until the completed application is also approved. In the event the company does not approve your application, your premium payment will be refunded.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**To charge full amount to MasterCard/VISA, please complete the following:**

Credit Card Type:     Visa     MasterCard

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name: \_\_\_\_\_  
*(Please print)*

Your Name: \_\_\_\_\_  
*(If different from Cardholder Name)*

Cardholder Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_

**To pay full amount by check:**

Please mail your payment, with your completed application, to:

Certified Trainer Insurance  
Kulchin Ross Insurance Services  
18757 Burbank Blvd, Suite 104  
Tarzana, CA 91356  
818 996-0900 main  
877-420-0042 toll free  
818 279-6999 fax  
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