

PERSONAL TRAINER QUESTIONNAIRE

Applicant Name _____ Effective Date _____

Agency Name _____ Agency # _____

- Please attach to an ACORD Application
- Please provide a copy of the Participant Waiver

Applicant Information

1. Years of operation _____
2. Web site _____
3. Do you require all members to sign a participant waiver? ___ Yes ___ No
Please attach a copy.
4. Total annual receipts \$ _____
5. Please provide the total number of full time employees (including owners and officers) _____
 Total number of part time employees _____
6. Please list any certifications held _____

Operations Information

7. Please describe the type of personal training you provide _____

8. Do you provide any nutrition counseling? ___ Yes ___ No
 If yes, provide annual receipts \$ _____
9. Do you sell any equipment? ___ Yes ___ No
 If yes, provide annual receipts \$ _____
10. Please list type of equipment sold _____

11. Do you sell any food/beverages/vitamins? ___ Yes ___ No
 Please describe _____
 Please provide annual receipts \$ _____
12. Do you sell any merchandise/sporting goods? ___ Yes ___ No
 Please describe _____
 Please provide annual receipts \$ _____
13. Do you operate out of another business as a subcontractor? ___ Yes ___ No
 If yes, please provide name of business _____
14. What types of equipment do you use in training? _____

15. Do you provide training in clients' homes? ___ Yes ___ No
16. Do you design gyms? ___ Yes ___ No

Safety Information

17. Do you have a maintenance schedule to ensure the safety of all your workout equipment? ___ Yes ___ No
18. How often is equipment inspected? _____
19. Who maintains and repairs equipment? _____
20. Are you CPR or First Aid Certified? ___ Yes ___ No
21. Do you require a medical history from all clients? ___ Yes ___ No

Employee Information

22. Do you perform background checks on all employees? ___ Yes ___ No
- If yes, how often do you run background checks on existing employees? _____
23. Do you subcontract instruction or any other activities? ___ Yes ___ No
- If yes, please answer the following:
- Describe all subcontracted activities _____
- What is the total cost of subcontracted work? _____
- Do you require all subcontractors to obtain their own general liability insurance with minimum limits equal to your own and provide a Certificate of Insurance listing you as an additional insured?
- ___ Yes ___ No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Date