

Independent Fitness Trainer Liability Insurance Application

Applicant Information

Full Name

Date of Birth

Address

Phone Number

Email

Business Information

Business Name

Years of Experience

Certifications

Types of Services Offered

Training Locations

Coverage Information

Desired Coverage Amount

Prior Insurance Carrier

Any Previous Claims?

If yes, please provide details

Declarations & Agreement

I confirm the above information is accurate and complete.

Signature

Date