



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

PERSONAL TRAINING SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- Applicant's brochure, marketing materials, or sample client contract if a website is not available
- Sample maps/schematics for obstacle courses or circuits, if applicable
- Links to any publicly available video classes or tutorials, if applicable

3)

What type(s) of personal training do you engage in? Check all that apply:

- Independent Consultant(s) – Meet at Gym or Fitness Center
- Independent Consultant(s) – Your Home or Private Studio
- Independent Consultant(s) – Client's Home
- Independent Consultant(s) – Group Fitness, Class Instructor, and Boot Camps
- Independent Consultant(s) – Virtual
- Subcontracted Work for a Gym/Fitness Center
- Professional or Semi-Professional Athlete or Team Sport Trainers
- Amateur or Youth Athlete or Team Sport Trainers
- Competition Bodybuilding or Powerlifting
- Prenatal, Postnatal, "Mommy and Me" or Stroller Fitness
- Geriatric or Physically Disabled Fitness
- Nutritional Consulting
- Sports Massage

- 4) What are your projected receipts for the coming year? \$ _____
- 5) Are you subject to any state or local licensing or regulation? Yes No
 a. If yes, list regulations/licenses: _____
- 6) How many years have you been in operation? _____
- 7) Do you have any employees? Yes No
 a. Do you run criminal background checks on all employees? Yes No
 b. Are past convictions for violent crimes, offenses involving minor children, or sexual misconduct exclusionary criteria for hiring? Yes No
 c. What is the minimum age for employment? _____
- 8) Does your operation have any age restrictions for clients? Yes No
 a. If yes, what age? _____
- 9) Do you require clients to have a recent physical or medical waiver before beginning training with you? Yes No
- 10) Are you certified in CPR and First Aid? Yes No
 a. Is a first aid kit and automated external defibrillator (AED) available during training? Yes No
- 11) Are all participants required to sign a waiver absolving you of all liability for bodily injury? Yes No

YOUR PRACTICE

- 12) What certification(s) do you have? Check all that apply:
 International Sport Sciences Association (ISSA) National Academy of Sports Medicine (NASM)
 American Council on Exercise (ACE) American College of Sports Medicine (ACSM)
 National Federation of Prof. Trainers (NFPT) National Strength and Conditioning Association (NSCA)
 National Council on Strength & Fitness (NCSF) Other: _____
- a. When were you first certified? _____
- b. What is the date of your last recertification? _____
- c. Do you have any specialization certificates? Yes No
- d. If yes, please list: _____
- 13) Do you utilize any of the following equipment in your training? Check all that apply:
 Trampolines Resistance Bands Inflatable Balls
 Aerial Silks and Rigging Rock Climbing/Bouldering Walls Climbing Ropes or Nets
 Obstacle Courses Jump Boxes Pools
 Bungee Resistance Overspeed Cables/Bungees Head or Neck Weights
- a. Do you sell any of these devices? Yes No
- b. Do you sell any other exercise or sports equipment? Yes No
- c. If yes to a. or b., please provide a complete, detailed products list.
- 14) Is any of your training conducted outdoors? Yes No
 a. If yes, do you have a written inclement weather policy that cancels class in the event of lightning and other unsafe conditions? Yes No

- 15) Do you advise clients to take any dietary supplements, herbal supplements, or other over the counter vitamins or medications? Yes No
- a. If yes, do you sell any of these products? Yes No
- b. If yes to a., please provide a complete, detailed product list, including all product ingredient labels.
- c. Do you ever advise clients to seek specific prescription medications or therapeutic treatments from a physician? Yes No
- d. Do you ever make any statements advising clients of the permissibility of certain supplements, medications, or treatments in sport or competition governing bodies? Yes No
- e. If a client approaches you about how to obtain import or illicit supplements, medications, or treatments, what is your protocol? _____
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- 16) If you offer training out of your home or private studio, are clients permitted to shower or change clothing at your premises? Yes No
- a. If yes, is the shower or changing area dedicated for client use only? Yes No
- 17) Do you physically contact students during instruction? Yes No
- 18) Do you offer any type of blood testing or analysis for clients? Yes No
- 19) If you are conducting prenatal fitness training, do you require clients to obtain a physician's approval to continue instruction in the third trimester? Yes No
- 20) Do you ever recommend diets less than 1,000 calories a day? Yes No
- a. If yes, is this part of an intermittent fasting regimen? Yes No
- b. Are clients advised to schedule their first fasting day on a day where they will not need to drive or operate machinery? Yes No
- c. Are fasting clients educated on the warning signs of low blood glucose and advised not to drive or operate machinery if they feel dizzy or lightheaded? Yes No
- d. Do you screen clients for past history of eating disorders before recommending fasting diets? Yes No
- 21) Do you offer any extreme fitness training regimens or classes (CrossFit, P90X, etc.)? Yes No
- a. If yes, are clients educated on the warning signs for rhabdomyolysis? Yes No
- 22) If you are training any professional/semi-pro athletes or teams, are training regimens reviewed by the team physician or player's physical therapist before implementation? Yes No
- 23) If you are offering training specialized to physically disabled or geriatric clients, are all training areas non-skid, level flooring? Yes No
- 24) Do you have any regular classes or events involving the use of drugs or alcohol (eg beer bike spin class, cannabis hikes)? Yes No
- a. If yes, please attach details.

ACCOUNT HISTORY

- 25) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes No

26) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____