



APPLICATION: FITNESS & HEALTH INSTRUCTOR

This policy is for individual instructors only. If you have a business which has employees, independent contractors that work for you, or you own, rent, or lease a facility you need to apply for a business policy to cover you appropriately.

Print this application, complete the payment box located at the bottom of this form and mail, email or fax it to:

Venbrook Insurance Services (License# 0648194),
6320 Canoga Ave., Suite 1200
Woodland Hills, CA 91367

Email: sports@venbrook.com
Fax #: (818) 598-5690

Your Insurance Coverage will be issued upon receipt of payment with application, and your policy will be mailed to you.

TODAY'S DATE: _____

NAMED INSURED: _____

COMPANY NAME: _____

DBA: _____

ADDRESS: _____

SUITE OR APT #: _____

CITY, ST, ZIP: _____

PHONE: _____

EMAIL: _____

WORK: _____

FAX: _____

Have you ever been cancelled or non-renewed? YES NO

Any Liability or property claims in the last three years? YES NO

Are products manufactured or sold under your label? YES NO

Do you require signed waivers from all clients? YES NO



Please choose one:

_____ **New Applicant** _____ **Renewal of Policy**

If renewing, select policy start date: _____

WHAT DO YOU INSTRUCT? _____

DESCRIPTION OF YOUR WORK: _____

DO YOU COACH ANY COMPETITIVE TEAMS OR PERSONS FOR SPORTS?

_____ **YES** _____ **NO**

(If yes, please call 800.991.3080 to obtain different application)

DO YOU HAVE ANY EMPLOYEES? _____ **YES** _____ **NO**

If yes, do you require them to carry insurance? _____ **YES** _____ **NO**

DO YOU OWN OR LEASE A FACILITY? _____ **YES** _____ **NO**

(If yes, please call us before continuing at 800.991.3080)

DO YOU MANAGE A FITNESS, HEALTH OR SPORTS CLUB?

_____ **YES** _____ **NO**

If yes, please explain: _____

Please list Clubs and Facilities you instruct at:

1. _____

2. _____

3. _____

4. _____

ADDITIONAL INSURED'S

Please list names and addresses of those facilities that request to be added to policy;

Notes: You can add anytime during policy period.

10 additional insured's are included in policy, each after is \$25 per request

Name: _____ Name: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____

POLICY OPTIONS

***CERTIFIED**

All policies are fully earned at inception

Please check one option;

_____ \$1,000,000/\$3,000,000	\$230.00 (includes \$155 premium, \$25 broker fee, & \$50 RPG fee)
_____ \$1,000,000/\$4,000,000	\$253.00 (includes \$178 premium, \$25 broker fee, & \$50 RPG fee)
_____ \$1,000,000/\$5,000,000	\$262.00 (includes \$187 premium, \$25 broker fee, & \$50 RPG fee)
_____ \$2,000,000/\$3,000,000	\$257.00 (includes \$182 premium, \$25 broker fee, & \$50 RPG fee)
_____ \$2,000,000/\$4,000,000	\$272.00 (includes \$197 premium, \$25 broker fee, & \$50 RPG fee)
_____ \$2,000,000/\$5,000,000	\$276.00 (includes \$201 premium, \$25 broker fee, & \$50 RPG fee)

***CERTIFIED ACCEPTANCE**

Please list all degrees and/or designations you've received from institutions.

1. _____ 2. _____

3. _____ 4. _____

***All certified instructors must provide proof of educational achievements if asked.**

PAYMENT OPTIONS

_____ **Check or Money Order** *Payable to: Venbrook Insurance Services*
6320 Canoga Ave., Floor 12
Woodland Hills, CA 91367

_____ **Credit/Debit:** Visa or Mastercard (Please circle one)

Card # _____ Expiration Date: _____

3-digit security Code (on back of card): _____

Cardholder Name: _____

Billing Address: _____

City, ST, ZIP: _____

Cardholder Signature: _____ **Date:** _____

NOTICE TO APPLICANTS: 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, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND 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 FINES AND CONFINEMENT IN PRISON.

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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

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 A 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 YORK APPLICANTS: 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 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. **NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY(365:15-1-10, 36 §3613.1).

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 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND 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.

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy.

Printed Name

Applicant Signature

Date