

Covers independent personal trainers and small training businesses working in gyms, private studios, client homes, outdoors, and online. Gyms use CWCO-SUP-GYM. Complete with ACORD 125.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

CERTIFYING ORGANIZATION(S)	TRAINERS IN THE BUSINESS

2 OPERATIONS

WHERE SESSIONS TAKE PLACE	% OF SESSIONS

Locations: gyms (as an independent trainer); the applicant's own studio; client homes; parks and outdoors; online / virtual.

CLIENTS	SESSIONS PER WEEK	CLIENTS AGE 65+ (%)

2-1 Does the trainer work with clients who have medical conditions, injuries, or are post-rehab? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the trainer give nutrition plans or sell supplements? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Does the trainer coach clients online or through an app? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SCREENING, PROGRESSION & SCOPE

Trainer claims usually allege a client was pushed beyond their ability, a health risk wasn't screened, or the trainer gave advice outside their scope — often in locations the trainer doesn't control.

3-1 Does every client complete a health-history questionnaire (e.g., PAR-Q+) before training? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Is physician clearance required for clients with identified risk factors? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Does every client sign a liability waiver and informed-consent form? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Are programs and progressions documented for each client? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 If yes to 2-2, is nutrition guidance limited to general advice unless the trainer is a licensed dietitian? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Does the trainer hold current CPR/AED certification? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Has a client claimed an injury or illness from training? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — LOCATIONS, ONLINE COACHING & GYM CONTRACTS

4-1 Are client homes and outdoor sites checked for hazards before sessions? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Is personal equipment brought to sessions inspected regularly? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 If yes to 2-3, do online clients complete the same screening and waiver as in-person clients? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Does the trainer's contract with any gym require naming the gym as additional insured? ☐ Yes ☐ No
IF NO, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE (\$) ONLINE COACHING REVENUE (\$) SUPPLEMENT SALES (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

FITNESS PROFESSIONAL LIABILITY (Y / N) GL CARRIER / LIMITS PRODUCTS COVERAGE FOR SUPPLEMENTS (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are session notes kept for each client? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Does the trainer complete continuing education each year? ☐ Yes ☐ No
IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: 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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE