



AMERICAN ASSOCIATION OF
PERSONAL TRAINERS
MEMBERSHIP APPLICATION



CONTACT DATA

Full Name (First, Middle, Last) _____ Practice Name _____

Office or Mailing Address (include Suite #) _____ City _____ State _____ Zip _____

Office Phone _____ Alternate Phone (Home, Cell, etc.) _____ Fax _____ Email _____

Personal Trainer License Number(s) _____ State Issued _____ Date Issued _____ Personal Trainer School / College and Location _____ Year Graduated _____

PROFESSIONAL INFORMATION

1. Is your Personal Trainer license issued by: State City N/A Is your personal trainer license current? (Attach Copy) Yes No
2. Has any malpractice allegation ever been asserted against you or your associates, or has there been any event or indication suggesting a claim may be made or that your care might have been deficient or caused harm? (If YES, explain) Yes No
3. Has any agency or association investigated or taken any other action against you or your license / certification? (If YES, explain) Yes No
4. Have you ever had liability insurance refused, declined, canceled, or accepted on special terms? (If YES, explain) Yes No
5. Have you ever used any drug or substance that interfered with your ability to perform Personal Trainer duties? (If YES, explain) Yes No
6. Have you ever been charged with or convicted of any violation of the law other than a minor traffic offense? (If YES, explain) Yes No
7. Do you: do colonic irrigations, treat cancer, epilepsy, practice obstetrics, or make a differential diagnosis? (If YES, explain) Yes No
8. Have you ever provided Personal Trainer services for a professional athlete? (If YES, explain) Yes No
9. Do you provide any service other than as taught in the Personal Trainer schools? (If YES, explain) Yes No
10. List any other health designation you hold (RN, L.Ac, etc.) _____ Do you separately cover these for malpractice? Yes No
11. Who provides your current Personal Trainer malpractice coverage? _____ Policy Expires _____
12. To add Premises Liability (\$50 / location), list address here: _____
13. List any entity you want as an additional insured (\$10 / entity): _____
14. Your Personal Trainer insurance, if approved, will be effective the date your app is received. For a later date, specify here: _____

PAYMENT

Membership and Coverage \$159.00

Additional Insured @ \$10 / Entity _____

Premises Liability @ \$50 / Location _____

TOTAL PAYMENT REMITTED _____

Pmt Type: Check MasterCard Visa AMEX

Card #: _____ Exp: _____

AGREEMENT & SIGNATURE

\$1,000,000 / \$3,000,000 PROFESSIONAL LIABILITY COVERAGE

NO FALSE STATEMENTS: I hereby apply for coverage. If provided, charge my credit card for the amount indicated. I hereby declare that the above statements are true, and I have not misstated or suppressed any facts. I agree and understand that my policy is issued in reliance with such statements, that such statements are deemed material, that untrue statements could void my insurance, and that this declaration shall be a basis of, and form a part of, my policy.

CLAIMS-MADE ONLY: I understand that if coverage is granted, the policy will only cover claims made during the policy period arising out of the rendering of, or failure to render, professional services subsequent to the retroactive date. I understand that if the policy terminates for any reason, there is no coverage for claims reported after the termination date (even though the injury occurred while the policy was in force), unless Extended Coverage is purchased within 30 days after termination.

RENEWAL APPLICATION/DUTY TO REPORT INCIDENTS: I understand that there is no guarantee that coverage will be renewed. I understand that, if coverage is granted, I shall have the duty to report in writing, within 48 hours, or as soon as practicable, any incidents reasonably likely to involve this insurance, including oral or written patient complaints or threats or filings of lawsuits.

SIGN: _____ **DATE:** _____

FAX OR MAIL APPLICATION TO:



**AMERICAN ASSOCIATION OF
PERSONAL TRAINERS**
1100 W. Town & Country Rd., Ste. 1400
Orange, CA 92868
800-860-8330 Phone
714-571-1863 Fax