

Liability: Fitness Advisor Information Questionnaire

This form is to be completed in conjunction with the Sporting and Fitness Advisors Professional Indemnity Proposal Form.

General information

Type of advisor:	<input type="text"/>		
Full name:	<input type="text"/>		
Physical address:	<input type="text"/>		
City, province:	<input type="text"/>	Area code:	<input type="text"/>
Telephone:	<input type="text"/>	FAX number:	<input type="text"/>

Experience and certification

Years of experience:	<input type="text"/>		
Number of clients / children that you coach / train:	<input type="text"/>		
Experience as guide:	<input type="text"/>		
Is this a full time occupation?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Number of hours worked per year: <input type="text"/>
Level of first aid:	<input type="text"/>		

What are your certifications that qualify you to be a fitness advisor?

Does your certifying body require you to continue your education to maintain your certification? Give details below:

If not, do you pursue continuing education on your own? Give details below:

Please provide a copy of information on the certification program.