

# Liability Coverage Insurance Checklist for Personal Trainers

Date: \_\_\_\_\_

To: [Insurance Provider Name]

From: [Your Name]

Subject: Liability Coverage Insurance Checklist

## Checklist Items

- Proof of liability insurance coverage: Yes / No
- Minimum coverage amount: \$1,000,000 / \$2,000,000
- Coverage for on-site training: Yes / No
- Coverage for online training: Yes / No
- Inclusion of additional insured: Yes / No
- Policy renewal date: \_\_\_\_\_
- Claims history review: \_\_\_\_\_
- Exclusions noted: \_\_\_\_\_

## Additional Notes:

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## Signature:

[Your Signature]

[Your Name]

[Your Contact Information]