



FITNESS INSTRUCTOR

Insurance Program and
Enrollment Form

AMFPT.COM CERTIFICATION

This brochure is valid for effective dates from 12/1/07 through 11/30/08

Purchase This Coverage On-line at www.fitnessinsurance-kk.com



K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-506-4856
Fax 1-260-459-5590 www.kandkinsurance.com • CA #0334819

Program Description

This insurance has been specifically designed to meet the unique needs of a U.S.-based personal training, exercise, aerobic or yoga/pilates instructor who works on an independent contractor basis and is directly supervising an individual or group engaged in fitness and exercise activities. Coverage is available for a one year or a two year term.

***For information regarding coverage for an exercise facility, please call our marketing department at 1-866-554-4636**

Eligible Operations

An instructor age 18 or older that conducts private or group instruction for any of the following is eligible to enroll in this program:

- Aerobics
- Aquatic exercise
- Cardio kickboxing
- Children's fitness programs
- Dance
- Exercise
- Gyrotonic
- Fitness bootcamp
- Personal training
- Pilates
- Spinning
- Strength
- Tai chi
- Yoga

Ineligible Operations

- Certified athletic trainers
- Coaching of competitive athletics
- Instructors under the age of 18
- Instructors based outside of the U.S.
- Instruction of sports skill activities*
- Physical education teachers working in a private or public school, university, or college
- Stroller-based fitness instructors

*Information regarding our Sports Instructor insurance program is available by contacting our office at 1-800-506-4856 or at www.kandkinsurance.com

Notable Exclusions

- Abuse or molestation
- Amusement devices
- Asbestos
- Dietician services
- E-commerce consulting
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Media appearances
- Media publications
- Medical, therapy or health care services
- Nuclear energy
- Operation, ownership or management of a fitness facility
- Physicals/stress testing
- Pollution
- Physical therapy, massage or salon services
- Sale or distribution of herbal medicinal and/or nutritional products
- Speaking engagements
- Training programs for law enforcement, public safety and military personnel
- Those operations listed as ineligible
- Weight control programs

Carrier

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best.

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions. You may request a copy of the full policy by submitting a written request to K&K Insurance Group, Inc.

Coverages, Limits and Premium

Commercial general liability coverage protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, personal and advertising injury, legal liability to participants and professional liability. No deductible applies to liability claims.

Options:	Option 1	Option 2	Option 3
Each Occurrence	\$ 500,000	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Products-completed Operations Aggregate	\$ 500,000	\$ 1,000,000	\$ 2,000,000
Personal & Advertising Injury	\$ 500,000	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 500,000	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 500,000	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000
Premiums:			
Certified Instructor - 1 year	\$ 144.00	\$ 179.00	\$ 269.00
Certified Instructor - 2 years	\$ 258.00	\$ 323.00	\$ 484.00
Non-Certified Instructor - 1 year	\$ 189.00	\$ 230.00	\$ 345.00
Non-Certified Instructor - 2 years	\$ 331.00	\$ 414.00	\$ 621.00

- Florida applicants must add a 1% mandated Hurricane Catastrophe Fund assessment fee to the premium due
- 100% of the premium is fully earned at the inception date and is not refundable in the event of cancellation

How to Obtain Coverage

1. Remit the completed and signed enrollment form and corresponding payment to:

Regular Mail: K&K Insurance Group, Inc.
Attn: Fitness RPG Programs
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Group, Inc.
Attn: Fitness RPG Programs
1712 Magnavox Way
Fort Wayne, IN 46804

Phone: 1-800-506-4856
If paying by credit card, fax to 1-260-459-5590

2. You will be notified by K&K if, for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your payment will be returned or refunded. An incomplete enrollment form will be declined and returned.
3. Coverage will become effective the day after your enrollment form and payment are received by K&K, or on a later date that you may specify.
4. Coverage is provided on a one or two year basis depending upon which option you purchase.
5. Please allow 10 business days for processing.

Note: Any requests to amend or change coverage or the information reported on the enrollment form must be submitted in writing to K&K.



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FITNESS INSTRUCTOR

Insurance Program Enrollment Form

This enrollment form is valid for effective dates
from 12/1/07 through 11/30/08

This form must be completed, signed and returned with your payment. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Certain operations are not eligible for coverage by this program. K&K reserves the right to decline any request for coverage.

- ☐ I am a new account
☐ I am renewing my coverage

If renewing, has your type of fitness/exercise instruction changed? ☐ Yes ☐ No

Insured Information

Instructor's name (as it should appear on the policy): _____

Business name/DBA (if any): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

Desired effective date (check one): **Note:** Coverage will not be made effective until the day after the completed enrollment form and payment are received by K&K, or on a later date that you specify.

- ☐ Start my coverage the day after my enrollment form and payment are received
☐ Start my coverage upon my expiration date of: ____ / ____ / ____
☐ Start my coverage on this date: ____ / ____ / ____

Type of instructor (check all that apply):

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Dance | <input type="checkbox"/> Personal training | <input type="checkbox"/> Strength |
| <input type="checkbox"/> Aquatic exercise | <input type="checkbox"/> Exercise | <input type="checkbox"/> Pilates | <input type="checkbox"/> Tai chi |
| <input type="checkbox"/> Cardio kickboxing | <input type="checkbox"/> Fitness bootcamp | <input type="checkbox"/> Spinning | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Children's fitness programs | <input type="checkbox"/> Gyrotonic | | |

- | | | |
|---|------------------------------|-----------------------------|
| Are you 18 years or older? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you based within the U.S.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a physical education teacher working in a private or public school, university, or college? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a certified athletic trainer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you coach competitive athletics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a sports skills instructor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a stroller-based fitness instructor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Premium

Please check/complete:

☐ **Certified instructor**

Certification organization: _____ Certification number: _____ Expiration date: _____

	Limits of Liability	1-Year Premium	Florida Applicant 1-Year Premium	2-Year Premium	Florida Applicant 2-Year Premium
Option 1	\$ 500,000	<input type="checkbox"/> \$144.00	<input type="checkbox"/> \$145.44	<input type="checkbox"/> \$258.00	<input type="checkbox"/> \$260.58
Option 2	\$ 1,000,000	<input type="checkbox"/> \$179.00	<input type="checkbox"/> \$180.79	<input type="checkbox"/> \$323.00	<input type="checkbox"/> \$326.23
Option 3	\$ 2,000,000	<input type="checkbox"/> \$269.00	<input type="checkbox"/> \$271.69	<input type="checkbox"/> \$484.00	<input type="checkbox"/> \$488.84

☐ **Non-certified instructor**

	Limits of Liability	1-Year Premium	Florida Applicant 1-Year Premium	2-Year Premium	Florida Applicant 2-Year Premium
Option 1	\$ 500,000	<input type="checkbox"/> \$189.00	<input type="checkbox"/> \$190.89	<input type="checkbox"/> \$331.00	<input type="checkbox"/> \$334.31
Option 2	\$ 1,000,000	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$232.30	<input type="checkbox"/> \$414.00	<input type="checkbox"/> \$418.14
Option 3	\$ 2,000,000	<input type="checkbox"/> \$345.00	<input type="checkbox"/> \$348.45	<input type="checkbox"/> \$621.00	<input type="checkbox"/> \$627.21

How would you like your coverage documents delivered? (Documents will not be mailed unless requested.)

- ☐ E-mail to: _____ attn: _____
- ☐ Fax to: _____ attn: _____
- ☐ Mail to: _____ attn: _____

- Notes:**
1. Premiums are 100% fully earned at inception and are non-refundable.
 2. Please allow 10 business days for processing.
 3. Florida applicant's premium includes a 1% state mandated Hurricane Catastrophe Fund assessment fee.
 4. Coverage cannot be bound without a complete enrollment form and payment.

Certificate Requests:

Please note, you will receive a certificate showing evidence that coverage has been bound. Use this section to request an additional certificate.

Check the type of certificate that you are requesting: ☐ Additional insured OR ☐ Evidence of coverage

Certificate holder/entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to you: ☐ Owner/lessor of premises ☐ Sponsor ☐ Co-promoter

Special certificate language needed (please explain or attach information): _____

If we need to fax or e-mail this certificate, please indicate.

Fax: (_____) _____ Attn (name): _____

E-mail: _____

** If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

NOTE: Requests cannot be processed without completing all of the information above. Please remember to verify your requests as specified in any contracts you have signed prior to submitting your enrollment form for approval. All certificate requests must be submitted in writing.

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PLEASE READ AND SIGN

WARRANTY AND DISCLOSURE STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to: underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant signature: _____ Printed name: _____

Title: _____ Date: _____

INSURANCE AGENT INFORMATION

To be completed by the licensed agent representing the insured, if any.

Agency name: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/contact name: _____

Agency telephone: (____) _____ Agency fax: (____) _____

Agent/contact e-mail address: _____ Tax I.D.: _____

Note: There are no commissions included in this program. A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to K&K. Agents do not have authority to issue binders or certificates of insurance on behalf of this program.

Mailing Instructions: Please refer to page 2, "How to Obtain Coverage" number 1.

In order to avoid a delay in processing, prior to mailing please verify that:

- ☐ The eligibility criteria as outlined in the brochure has been met
- ☐ All questions/sections of the enrollment form have been answered/completed
- ☐ The Warranty and Disclosure Statement section is signed
- ☐ The required payment has been provided

Making Your Payment: Please check payment option.

☐ Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____

☐ Credit Card: If you are making your payment by credit/debit card, please complete the following:

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Card number: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

Print name (as on card): _____

Cardholder signature: _____