



# 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](http://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](http://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](http://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     |
| <b>Premiums:</b>   |              |              |              |
| 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.



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

**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 |

Continue to page 4

## 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.**

Continue to page 5

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: \_\_\_\_\_