



# FITNESS INSTRUCTOR

## Insurance Program and Enrollment Form

This brochure is valid for effective dates from 12/1/08 through 11/30/09



### PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of a U.S.-based personal training, exercise, aerobic or yoga/pilates instructor directly supervising an individual or group engaged in fitness and exercise activities.

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

**This program does not provide coverage for the operation, ownership, or maintenance of a fitness, sports or dance facility. For information regarding coverage for a facility, please call 1-800-506-4856.**

### INELIGIBLE OPERATIONS

This program is not available for:

- Certified athletic trainers
- Coaching of competitive athletic teams
- Instructors under the age of 18
- Instructors operating 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 and applications for sports instructor insurance are available at [www.kandkinsurance.com](http://www.kandkinsurance.com) or by calling our office at 1-800-506-4856.

### ELIGIBLE OPERATIONS

An instructor age 18 or older conducting 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

### FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing on-line at [www.fitnessinsurance-kk.com](http://www.fitnessinsurance-kk.com)

OR

— Submit this enrollment form, with payment, to K&K. —



E-MAIL [fitnessrpg@kandkinsurance.com](mailto:fitnessrpg@kandkinsurance.com)



FAX 1-260-459-5590



MAIL

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

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



QUESTIONS Call 1-800-506-4856

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, as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to K&K Insurance Group, Inc.

## EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harassment, or sexual conduct
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Dietician services
- E-commerce consulting
- Employment-related practices
- Media appearances
- Media publications
- Medical, therapy or health care services
- Operation, ownership or management of a fitness, dance or sports facility
- Physicals/stress testing
- 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

## COVERAGES AND LIMITS

Commercial General Liability:	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 and 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 Premise 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

General liability coverage protects you if you are legally obligated to pay damages for bodily injury to others and for damage to the property of others resulting from your fitness instruction activities. The policy also provides coverage (professional liability) for wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of fitness activities) that occur as a result of your instruction activities.

## FREQUENTLY ASKED QUESTIONS

### 1. Can I apply for coverage over the phone?

Unfortunately, we are not able to accept your enrollment information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to K&K via e-mail, fax or mail.

### 2. What is a general aggregate?

This is the maximum amount to be paid out in any policy period for all losses.

### 3. What types of fitness certifications are acceptable to obtain the premium discount?

An acceptable certification or accreditation program is one that establishes standards and guidelines for the delivery of quality and professional fitness services as well as the development of ethic statements for fitness professionals. An individual will take a series of classes with testing at the end to become a certified professional in a fitness program. Normally to maintain certification yearly continuing education classes are required. A few examples of acceptable certifications are: AFAA, ACE, NAFTA, NASM, NESTA, ISSA, Cooper Institute, Yoga Alliance and Stott Pilates.

### 4. What are certificate requests? How do I complete this section on the enrollment form?

A certificate is a document prepared by K&K providing you evidence of insurance. You will automatically receive a certificate providing proof of coverage once coverage is bound. You only need to complete the certificate request section if you have been asked to provide another certificate, to an entity such as the facility where you work.

### 5. I have been asked by the facility that I instruct at to add them as an "additional insured" to my policy. What does this mean and how do I do that?

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they now are entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under the certificate request section of the enrollment form. Please remember to provide their complete name, address and relationship to you. All requests must be in writing.

### 6. Will I receive a policy after I submit the enrollment form?

No. You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (PG). The PG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the PG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each member—there are no shared limits of liability with any other members. A copy of the PG master policy can be requested in writing to: K&K Insurance Group, Inc. 1712 Magnavox Way, Fort Wayne, IN 46804



# Enrollment Form - Fitness Instructors Insurance

Valid for effective dates from 12/1/08 through 11/30/09



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

### TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign where required
3. Remit completed enrollment form (pages 4 - 7) with payment

<b>GENERAL INFORMATION</b>	<input type="radio"/> I am a new account <input type="radio"/> I am renewing my coverage
	Instructor's name (as it should appear on the policy): _____
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Phone: (____) _____ Cell: (____) _____ Fax: (____) _____
	E-mail: _____ Website: _____

<b>DATES</b>	Coverage will begin the day after the completed enrollment form and premium are received and approved by K&K, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)
	<input type="radio"/> Start my coverage on this date: ____ / ____ / ____

<b>BUSINESS INFORMATION</b>	Type of instructor (check all that apply):
	<input type="radio"/> Aerobics <input type="radio"/> Dance <input type="radio"/> Personal training <input type="radio"/> Strength <input type="radio"/> Aquatic exercise <input type="radio"/> Exercise <input type="radio"/> Pilates <input type="radio"/> Tai chi <input type="radio"/> Cardio kickboxing <input type="radio"/> Fitness bootcamp <input type="radio"/> Spinning <input type="radio"/> Yoga <input type="radio"/> Children's fitness programs <input type="radio"/> Gyrotonic
	Are you age 18 or older? <input type="radio"/> Yes <input type="radio"/> No
	Do you conduct operations outside of the United States? <input type="radio"/> Yes <input type="radio"/> No
	Do you provide instruction of sports skills? <input type="radio"/> Yes <input type="radio"/> No
	(sports skills instructors should apply for coverage through K&K's Sports Instructors Insurance Program)
No coverage is provided for physical education teachers while working in a school, university, or college; for the coaching of organized competitive athletic teams; and for activities of a certified athletic trainer.	

<b>PREMIUM CERTIFIED</b>	<input type="radio"/> <b>I am a Certified instructor</b> (Certificate information must be provided.)					
	Certification organization: _____ Certification number: _____ Expiration date: _____					
		Limits of Liability	1-Year Premium	2-Year Premium	Florida Resident	
					1-Year Premium	2-Year Premium
Option 1	\$ 500,000	<input type="radio"/> \$ 144.00	<input type="radio"/> \$ 258.00	<input type="radio"/> \$ 145.44	<input type="radio"/> \$ 260.58	
Option 2	\$ 1,000,000	<input type="radio"/> \$ 179.00	<input type="radio"/> \$ 323.00	<input type="radio"/> \$ 180.79	<input type="radio"/> \$ 326.23	
Option 3	\$ 2,000,000	<input type="radio"/> \$ 269.00	<input type="radio"/> \$ 484.00	<input type="radio"/> \$ 271.69	<input type="radio"/> \$ 488.84	

<b>PREMIUM NON-CERTIFIED</b>	<input type="radio"/> <b>I am a Non-certified instructor</b>					
	Certification organization: _____ Certification number: _____ Expiration date: _____					
		Limits of Liability	1-Year Premium	2-Year Premium	Florida Resident	
					1-Year Premium	2-Year Premium
Option 1	\$ 500,000	<input type="radio"/> \$ 189.00	<input type="radio"/> \$ 331.00	<input type="radio"/> \$ 190.89	<input type="radio"/> \$ 334.31	
Option 2	\$ 1,000,000	<input type="radio"/> \$ 230.00	<input type="radio"/> \$ 414.00	<input type="radio"/> \$ 232.30	<input type="radio"/> \$ 418.14	
Option 3	\$ 2,000,000	<input type="radio"/> \$ 345.00	<input type="radio"/> \$ 621.00	<input type="radio"/> \$ 348.45	<input type="radio"/> \$ 627.21	

**PREMIUMS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS**

<b>DOCUMENT DELIVERY</b>	You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Please select only one option.	
	<input type="radio"/> E-mail to: _____ attn: _____	(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
	<input type="radio"/> Fax to: _____ attn: _____	
	<input type="radio"/> Mail to: _____ attn: _____	

<b>PAYMENT INFORMATION</b>	<input type="radio"/> Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____
	<input type="radio"/> Credit Card: If you are making your payment by credit/debit card, please complete the following: <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DISCOVER <input type="radio"/> AMERICAN EXPRESS
	Card number: _____ Reference number (last 3 digits on back of card): _____ Expiration date: _____
	I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____ Print name (as on card): _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Cardholder signature</div> _____

**CERTIFICATE REQUESTS**

Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Indicate 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): \_\_\_\_\_

\_\_\_\_\_

**AGENTS ONLY**

**TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM**

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 a certificate of insurance on behalf of this program**

**FOR K&K USE ONLY**

Rec: \_\_\_\_/\_\_\_\_/\_\_\_\_ Status N R Broker: Y N Comm: \_\_\_\_\_%

Exp Policy #: \_\_\_\_\_ Cert #: \_\_\_\_\_ Insured #: \_\_\_\_\_

Option: \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Pay Plan: 100 30/70 25/3 Bill: AB AD CBG

Eff/Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Delivery: M F E Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Opt: A&M IM D&O Ex WC Opt Form: 2026 2011 8016 8018 876

Policy #: \_\_\_\_\_ Cert #: \_\_\_\_\_ Comments: \_\_\_\_\_

## READ AND SIGN

### COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Dietician services; E-commerce consulting; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Media appearances; Medical, therapy or health care services; Media publications; Nuclear energy liability; Operation, ownership or management of a fitness, dance or exercise facility; Performers; Physicals/stress testing; Physical therapy, massage or salon services; Rodeos; Saddle animals; Sale or distribution of medicinal, herbal and/or nutritional products; Speaking engagements; Snowmobile; Training programs for law enforcement, public safety and military personnel; Weight control programs; Those operations listed as ineligible: (Certified athletic trainers, Coaching of competitive athletics, Instructors under the age of 18, Instructors based outside of the U.S., Instruction of sports skills activities, Physical education teachers working in a private or public school, university or college, Stroller-based fitness instructors)

### 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** \_\_\_\_\_

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

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_