

# Personal Fitness Instructor Insurance Program



■ A Liability Insurance Program providing protection from lawsuits of bodily injury and/or property damage

Francis L. Dean & Associates, LLC

**FDL**

*The Leader in Sports, Leisure and Entertainment Insurance*

# Personal Fitness Instructor Insurance Program

## Who is Covered

Intended for individual or small group instruction, this program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability and the litigation costs to defend against such claims. Coverage is provided up to \$1,000,000.00 per occurrence. There is no deductible amount. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group.

## Coverage Includes Suits Arising Out Of:

- Injury or death of spectators
- Injury or death of participants
- Injury or death of volunteers
- Property damage liability
- Incidental medical malpractice
- All activities necessary to conduct training
- Ownership use or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless
- Corporal punishment

## Exclusions

Abuse or molestation (unless optional coverage is selected), aircraft, all acts of terrorism, asbestos liability, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, pyrotechnics activity, total pollution, violation of the CAN-SPAM act, war liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

## ***Please note the following ineligible activities:***

- Certified High School / College Athletic Trainers
- Coaching of Competitive Athletics
- Instructors under the age of 18
- Instructors based outside of the U.S.
- Physical Education Teachers working within the school systems

## The Optional Coverages

### Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on team or league business.

### Increased Aggregates

This option increases the aggregate limit of liability insurance from \$1,000,000 to larger amounts.

### Sexual Abuse and Molestation

Liability coverage is provided for claims arising out of alleged sexual abuse and/or molestation.

### \$5,000.00 Medical Expense Benefit

This coverage will reimburse an injured spectator or guest for medical and/or funeral expenses incurred as a result of bodily injury or death sustained by, regardless of whether you are liable or not. This coverage does not apply to your participants.

### Equipment Coverage

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit. This option requires a separate application and further underwriting.

### Excess Liability Coverage

This coverage provides additional liability limits increasing the per occurrence and aggregate limits. This option requires further underwriting.

# Personal Fitness Instructor Insurance Program

**Part I Proposed Policyholder** *Please print or type*

**a. Full Legal Name of Personal Fitness Instructor** \_\_\_\_\_

**Are you 18 or older?**     Yes     No (You are not eligible for this coverage if you are under 18)

**b. Mailing Address** \_\_\_\_\_  
Street City State Zip

**c. Phone Number** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**d. Requested Effective Date of Coverage (12 months of coverage is provided)** \_\_\_\_\_

*Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date. Coverage is issued on an annual basis.*

**e. Has your past liability coverage been cancelled in any way in the last three years? If so, please be specific.**     Yes     No

**f. Do you currently have a risk management plan?**     Yes     No

**g. Do you currently utilize a waiver system?**     Yes     No

**h. Are you a certified fitness instructor?**     Yes     No

**Which accredited certificate do you have?**

- AAAI-ISMA     ACSM     CI     IFPA     ISFTA     NAFC     NCCPT     NETA     NSPA     USCI  
 AAPTE     AFAA     HFPA     IPTA     ISSA     NAFTA     NCSF     NFPT     PFIT     WITS  
 ACE     AFPA     IART     ISFD     NABF     NASM     NESTA     NSCA     SIEP

Other (200 hours minimum) \_\_\_\_\_

*Please make sure to provide a copy of your certificate with application. Please note that we can only accept licenses from the listed accredited fitness instructor certifications or one with a minimum of 200 hours of training. Any other certifications will need to use the non-certified rate.*

**i. Years of accredited experience?** \_\_\_\_\_

**j. Maximum number of clients at one time** \_\_\_\_\_

**k. Type of instructor (check all that apply):**

- Tae Bo ®     Strength     Dancercise ®     Pilates     Yoga     Fitness Bootcamp  
 Exercise     Aerobics     Spinning     Aquatic Exercise     Cardio Kickboxing  
 Gyrotonic ®     Stroller Strides ®     Personal Training     Tai Chi     Children's Fitness Programs  
 Other (describe in detail) \_\_\_\_\_

**l. Description of instructor activities** \_\_\_\_\_

**m. Location(s) of training** \_\_\_\_\_

**n. Does the location(s) carry liability insurance?**     Yes     No

**Part II Premium Rates And Benefits (premiums are fully earned at inception)**

Rates Include \$1,000,000.00 Limit Per Occurrence Liability Policy Please circle rate that applies based on mailing address of insured.

States	Accredited vs. Non-Accredited	General Aggregate				
		\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
CA, FL, NY	Accredited Certified Fitness Instructor	\$143.75	\$151.25	\$158.75	\$166.25	\$175.00
	Non-Accredited Certified Fitness Instructor	\$262.50	\$276.25	\$290.00	\$305.00	\$320.00
CT, MS, NV, RI, SC	Accredited Certified Fitness Instructor	\$138.00	\$145.20	\$152.40	\$159.60	\$168.00
	Non-Accredited Certified Fitness Instructor	\$252.00	\$265.20	\$278.40	\$292.80	\$307.20
All Other States	Accredited Certified Fitness Instructor	\$115.00	\$121.00	\$127.00	\$133.00	\$140.00
	Non-Accredited Certified Fitness Instructor	\$210.00	\$221.00	\$232.00	\$244.00	\$256.00

**Part II Premium Subtotal** = \$ \_\_\_\_\_

**Part III Optional Coverages (premiums are fully earned at inception)**

Optional \$150,000.00 hired and non-owned automobile liability coverage is available for an additional \$225.00. = \$ \_\_\_\_\_  
**(PREMIUM CANNOT BE FINANCED)**

Optional \$500,000.00 hired and non-owned automobile liability coverage is available for an additional \$500.00. = \$ \_\_\_\_\_  
**(PREMIUM CANNOT BE FINANCED)**  
 • Note: \$1,000,000.00 hired and non-owned automobile liability coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Optional \$100,000.00 sexual abuse and molestation liability coverage is available for an additional \$1,000.00. = \$ \_\_\_\_\_  
**(PREMIUM CANNOT BE FINANCED)**

Optional \$5,000.00 medical expense benefit 2% of Part II Premium Subtotal \_\_\_\_\_ x .02 = \$ \_\_\_\_\_  
Part II Premium Subtotal

Follow form excess liability limits of up to \$4,000,000.00 are available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

**Part III Premium Subtotal** = \$ \_\_\_\_\_

# Personal Fitness Instructor Insurance Program

## Part IV Additional Insureds

Please note, fitness instructors are not able to be added as additional insured.

Standard Additional insureds are included at no additional cost. Please include a separate sheet if needed.

Full Legal Name, E-mail Address	Full Mailing Address (including City, State and Zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, O - Other (include details)

Additional Insureds requiring Primary Non-Contributory Endorsements \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

Additional Insureds requiring Waiver of Subrogation Endorsements \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

**Part IV Premium Subtotal** = \$ \_\_\_\_\_

**FLD Broker Fee** = \$ \_\_\_\_\_ **10.00**

**Total Amount Due** = \$ \_\_\_\_\_

## Part V Payment

Choose one of the following options. Please initial your choice:

Enclosed is my payment for the total premium.  Check  ACH (see below)  Credit Card (see below)

Enclosed is 20% of my total premium. **Agents: We will not invoice for the deposit. The deposit payment must be included on this form.**

The deposit and monthly premium finance payments, including a finance fee, will be drafted automatically from the payment information provided below. This option requires either ACH or Credit Card payment.  ACH (see below)  Credit Card (see below)

Account Billing Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

<input type="checkbox"/> Please bill my: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<input type="checkbox"/> Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Name on Account _____	Cardholder Name _____
Bank Name _____	Card # _____
Bank City/State _____	Exp. Date (mm/yyyy) _____
Routing Number _____	Security Code _____
Account Number _____	
<i>There is no convenience fee when you choose the ACH option.</i>	<i>For premiums less than \$1,000.00, a \$10.00 convenience fee will be added. For premiums \$1,000.00 and higher, a convenience fee equal to 2.5% of the premium will be added. For financed premiums, the convenience fee does not apply.</i>

## Part VI Acknowledgements and Signatures

**a.** This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.

**b. Waiver Requirement**  
Each school or studio must implement a Release and Waiver of Liability and Indemnity Agreement for all students and staff members. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a student or staff member. However, your failure to maintain an adequate system to regularly secure Waiver and Release forms shall void your coverage in the event of an occurrence to a student or staff member. A full supply of Waiver and Release forms shall be shipped to your school or studio upon request.

**c. Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which may be a crime.

**d. Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

\_\_\_\_\_  
Signed for the Proposed Policyholder

\_\_\_\_\_  
Signed by Licensed Agent

\_\_\_\_\_  
Agency Name and License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Phone Number

\_\_\_\_\_  
Agent E-mail Address

\_\_\_\_\_  
Agency Mailing Address



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"A" rated by A.M. Best Company.  
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