

Specialty Insurance Coverage For Fitness Class Programs



- Aerobics
- Boot Camps
- Cardio Kickboxing
- Pilates
- Spinning
- Step Classes
- Yoga

Francis L. Dean & Associates, LLC



The Leader in Sports, Leisure and Entertainment Insurance

Specialty Insurance Coverage

For Fitness Class Programs

Today's fitness classes offer countless benefits that enhance the body, mind and soul...but can also result in accident and injury. Many families have little or no medical insurance, and those who have coverage may be required to meet large deductibles before their insurance pays any benefits. In addition, fitness class facility owners and instructors run the risk of personal exposure to lawsuits through a participant's injury claim and liability insurance requirements mandated by lenders or landlords. Whether you own your own facility or teach class within a larger facility, this program is designed to meet your insurance needs.



This Specialty Insurance Program for Fitness Class Programs is designed to help eliminate the financial and emotional burden one can incur as a result of a lawsuit or participant injury claim. Accident and liability insurance coverage is offered as a standard product with optional coverages also available such as equipment, hired and non-owned automobiles and additional higher liability insurance limits.

The Accident Coverage

\$100,000.00 Benefit

(Pays the medical bills of an injured student or staff member)

Medical Expense Benefit

If the Covered Person incurs eligible expenses as the direct result of a covered injury and independent of all other causes, the Company will pay the charges incurred for such expense within 365 days, beginning on the date of accident. Payment will be made for eligible expenses in excess of the applicable \$100.00 Deductible Amount, not to exceed the Maximum Medical Benefit.

The first such expense must be incurred within 90 days after the date of the accident.

"Eligible expense" means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semiprivate accommodations, or as an outpatient

- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

Excess coverage: This plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Covered Person.

Accidental Death and Dismemberment Benefit

Principal Sum is \$100,000.00 with a \$500,000.00 aggregate. If a covered injury results in any of the losses specified below within 365 days of the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life, double dismemberment or quadriplegia
- Full Principal Sum for loss of sight, loss of hearing, or loss of speech that is irrecoverable by natural, surgical or artificial means.
- 50% of the Principal Sum for loss of one arm, one leg, one hand, or one foot
- 50% of the Principal Sum for paraplegia or hemiplegia
- 50% of the Principal Sum as a monthly benefit for Coma
- 25% of the Principal Sum for loss of index finger and thumb of same hand or four fingers of the same hand

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

Exclusions and Limitations

This plan does not cover any loss to or resulting from:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.

- Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

The Liability Coverage

\$1,000,000.00 Coverage

(Protects you in the event of a lawsuit or property damage)

Who Is Covered

This \$1,000,000.00 occurrence form general liability program provides protection for your Fitness Class Program owners, directors, staff, and employees against claims of bodily injury liability, property damage liability, personal and advertising injury liability, and the litigation costs to defend against such claims. There is no deductible amount for this coverage. Coverage is offered through the Sports and Recreation Providers Purchasing Group, pursuant to the Federal Risk Retention Act of 1986.

Coverage includes suits arising out of:

- Injury or death of participants
- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Host liquor liability (nonprofit)
- General negligence claims
- All activities necessary or incidental to conduct of activities
- Cost of investigation and defense of claims, even if groundless

- Ownership, use, or maintenance of gyms, fields, or school areas

Standard additional insureds such as landlords or facilities can be added at no additional charge.

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.

Premium Rates

The combined Accident and Liability premium rate begins at:

\$4.15 Per Person Per Year

Staff members are included for no extra charge. Please note that independent contractors are not considered staff, however they may be added for an additional premium under optional coverages.

Note: Certain exclusions and limitations may be modified to meet individual state requirements.

This program is designed for facilities using weights under 50lbs. For heavier weights, please see our Cross Training Facility brochure.



The Optional Coverages

Independent Contractors

Independent contractors working for your program can be added as additional insured to cover them while they are instructing for your program only.

Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on martial arts school or studio 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, 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.

Specialty Insurance Coverage for Fitness Class Programs

Accident & Liability Insurance Enrollment Form

Does your facility use weights over 50 lbs? Yes - Please see our Cross Training Facility Brochure No - Please continue with this application

Part I Proposed Policyholder *Please print or type*

- a. Full Legal Name of Proposed Policyholder _____
- b. Mailing Address _____
Street City State Zip
- c. Contact Person _____
 Phone Number _____ E-mail Address _____
- d. Desired Effective Date of Coverage (12 months of coverage is provided) _____
- e. What type of classes /activities will your facility have? Please be specific. _____

PLEASE NOTE: Boxing (other than CardioKickboxing)/MMA training, sports training, and healthclub facilities are not eligible under this program, however they may be submitted for a quotation.

INELIGIBLE PROGRAM TYPES: Those with tanning beds, spa/massage, sauna, sports medicine or physical therapy, professional athlete training, daycare facilities, 24 hour access, unsupervised and/or keyed access

- f. Is the mailing address the same as your location address? Yes No **If no, list all locations with complete addresses:**

Street City State Zip

Street City State Zip
- g. Has your past liability coverage been cancelled in any way in the last three years? If so, please be specific. Yes No

- h. Do you currently have a risk management plan? Yes No

Part II Premium Rates And Benefits (minimum premiums are fully earned)

Rates Include \$100,000 Accident Policy and \$1,000,000.00 Limit Per Occurrence Liability Policy
 Premium Calculation (Choose Your Plan Based on State of Mailing Address):

States	General Aggregate	Total Number of Participants in the Busiest Month of the Year for all Locations Combined (REQUIRED TO BIND)	Rate Per Participant	Premium (Subject to Minimum Premium)	Minimum Premium (Fully Earned)
CA, FL, NY	\$1,000,000.00	x	\$4.95	=	\$556.00
	\$2,000,000.00	x	\$5.20	=	\$575.00
	\$3,000,000.00	x	\$5.45	=	\$594.00
	\$4,000,000.00	x	\$5.75	=	\$613.00
	\$5,000,000.00	x	\$6.05	=	\$631.00
CT, MS, NV, RI, SC	\$1,000,000.00	x	\$4.75	=	\$540.00
	\$2,000,000.00	x	\$4.95	=	\$560.00
	\$3,000,000.00	x	\$5.15	=	\$580.00
	\$4,000,000.00	x	\$5.35	=	\$600.00
	\$5,000,000.00	x	\$5.55	=	\$620.00

Part II Continued Next Page

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Accident & Liability Insurance Enrollment Form

Part II Premium Rates And Benefits Continued (minimum premiums are fully earned)

Rates Include \$100,000 Accident Policy and \$1,000,000.00 Limit Per Occurrence Liability Policy
 Premium Calculation (Choose Your Plan Based on State of Mailing Address):

States	General Aggregate	Total Number of Participants in the Busiest Month of the Year for all Locations Combined (REQUIRED TO BIND)	Rate Per Participant	Premium (Subject to Minimum Premium)	Minimum Premium (Fully Earned)
All Other States	\$1,000,000.00	x	\$4.15	=	\$475.00
	\$2,000,000.00	x	\$4.30	=	\$490.00
	\$3,000,000.00	x	\$4.45	=	\$505.00
	\$4,000,000.00	x	\$4.60	=	\$520.00
	\$5,000,000.00	x	\$4.75	=	\$535.00

Part II Premium Subtotal = \$ _____

Part III Optional Coverages (premiums are fully earned)

Optional \$150,000.00 hired and non-owned automobile liability coverage is available for an additional \$225.00. = \$ _____

Optional \$500,000.00 hired and non-owned automobile liability coverage is available for an additional \$500.00. = \$ _____
 • 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. = \$ _____

Optional \$5,000.00 Medical Expense Benefit for an additional \$10.00. = \$ _____

Higher per occurrence 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 = \$ _____

Part IV Additional Insureds

Standard Additional insureds (not including independent contractors) 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, I - Independent Contractor (\$75), O - Other (include details)

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

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

Independent Contractors _____ x \$ 75.00 = \$ _____

Part IV Premium Subtotal = \$ _____

FLD Broker Fee = \$ _____ 10.00

Total Amount Due = \$ _____

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Accident & Liability Insurance Enrollment Form

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 Name on Account _____ Bank Name _____ Bank City/State _____ Routing Number _____ Account Number _____ <i>There is no convenience fee when you choose the ACH option.</i>	<input type="checkbox"/> Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Cardholder Name _____ Card # _____ Exp. Date (mm/yyyy) _____ Security Code _____ <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>
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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 sample waiver and release form is available 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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