

Personal Fitness Instructor *Insurance Program*



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



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Who Is Covered

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 of 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

Claims made by abuse or molestation, aircraft, all acts of terrorism, asbestos liability, assault and battery, collapse of temporary structure, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, professional liability, pyrotechnics activity, total pollution, 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.

Note: There is no liability coverage for claims arising out of any of the following activities: All motor sports, ballooning, bungee jumping, gymnastics, luge, mountain climbing, parachuting, polo, rodeo or any equestrian related sports, skin diving, SCUBA diving, snow skiing, squash, tobogganing, use of saunas or other tanning devices, use of trampolines, water slides, white water rafting or any saddle animal exposures.

Please note additional 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
- Instruction of Sports Skill Activities

Program Highlights

Admitted Basis

Occurrence Form Policy

"A" Rated Insurance Company

Worldwide coverage for suits brought in the United States or Puerto Rico



Premium Rates And Benefits

Please check all plan numbers that apply.

\$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate

- 1. Program Rate with Accredited Certification* **\$100.00**
- 2. Program Rate without Accredited Certification* **\$200.00**
- 3. Premium cost to increase the general aggregate to \$2,000,000.00: **Additional 5% of total premium**

Name of Applicant (as it should appear on the policy) _____

Contact Information

Fax _____ Email _____

Address of Applicant _____

Phone _____

Years of Accredited Experience _____ Are you 18 or older? Yes No

Which Accredited Certificate do you have? ACE ACSM NASM NSCA NCSF NFPT NESTA IFPA
(Please make sure to provide a copy of your certificate with application)

*Please note that we can only accept licenses from the listed accredited personal training certifications. Any other certifications will need to use the non-certified rate.

Type of Instructor (check all that apply):	<input type="checkbox"/> Tae Bo	<input type="checkbox"/> Exercise	<input type="checkbox"/> Gyrotonic	<input type="checkbox"/> Strength
	<input type="checkbox"/> Aerobics	<input type="checkbox"/> Cardio Kickboxing	<input type="checkbox"/> Dancercise	<input type="checkbox"/> Spinning
	<input type="checkbox"/> Pilates	<input type="checkbox"/> Aquatic Exercise	<input type="checkbox"/> Tai Chi	<input type="checkbox"/> Fitness Bootcamp
	<input type="checkbox"/> Yoga	<input type="checkbox"/> Stroller Strides	<input type="checkbox"/> Other _____	<input type="checkbox"/> Children's Fitness Programs

Description of Instructor Activities _____

Location(s) of Training _____

Does the Facility carry Liability Insurance? Yes No Limits _____

Requested Effective Date (annual coverage) _____ Estimated Number of Clients _____

Name, Address and Relationship of all additional insured to be added to the policy:

1.) _____ 2.) _____ 3.) _____

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

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information on an application for insurance may be guilty of a crime, and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by DHC Insurance, L.L.C.

Enclosed is my check for the total premium.
 Please bill by Visa / MasterCard / AmEx Card # _____ Exp. Date _____

Authorized Signature _____ Date _____

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Coverage is provided by Starr Indemnity & Liability Company,
a Starr International Company subsidiary "A" (Excellent) rated by A.M. Best Company.



DHC Insurance, L.L.C.

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