



Ascension™

Fitness Facility Instructor Independent Contractor Supplemental Request Form

For use when deleting or adding an independent contractor (non-employee) instructor

Please retain a copy of this form for your records.

GENERAL
INFORMATION

Named insured (as it appears on your certificate of insurance): _____

Policy number (as it appears on your certificate of insurance): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

EXPOSURE
INFORMATION

Delete Independent Instructor (list name of each instructor and date of cancellation)

Note: Premium is fully earned at inception for each independent instructor and is nonrefundable.

1. Instructor name: _____ Effective date: _____ / _____ / _____

2. Instructor name: _____ Effective date: _____ / _____ / _____

3. Instructor name: _____ Effective date: _____ / _____ / _____

Add Independent Instructor (list name of each instructor, type of coverage and effective date needed)

Notes • Coverage cannot be bound without payment

• Coverage must follow the same limit option that was selected for your fitness facility

Name of Instructor	Type of Coverage Needed	Effective Date
1.	<input type="radio"/> On-site only <input type="radio"/> On-site & off-site	____ / ____ / ____
2.	<input type="radio"/> On-site only <input type="radio"/> On-site & off-site	____ / ____ / ____
3.	<input type="radio"/> On-site only <input type="radio"/> On-site & off-site	____ / ____ / ____

On-site Coverage Only

Rates (per instructor)	\$1,000,000 Limit Option	\$2,000,000 Limit Option	\$3,000,000 Limit Option	\$4,000,000 Limit Option	\$5,000,000 Limit Option
	\$ 155.00	\$ 232.50	\$ 482.50	\$ 732.50	\$ 982.50
Limit Option: _____	$\text{\$ } \frac{\text{Rate}}{\text{\# of Instructors}} \times \text{Rate} = \text{\$ } \text{Total Premium}$				

On-site & Off-site Coverage

Rates (per instructor)	\$1,000,000 Limit Option	\$2,000,000 Limit Option	\$3,000,000 Limit Option	\$4,000,000 Limit Option	\$5,000,000 Limit Option
	\$ 170.00	\$ 255.00	\$ 505.00	\$ 755.00	\$ 1,005.00
Limit Option: _____	$\text{\$ } \frac{\text{Rate}}{\text{\# of Instructors}} \times \text{Rate} = \text{\$ } \text{Total Premium}$				

Ascension Benefits & Insurance Solutions • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991

E-mail = programs@ascensionins.com • Fax 1-913-327-0201 • www.ascensionins.com/programs

Ascension Benefits & Insurance Solutions conducts business as Ascension Benefits and Insurance Solutions; in AK, AZ, CA, DC, HI, MT, NE, NV, NH, OK, SC, SD and WV as Ascension Benefits & Insurance Solutions Sports and Recreation; and in NY as Ascension Benefits Brokerage & Insurance Solutions Sports & Recreation. CA #0334819, TX #1657333

CERTIFICATE REQUESTS

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

Date needed by: ____ / ____ / ____

Check the type of certificate you are requesting: Additional insured Evidence of coverage

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter Other: _____

Special certificate language needed (please explain/attach): _____

If applicable:

RE: Date(s) of event/activity: ____ / ____ / ____ to ____ / ____ / ____

Hours of the event/activity: _____ A.M. / P.M. to _____ A.M. / P.M.

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____

MAILING INSTRUCTIONS

Submit completed supplemental form, with payment, to us (retain a copy for your records)

- E-mail programs@ascensionins.com
- Fax 1-913-327-0201
- Mail Ascension Benefits & Insurance Solutions
P.O. Box 25936
Overland Park, KS 66225

FOR OFFICE USE ONLY

Rec: ____ / ____ / ____ Policy #: _____ Cert #: _____ Insured #: _____

Opt: _____ Premium: \$ _____ Eff/Exp: ____ / ____ / ____ to ____ / ____ / ____

Comments: _____

Opt Form: 2026 2011 8016 8018 876 Delivery: M F E Delivery Date: ____ / ____ / ____

PAYMENT INFORMATION

Check: Please make check payable to Ascension Benefits & Insurance Solutions.

Enclosed is check # ____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize Ascension Benefits & Insurance Solutions to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____