

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.

COVERAGES AND LIMITS

Commercial General Liability - coverage which 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.

Legal Liability to Participants - coverage which offers protection against bodily injury liability claims brought by persons participating in fitness/exercise activities.

Professional Liability - provides protection against claims 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.

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
General Aggregate (other than Products-completed Operations)	\$1,000,000	\$3,000,000	\$4,000,000
Each Occurrence	\$ 500,000	\$1,000,000	\$2,000,000
Products-completed Operations Aggregate	\$ 500,000	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$ 500,000	\$1,000,000	\$2,000,000
Professional Liability	\$ 500,000	\$1,000,000	\$2,000,000
Legal Liability to Participants	\$ 500,000	\$1,000,000	\$2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000

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
- Qigong

INELIGIBLE OPERATIONS

This program is not available for:

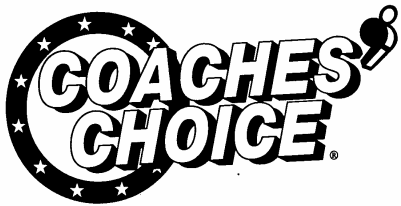
- Acrobatic/Partner Yoga
- Certified athletic trainers
- Coaching of competitive athletic teams
- Instructors under the age of 18
- Instructors operating outside of the U.S.
- Instructors of sports skill activities*
- Physical education teachers working in a private or public school, university or college
- Stroller-based fitness instructors

EXCLUSIONS

- Abuse, molestation, harrasment or sexual conduct
- Amusement devices (eg. 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

*Information and applications for sports instructor insurance are available at www.summitamerica-ins.com or by calling our office at (800)955-1991.

This brochure is for illustrative purposes only, and it 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 term to the next. You may request a copy of the full policy by submitting a written request to Summit America Insurance, LC.



Fitness Instructor Insurance Enrollment Form

Rates and Limits Effective 12/1/2009-11/30/2010

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 acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Summit America reserves the right to decline any request for coverage.

SECTION 1: GENERAL INFORMATION

Coverage will begin the day after the completed enrollment form and premium are received and approved by Summit America, or on a later date that you specify below. (If you are renewing coverage, please provide the expiration date of your current policy).

Start my coverage on this date: _____

Instructor's name (as it should appear on the policy): _____

Doing business as (DBA) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____ E-Mail: _____

Phone: _____ Fax: _____

SECTION 2: BUSINESS INFORMATION

Type of instructor (check all that apply):

- Aerobics, Dance, Personal training, Strength, Aquatic exercise, Exercise, Pilates, Tai Chi, Cardio Kickboxing, Fitness bootcamp, Spinning, Yoga, Children's fitness programs, Gyrotonic

Are you age 18 or older? Yes No

Do you conduct operations outside of the United States? Yes No

Do you provide instruction of sports skills? Yes No (sports skills instructors should apply for coverage through Summit America'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.

SECTION 3: PROGRAM PREMIUM CALCULATION

I am a Certified Instructor (Certificate information must be provided.)

Certification organization: _____

Certificate 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="checkbox"/> \$144.00	<input type="checkbox"/> \$258.00	<input type="checkbox"/> \$145.44	<input type="checkbox"/> \$260.58
Option 2	\$1,000,000	<input type="checkbox"/> \$179.00	<input type="checkbox"/> \$323.00	<input type="checkbox"/> \$180.79	<input type="checkbox"/> \$326.23
Option 3	\$2,000 000	<input type="checkbox"/> \$269.00	<input type="checkbox"/> \$484.00	<input type="checkbox"/> \$271.69	<input type="checkbox"/> \$488.84

I am a Non-certified instructor

	Limits of Liability	1-Year Premium	2-Year Premium	Florida Resident	
				1-Year Premium	2-Year Premium
Option 1	\$ 500,000	<input type="checkbox"/> \$189.00	<input type="checkbox"/> \$331.00	<input type="checkbox"/> \$190.89	<input type="checkbox"/> \$334.31
Option 2	\$1,000,000	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$414.00	<input type="checkbox"/> \$232.30	<input type="checkbox"/> \$418.14
Option 3	\$2,000 000	<input type="checkbox"/> \$345.00	<input type="checkbox"/> \$621.00	<input type="checkbox"/> \$348.45	<input type="checkbox"/> \$627.21

PREMIUMS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS

SECTION 4: DOCUMENT DELIVERY

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be delivered to the same person. Please select only one option.

E-mail to: _____ Attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)

Fax to: _____ Attn: _____

Mail to: _____ Attn: _____

Certificate Requests (Additional Insureds)

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

Certificate Holder (Entity Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/Lessor of premises Sponsor Co-promoter Other (Explain below)

GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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 thereto, commits a fraudulent insurance act, which is a crime any may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company, penalties include imprisonment, fines, and denial of insurance benefits.

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 or any device that is specifically designed for the training or instruction of the activity for which you are enrolled); 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 exclusion (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 sports facility; performers; physical/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: (acrobatic/partner yoga, 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).

SECTION 5: WARRANTY 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 accurate. 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 that apply, as well as the activities and operations for which coverage is not provided.

Applicant Signature: _____ **Date:** _____

Printed Name: _____ Title: _____

SECTION 7: PAYMENT METHOD

Check: Please make check payable to Summit America Insurance Services, LC

Enclosed check # _____ for \$ _____

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

Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

I authorize Summit America Insurance Services, LC to charge my debit/credit card in the amount of \$ _____

Cardholder Billing Address: _____

City: _____ State _____ Zip _____

Name on Card _____ Applicant Signature _____

How did you hear about the Coaches' Choice program?

Convention _____ Magazine Ad _____ Web Search _____ Other _____
Specify: _____ Specify: _____

SECTION 8: ENROLLMENT FORM SUBMISSION

Please fax, mail or e-mail pages 3-7 of the completed enrollment form along with payment to Summit America Insurance. Please note that this enrollment form is subject to underwriting review and approval. We will contact you if any further information is needed.



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