



SPORTS INSTRUCTOR Insurance Program and Enrollment Form

This brochure is valid for effective dates from 12/1/08 through 11/30/09



PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of a U.S.-based sports instructor directly supervising an individual or a group engaged in sports-related skills.

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. For information regarding coverage for a facility, please call 1-800-506-4856.

INELIGIBLE OPERATIONS

This program is not available for:

- Certified athletic trainers
- Coaching of competitive athletes
- Instructors under the age of 18
- Instructors operating outside of the U.S.
- Physical education teachers working in a private or public school, university, or college
- Instruction of the following:

-Canoeing	-Equestrian	-Road running
-Cycling	-Gymnastics	-Rowing
-Cross country	-Kayaking	-Scuba diving
-Dance	-Lifeguarding	-Skiing
-Diving	-Martial arts	-Surfing

For information or applications for sports facilities, and/or teams, leagues and associations, please visit our website at www.kandkinsurance.com or contact us at 1-800-506-4856.

ELIGIBLE OPERATIONS

An instructor age 18 or older conducting private or group instruction in any of the following sports is eligible to enroll in this program:

- Baseball
- Basketball
- Baton twirling
- Bowling
- Cheerleading
- Fencing
- Figure skating
- Football
- Golf
- Hockey
- Lacrosse
- Racquetball
- Soccer
- Softball
- Swimming
- Table tennis
- Tennis
- Track and field
- Volleyball
- Wrestling

FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing on-line at www.fitnessinsurance-kk.com

OR

— Submit this enrollment form, with payment, to K&K. —



E-MAIL fitnessrpg@kandkinsurance.com



FAX 1-260-459-5590



MAIL

Regular: K&K Insurance
Sports Instructor RPG Programs
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance
Sports Instructor RPG Programs
1712 Magnavox Way
Fort Wayne, IN 46804



QUESTIONS Call 1-800-506-4856

This brochure is for illustrative purposes only, and is 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 period to the next. You may request a copy of the full policy by submitting a written request to K&K Insurance Group, Inc.

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Abuse, molestation, harassment, or sexual conduct • Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks) • Dietician services • E-commerce consulting | <ul style="list-style-type: none"> • Employment-related practices • Media appearances • Media publications • Medical, therapy or health care services • Operation, ownership or management of a commercial sports facility | <ul style="list-style-type: none"> • Physicals/stress testing • Physical therapy, massage or salon services • Sale or distribution of herbal medicinal and/or nutritional products • Speaking engagements • Those operations listed as ineligible • Weight control programs |
|---|---|---|

COVERAGES AND LIMITS

Commercial General Liability:	Option 1	Option 2	Option 3
Each Occurrence	\$ 500,000	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 1,000,000	\$ 2,000,000	\$ 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
Legal Liability to Participants	\$ 500,000	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 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
Program A- Sports instruction conducted at locations that are NOT owned or operated by the instructor			
1 year premium	\$ 276.00	\$ 345.00	\$ 518.00
2 year premium	\$ 530.00	\$ 622.00	\$ 933.00
Program B- Includes Program A locations and instruction at the instructor's home or residence			
1 year premium	\$ 345.00	\$ 431.00	\$ 648.00
2 year premium	\$ 663.00	\$ 778.00	\$1,167.00

General liability coverage 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 sports-related skills instruction. The policy also provides coverage (professional liability) 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 sports-related skills instruction.

FREQUENTLY ASKED QUESTIONS

1. Can I apply for coverage over the phone?

Unfortunately, we are not able to accept your enrollment information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to K&K via e-mail, fax or mail.

2. What is a general aggregate?

This is the maximum amount to be paid out in any policy period for all losses.

3. What are certificate requests? How do I complete this section on the enrollment form?

A certificate is a document prepared by K&K providing you evidence of insurance. You will automatically receive a certificate providing proof of coverage once coverage is bound. You only need to complete the certificate request section if you have been asked to provide another certificate, to an entity such as the facility where you work.

4. I have been asked by the facility that I instruct at to add them as an "additional insured" to my policy. What does this mean and how do I do that?

An additional insured is an entity which has an insurable interest for claims arising out of your

negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they now are entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under the certificate request section of the enrollment form. Please remember to provide their complete name, address and relationship to you. All requests must be in writing.

5. Will I receive a policy after I submit the enrollment form?

No. You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (PG). The PG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the PG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each member—there are no shared limits of liability with any other members. A copy of the PG master policy can be requested in writing to: K&K Insurance Group, Inc. 1712 Magnavox Way, Fort Wayne, IN 46804



Enrollment Form - Sports Instructor Insurance

Valid for effective dates from 12/1/08 through 11/30/09



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

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign where required
3. Remit completed enrollment form (pages 4 - 7) with payment

GENERAL INFORMATION

- I am a new account I am renewing my coverage

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

Mailing address: _____

City: _____ State: _____ Zip: _____

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

E-mail: _____ Website: _____

DATES

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

- Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION

Type of instructor (check all that apply):

- | | | | | |
|--------------------------------------|--------------------------------------|-----------------------------------|------------------------------------|---------------------------------------|
| <input type="radio"/> Baseball | <input type="radio"/> Cheerleading | <input type="radio"/> Golf | <input type="radio"/> Soccer | <input type="radio"/> Tennis |
| <input type="radio"/> Basketball | <input type="radio"/> Fencing | <input type="radio"/> Hockey | <input type="radio"/> Softball | <input type="radio"/> Track and field |
| <input type="radio"/> Baton twirling | <input type="radio"/> Figure skating | <input type="radio"/> Lacrosse | <input type="radio"/> Swimming | <input type="radio"/> Volleyball |
| <input type="radio"/> Bowling | <input type="radio"/> Football | <input type="radio"/> Racquetball | <input type="radio"/> Table tennis | <input type="radio"/> Wrestling |

If you don't see your sport listed, please contact K&K.

- Are you age 18 or older? Yes No
 Do you conduct operations outside of the United States? Yes No
 Do you instruct at your home/residence premises? Yes No

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.

PREMIUM PROGRAM A	<input type="radio"/> Program A - Sports instruction conducted at locations that are NOT owned or operated by the instructor					
		Limits of Liability	1-Year Premium	2-Year Premium	Florida Resident	
					1-Year Premium	2-Year Premium
	Option 1	\$ 500,000	<input type="radio"/> \$ 276.00	<input type="radio"/> \$ 530.00	<input type="radio"/> \$ 278.76	<input type="radio"/> \$ 535.30
	Option 2	\$ 1,000,000	<input type="radio"/> \$ 345.00	<input type="radio"/> \$ 622.00	<input type="radio"/> \$ 348.45	<input type="radio"/> \$ 628.22
Option 3	\$ 2,000,000	<input type="radio"/> \$ 518.00	<input type="radio"/> \$ 933.00	<input type="radio"/> \$ 523.18	<input type="radio"/> \$ 942.33	

PREMIUM PROGRAM B	<input type="radio"/> Program B - Includes Program A locations and instruction at the instructor's home or residence					
		Limits of Liability	1-Year Premium	2-Year Premium	Florida Resident	
					1-Year Premium	2-Year Premium
	Option 1	\$ 500,000	<input type="radio"/> \$ 345.00	<input type="radio"/> \$ 663.00	<input type="radio"/> \$ 348.45	<input type="radio"/> \$ 669.63
	Option 2	\$ 1,000,000	<input type="radio"/> \$ 431.00	<input type="radio"/> \$ 778.00	<input type="radio"/> \$ 435.31	<input type="radio"/> \$ 785.78
Option 3	\$ 2,000,000	<input type="radio"/> \$ 648.00	<input type="radio"/> \$1,167.00	<input type="radio"/> \$ 654.48	<input type="radio"/> \$1,178.67	

PREMIUMS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS

DOCUMENT DELIVERY	You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Please select only one option.	
	<input type="radio"/> E-mail to: _____ attn: _____	(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
	<input type="radio"/> Fax to: _____ attn: _____	
	<input type="radio"/> Mail to: _____ attn: _____	

PAYMENT INFORMATION	<input type="radio"/> Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____	
	<input type="radio"/> Credit Card: If you are making your payment by credit/debit card, please complete the following:	
	<input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DISCOVER <input type="radio"/> AMERICAN EXPRESS	
	Card number: _____	
	Reference number (last 3 digits on back of card): _____ Expiration date: _____	
	I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____	
Print name (as on card): _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Cardholder signature</div> _____		

CERTIFICATE REQUESTS

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

Indicate the type of certificate that you are requesting: Additional insured OR Evidence of coverage

Certificate holder/entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of premises Sponsor Co-promoter

Special certificate language needed (please explain or attach information): _____

AGENTS ONLY

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/contact name: _____

Agency telephone: (____) _____ Agency fax: (____) _____

Agent/contact e-mail address: _____ Tax I.D.: _____

Note: There are no commissions included in this program. A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to K&K. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program

FOR K&K USE ONLY

Rec: ____/____/____ Status N R Broker: Y N Comm: _____%

Exp Policy #: _____ Cert #: _____ Insured #: _____

Option: _____ Premium: \$ _____ Pay Plan: 100 30/70 25/3 Bill: AB AD CBG

Eff/Exp: ____/____/____ to ____/____/____ Delivery: M F E Date: ____/____/____

Opt: A&M IM D&O Ex WC Opt Form: 2026 2011 8016 8018 876

Policy #: _____ Cert #: _____ Comments: _____

READ AND SIGN

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage you are purchasing. 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); 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 exclusions (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 commercial sports facility; Performers; Physicals/stress testing; Physical therapy, massage or salon services; Rodeos; Saddle animals; Sale or distribution of medicinal, herbal and/or nutritional products; Speaking engagements; Snowmobile; Weight control programs; Those operations listed as ineligible: (Certified athletic trainers, Coaching of competitive athletics, Instruction of the following sports: Canoeing, Cycling, Cross country, Dance, Diving, Equestrian, Gymnastics, Kayaking, Lifeguarding, Martial arts, Road running, Rowing, Scuba diving, Skiing, Surfing, Instructors under the age of 18, Instructors operating outside of the U.S., Physical education teachers working in a private or public school, university or college)

WARRANTY AND DISCLOSURE 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 correct.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

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 which apply, as well as the activities and operations for which coverage is not provided.

Applicant signature _____

Date: _____

Printed name: _____ Title: _____