

SADLER

SPORTS & RECREATION INSURANCE

Fitness Instructor Insurance Program and Enrollment Form

Sadler & Company, Inc. * P. O. Box 5866 * Columbia, SC 29250-5866
 Phone: 1-800-622-7370 * Fax: (803) 256-4017 * Email: instructor@sadlersports.com

This brochure is valid for effective dates
 from December 1, 2009 through November 30, 2010



Apply Online for **INSTANT** Proof of Coverage
www.sadlersports.com/personaltrainerinsurance

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 available for a one year or a two year coverage term.

ELIGIBLE OPERATIONS

Aerobics	Cardio Kickboxing	Exercise	Gyrotonic	Pilates	Strength
Aquatic Exercise	Children's Fitness Programs		Personal Training	Spinning	Yoga
Dance	Tai Chi	Fitness Bootcamp			

INELIGIBLE OPERATIONS

Certified Athletic Trainers	Instructors under the age of 18
Coaching of Competitive Athletics	Instruction of Sports Skill Activities
Instructors based outside of the U.S.	Stroller Based Fitness Instructors
Physical Education Teachers working in a private or public school, university or college	

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 fitness facility, please call 800-622-7370

LIABILITY COVERAGE AND LIMITS

Commercial General Liability coverage protects the insured against liability claims for bodily injury and property damage arising out of the premises, operations, products and completed operations; and personal and advertising injury, legal liability to participants and professional liability. There is no deductible that applies to liability claims.

COVERAGE:	LIMIT 1:	LIMIT 2:	LIMIT 3
General Aggregate (Other than Products-Completed Operations)	\$1,000,000	\$3,000,000	\$4,000,000
Products-Completed Operations Aggregate	\$ 500,000	\$1,000,000	\$2,000,000
Each Occurrence	\$ 500,000	\$1,000,000	\$2,000,000
Personal and 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

NOTABLE EXCLUSIONS

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

Abuse, molestation, harassment or sexual misconduct	Amusement Devices (ex: rides, slides, inflatables, bungees, climbing walls, dunk tanks)	Nuclear Energy Liability		Those activities listed as ineligible
		Fungi or Bacteria		
		Physicals/stress Testing		Weight Control Programs
Asbestos	Speaking Engagements	Lead	Pollution	Dietician Services
E-Commerce Consulting	Physical Therapy, massage or salon services		Medical, therapy or health care services	
Media Appearances	Media Publications	Fireworks	Employment Related Practices	
Training programs for law enforcement, public safety and military personnel.				
The sale or distribution of herbal, medicinal or nutritional products				
Management or operation of a fitness, dance or exercise facility.				

Carrier

Coverage is provided by a carrier A+ (superior) by AM Best Company.

Premium Information

100% of the premium is fully earned at the inception date and is not refundable in the event of cancellation.

Note: All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium.

PLEASE NOTE: In order to qualify for the Certified Rate, there MUST be an expiration date and certification number noted on your certification, and you must enter the information below.

CERTIFIED FITNESS INSTRUCTOR (must indicate certification)

NOTE: If you are not currently certified in a program recognized by the insurance carrier you must choose the non-certified rates. If you become certified during the policy period, you must wait until your renewal date to use the certified rates. You can contact Sadler & Company to see if your certification is approved for this program.

COVERAGE OPTIONS	Limit of Liability	1-Year Premium	FL Applicant 1-Year Premium	2-Year Premium	FL Applicant 2-Year Premium
Option 1	\$ 500,000	\$ 144.00	\$ 145.44	\$ 258.00	\$ 260.58
Option 2	\$ 1,000,000	\$ 179.00	\$ 180.79	\$ 323.00	\$ 326.23
Option 3	\$ 2,000,000	\$ 269.00	\$ 271.69	\$ 484.00	\$ 488.84

NON-CERTIFIED FITNESS INSTRUCTOR

COVERAGE OPTIONS	Limit of Liability	1-Year Premium	FL Applicant 1-Year Premium	2-Year Premium	FL Applicant 2-Year Premium
Option 1	\$ 500,000	\$ 189.00	\$ 190.89	\$ 331.00	\$ 334.31
Option 2	\$ 1,000,000	\$ 230.00	\$ 232.30	\$ 414.00	\$ 418.14
Option 3	\$ 2,000,000	\$ 345.00	\$ 348.45	\$ 621.00	\$ 627.21

HOW TO OBTAIN COVERAGE

1. APPLY ONLINE at www.sadlersports.com/personaltrainerinsurance
2. Remit the completed and signed enrollment form, corresponding premium payment, and a copy of your current certification, if any, to:

Sadler & Company, Inc.	Phone: 1-803-254-6311 or 1-800-622-7370
PO Box 5866	Fax: 1-803-256-4017
Columbia, SC 29250-5866	Email: instructor@sadlersports.com
3. You will be notified by Sadler and Company, Inc., if for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your premium payment will be returned.
4. If your enrollment is accepted, Sadler & Company, Inc will issue your coverage documents.
5. Coverage will become effective the day after your enrollment form and premium payment are received by Sadler & Company, Inc, or on a later date that you may specify.
6. Coverage is provided on a one or two year basis depending upon which option you purchase.
7. Please allow 6 business days for processing.

NOTE: Any requests to amend or change coverage or the information reported on the enrollment form must be submitted in writing to Sadler & Company, Inc.

THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY AND IS NOT A CONTRACT OF INSURANCE. YOU MUST REFER TO THE POLICY FOR COMPLETE INFORMATION REGARDING COVERAGE TERMS, CONDITIONS, AND EXCLUSIONS. YOU MAY REQUEST A COPY OF THE FULL POLICY BY SUBMITTING A WRITTEN REQUEST TO SADLER & COMPANY, INC., P O BOX 5866, COLUMBIA, SC 29250-5866.

NOTE TO ALL AGENTS & BROKERS - there are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. In addition, proof of coverage will be sent direct to the named insured and will not be sent to an agent.

NOTE: Any requests to amend or change coverage or the information reported on the enrollment form must be submitted in writing to Sadler & Company, Inc.



P. O. Box 5866, Columbia, SC 29250-5866
 Phone: (800) 622-7370, Fax: (803) 256-4017

Fitness Instructor

Insurance Enrollment Form

This enrollment form is valid for effective dates from December 1, 2009 through November 30, 2010

Please Type Or Print In Black Ink

This form must be completed, signed and returned with your payment. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Certain operations are not eligible for coverage by this program. Sadler & Company, Inc. reserves the right to decline any request for coverage.

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

Mailing Address:

City: _____ State: _____ Zip: _____

Home Phone: () _____ Daytime Phone: () _____ Fax #: () _____

Email: _____ Website: _____

Form of Business: Individual Other

Do you own or operate a fitness facility? Yes No Are you over the age of 17? Yes No

Are you currently certified? Yes No

Type of Instructor: (check all that apply)

- Aerobics Cardio Kickboxing Exercise Gyrotonic Pilates Tai Chi Strength
 Aquatic Exercise Children's Fitness Program Personal Training Spinning Yoga
 Dance: If dance is check please list the styles of dance that you teach: _____

New or Renewal
 I am renewing my coverage with Sadler & Co, Inc. I am a former insured and returning to Sadler & Co, Inc.
 I am a new account for Sadler & Co, Inc.

Desired Effective Date (Check One):

- Start my coverage the day after my enrollment form and payment are received.
 Start my coverage upon my expiration date of: ____/____/_____
 Start my coverage on this date: ____/____/_____

NOTE: Coverage will not be made effective until the day after the enrollment form & payment are received by Sadler & Company.

Choose your Limit of Coverage and Check the Appropriate Annual Premium:

Refer to Option 1, 2, 3 on this brochure for limits. (Check One)

Premium Summary

100% of the premium is fully earned at the inception date and is not refundable in the event of cancellation.

Note: All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium.

PLEASE NOTE: In order to qualify for the Certified Rate, there MUST be an expiration date and certification number noted on your certification, and you must enter the information below.

CERTIFIED FITNESS INSTRUCTOR (must indicate certification)

NOTE: If you are not currently certified in a program recognized by the insurance carrier you must choose the non-certified rates. If you become certified during the policy period, you must wait until your renewal date to use the certified rates. You can contact Sadler & Company to see if your certification is approved for this program.

Certification Organization	Certification Number	Expiration Date			
COVERAGE OPTIONS	Limit of Liability	1-Year Premium	FL Applicant 1-Year Premium	2-Year Premium	FL Applicant 2-Year Premium
Option 1	\$ 500,000	<input type="checkbox"/> \$ 144.00	<input type="checkbox"/> \$ 145.44	<input type="checkbox"/> \$ 258.00	<input type="checkbox"/> \$ 260.58
Option 2	\$ 1,000,000	<input type="checkbox"/> \$ 179.00	<input type="checkbox"/> \$ 180.79	<input type="checkbox"/> \$ 323.00	<input type="checkbox"/> \$ 326.23
Option 3	\$ 2,000,000	<input type="checkbox"/> \$ 269.00	<input type="checkbox"/> \$ 271.69	<input type="checkbox"/> \$ 484.00	<input type="checkbox"/> \$ 488.84

NON-CERTIFIED FITNESS INSTRUCTOR

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



Instructor's Name:

Certificate Requests: Please note that you will receive a certificate of insurance showing evidence that coverage has been bound. Use this section to request any additional certificate needed for another entity. List the name and mailing address of any entity requiring a Certificate of Insurance and indicate their relationship to you. Please note that certificates will not be sent directly to these entities – they will be sent to you for you to deliver. **(If you do not provide the complete mailing address of the Certificate Holder or Additional Insured we cannot issue the certificate of insurance.)**

Check the type of certificate that you are requesting: ___Additional Insured OR ___Evidence of Coverage

Name of Certificate Holder:

Contact Person Name:

Complete Mailing Address:

City: _____ State: _____ Zip: _____
Relationship To You: Owner/Lessor of premises Sponsor Certificate Holder Other (please specify/explain): _____

Special Certificate Language Needed (please explain or attach information):

If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

NOTE: Requests cannot be processed without completing all of the information above. Please remember to verify your requests as specified in any contracts you have signed prior to submitting your enrollment form for approval. All certificate requests must be submitted in writing.

IMPORTANT: In order to avoid a delay in processing, prior to mailing please verify that:

- The eligibility criteria as outlined in the brochure have been met
- All questions/sections of the enrollment form have been answered/completed
- The Warranty Statement section is signed
- The required premium payment has been provided

HOW DID YOU HEAR ABOUT SADLER & COMPANY:?

___Already doing business with Sadler ___Referral From A Friend ___Post Card From Sadler & Co.
___Catalogue/Magazine Advertisement: (Name of Catalogue/Magazine): _____
___Google Search Engine ___Yahoo Search Engine ___Other Search Engine: _____

PLEASE READ AND SIGN

WARRANTY & 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.

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 afterwards. 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 operation for which coverage is not provided.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

NOTE TO ALL AGENTS & BROKERS – there are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. A fee may be separately charged, subject to state insurance regulations. (In addition, proof of coverage will be sent direct to the named insured and will not be sent to an agent.)

How To Apply For Coverage

Apply Online for **INSTANT** Proof of Coverage
www.sadlersports.com/personaltrainerinsurance

You Do Also Have the Option to Mail, Fax or Email the Application

- ➔ **Complete this paper application.** Coverage can be effective once your fully completed application and check for the correct premium are received & approved by Sadler & Company. [Make check payable to: Sadler & Company, Inc.](#)
- ➔ **Your proof of coverage documents will be processed within 6 business days and delivered to you via Email, Fax or US Mail.**

(1) If you would like to send your application & check via U S Mail, please send to:

Sadler & Company, Inc.

P. O. Box 5866

Columbia, SC 29250-5866

(2) If you would like to send your application & check via overnight delivery, please send to:

Sadler & Company, Inc.

3014 Devine Street, 2nd Floor

Columbia, SC 29205

(803) 254-6311

(3) If you would like to fax your application & check, be sure to follow these special instructions.

How To Fax A Check

In Order To Send A Check By Fax, Please Follow These Simple Steps:

- 1) Complete the Enrollment Form/Application for insurance coverage.
- 2) [Make check payable to: Sadler & Company, Inc.](#) Fill check out for the correct amount and make sure that it is dated and signed. Do not “void” the check & please keep the original in case we need to have you forward it to us at a later date. *(This check may be processed as an EFT / ACH {electronic funds transfer} which may cause your check to clear immediately.)*
- 3) Photocopy your check so that the page can be faxed.
- 4) **Sometimes, we can't read all of the numbers and words on the faxed check because they are too small or the fax is not clear. As a result, you are required to hand write the following on the photocopied page of the check:**



Transit Number – (The Transit Number(s) are the small #'s with the “-“ and/or “/” in it. The

Transit Number is found somewhere **near the check number and date**).

The transit number **IS NOT** the number(s) at the bottom of the check.



Name and address of your bank exactly like it appears on your check do not look up the address in the phone book – we must duplicate your check exactly as it is printed.

NOTE: DO NOT FAX CASH, MONEY ORDERS, STARTER CHECKS, CASHIER CHECKS, COUNTER CHECKS, PURCHASE ORDERS, WARRANTS OR CHECKS THAT REQUIRE 2 SIGNATURES!!

- 5) Fax your **Enrollment/Application** and your **check** to us at: 1-803-256-4017.
- 6) Keep your original check for your records. **Do NOT mail it to Sadler & Company** as this could cause us to double issue your coverage and **DOUBLE DEPOSIT YOUR CHECK**. *(If there is a problem with processing your check, we will let you know and will then let you know what we need to do to process your application.)*

WE WILL EMAIL OR CALL YOU IF THERE IS A PROBLEM WITH YOUR CHECK OR APPLICATION.

DUE TO THE VOLUME OF APPLICATIONS THAT WE RECEIVE ON A DAILY BASIS, YOU WILL NOT RECEIVE CONFIRMATION BACK BY TELEPHONE, EMAIL OR FAX.

NOTE: We will not be able to rush fax your proof of coverage documents. Please allow 6 business days for processing and issuing of coverage.