

SADLER

SPORTS & RECREATION INSURANCE

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

DBA/AKA Sadler Insurance Agency in CA License #0B57651

Fitness Instructor Insurance Program and Enrollment Form

This brochure is valid for effective dates
 from 12/01/11 through 11/30/12

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.

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	Dance	Personal Training	Strength
Aquatic Exercise	Exercise	Pilates	Tai Chi
Cardio Kickboxing	Fitness Bootcamp	Qigong	Yoga
Children's Fitness Programs	GYROTONIC®	Spinning	ZUMBA®

LIABILITY COVERAGES 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 offers protection against bodily injury liability claims brought by persons participating in fitness/exercise activities under the direction of the insured.

Professional liability provides protection against wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of fitness/exercise activities) that occur under the operations of the insured.

Abuse, Molestation, Harassment, or Sexual Conduct Defense Cost Reimbursement reimburses you for up to \$100,000 for defense costs resulting from claims out of abuse or molestation.

COVERAGE:	LIMIT 1:	LIMIT 2:	LIMIT 3
Each Occurrence	\$ 500,000	\$1,000,000	\$2,000,000
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
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 (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000
Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$ 100,000	\$ 100,000	\$ 100,000
PREMIUMS:			
Certified Instructor – 1 year	\$ 144.00	\$ 179.00	\$ 269.00
Certified Instructor – 2 years	\$ 258.00	\$ 323.00	\$ 484.50
Non-Certified Instructor – 1 year	\$ 184.00	\$ 230.00	\$ 345.00
Non-Certified Instructor – 2 year	\$ 331.00	\$ 414.00	\$ 621.00

Higher Limits are Available Upon Request *Florida applicants must include a 1.3% state mandated Hurricane Catastrophe Fund assessment fee*

COSTS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to the following:

Acrobatic/Partner Yoga Instructors	Certified Athletic Trainers
Coaching of Competitive Athletics	Instructors under the Age of 18
Instructors operating outside of the U.S.	Instruction of Sports Skills Activities
Instructor's Employment as an Exempt or Non-Exempt Employee of a 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 facility, please call 800-622-7370.*

EXCLUSIONS

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

Amusement devices (ex: rides, slides, inflatables, bungees, climbing walls, dunk tanks)	
Abuse, molestation, harassment or sexual misconduct	Physicals/stress testing
Dietician services	Physical therapy, massage or salon services
Employment related practices	Sale or distribution of herbal, medicinal and/or nutritional products
Medical, therapy or health care services	
Operation, ownership or management of a fitness, dance or sports facility	Training programs for law enforcement, public safety and military personnel
Operations listed as ineligible	Weight control programs

CARRIER INFORMATION

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

FREQUENTLY ASKED QUESTIONS

- Can I apply for coverage over the phone?** No. You may apply for coverage online or by completing the paper enrollment form and submitting it to Sadler & Company via email, fax or mail.
- What is a General Aggregate?** This is the maximum amount to be paid out in any policy period for all losses.
- I have been asked by the facility that I instruct at to add them as an "additional insured" to my policy. What does that 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 or issue the certificate instantly as you apply online.

HOW TO OBTAIN COVERAGE

- For instant proof of coverage - APPLY ONLINE at <http://www.sadlersports.com/personaltrainerinsurance>
- 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
- 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.
- If your enrollment is accepted, Sadler & Company, Inc will issue your coverage documents and **email** them to you.
- 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.
- Coverage is provided on a one-year or two-year basis depending upon which option you purchase
- Please allow 6 business days for processing.

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 Sadler & Company.

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.



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 Phone: (800) 622-7370, Fax: (803) 256-4017

DBA/AKA Sadler Insurance Agency in CA License #0B57651

Fitness Instructor Insurance Enrollment Form

Valid for effective dates from
 12-1-2011 to 11-30-2012

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. 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. Sadler & Company, Inc., reserves the right to decline any request for coverage.

GENERAL INFORMATION

I AM A NEW ACCOUNT

I AM RENEWING MY COVERAGE

INSTRUCTORS NAME: (as it should appear on the policy)			
DOING BUSINESS AS: (additional name(s) under which the named insured operates)			
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:	CELL:	FAX:	
EMAIL:		WEBSITE:	

DESIRED EFFECTIVE DATE

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

Start my coverage on this date: _____/_____/_____

BUSINESS INFORMATION

Type of Instructor (check all that apply):

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Dance | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Strength |
| <input type="checkbox"/> Aquatic Exercise | <input type="checkbox"/> Exercise | <input type="checkbox"/> Pilates | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Cardio Kickboxing | <input type="checkbox"/> Fitness Bootcamp | <input type="checkbox"/> Qigong | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Children's Fitness Programs | <input type="checkbox"/> GYROTONIC® | <input type="checkbox"/> Spinning | <input type="checkbox"/> ZUMBA® |

Are you age 18 or older? Yes No

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

Do you own or operate your own fitness or dance studio? Yes No

(If yes, this program only provides coverage for your operations as an instructor. It does not extend to your employees or anyone performing instruction or training on your behalf.)

Do you provide instruction of sports skills? Yes No

(For example, teach someone how to play a specific sport such as basketball or baseball.)

(Sports skills instructors should apply for coverage through Sadler & Company's Sports Instructor Insurance Program.)

How did you hear about Sadler & Company Inc?

Already doing business with us Facebook Friend Google Yahoo Other: _____

Coverage is not provided for an instructor's employment as an exempt or non-exempt employee of a school, university or college; for the coaching of organized competitive athletic teams; for activities of a certified athletic trainer; acrobatic/partner yoga instructors, and the operation, ownership or maintenance of a fitness, dance or sports facility.

COVERAGE SELECTION
PLEASE CHECK THE APPROPRIATE PROGRAM AND OPTION:

I am a Certified instructor (certification information must be provided)

Certification Organization: _____
 Certification number and expiration date: _____

PREMIUM CERTIFIED	OPTIONS	LIMITS OF LIABILITY	1 – YEAR PREMIUM	2 – YEARS PMREIUM	FLORIDA APPLICANT	
					1-YEAR PREMIUM	2-YEARS PREMIUM
					Option 1	\$ 500,000
Option 2	\$1,000,000	<input type="checkbox"/> \$179.00	<input type="checkbox"/> \$323.00	<input type="checkbox"/> \$181.33	<input type="checkbox"/> \$327.20	
Option 3	\$2,000,000	<input type="checkbox"/> \$269.00	<input type="checkbox"/> \$484.50	<input type="checkbox"/> \$272.50	<input type="checkbox"/> \$490.80	

I am a Non-certified instructor

PREMIUM NON- CERTIFIED	OPTIONS	LIMITS OF LIABILITY	1 – YEAR PREMIUM	2 – YEARS PMREIUM	FLORIDA APPLICANT	
					1-YEAR PREMIUM	2-YEARS PREMIUM
					Option 1	\$ 500,000
Option 2	\$1,000,000	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$414.00	<input type="checkbox"/> \$232.99	<input type="checkbox"/> \$419.38	
Option 3	\$2,000,000	<input type="checkbox"/> \$345.00	<input type="checkbox"/> \$621.00	<input type="checkbox"/> \$349.49	<input type="checkbox"/> \$629.07	

COSTS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS
COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE
WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY SADLER & COMPANY.

ADDITIONAL CERTIFICATES: Complete this section to request additional certificates

Type of certificate you are requesting: Additional Insured Evidence of Coverage
 Relationship to you: Owner/Lessor of Premises Sponsor Co Promoter

ENTITY NAME :		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

Type of certificate you are requesting: Additional Insured Evidence of Coverage
 Relationship to you: Owner/Lessor of Premises Sponsor Co Promoter

ENTITY NAME :		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

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 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 exclusions (CG0001 12/04 edition); Dietician services; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Medical, therapy or health care services; Nuclear energy liability; Operation, ownership or management of a fitness, dance or 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; Snowmobile; Training programs for law enforcement, public safety and military personnel; Weight control programs; Those operations listed as ineligible: Acrobatic/partner yoga instructors, 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, Instructors employment as an exempt or non-exempt employee of a school, university or college.

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

APPLICABLE IN COLORADO – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE 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 any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS – Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for the personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE 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.

TOTAL COST SUMMARY

Program Premium (option selected on page 2 of 3)	\$
Annual Risk Purchasing Group Membership Fee (required)	\$ 10.00
TOTAL COST DUE NOW	\$

COSTS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS; COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY SADLER.

PLEASE READ AND SIGN - 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 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: _____

How To Apply For Coverage

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

You 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.