



# Specialty Insurance Coverage For Fitness Class and Cross Training Facilities

- Accident Insurance
- General Liability Insurance
- Professional Liability Insurance

Francis L. Dean & Associates, LLC



*The Leader in Sports, Leisure and Entertainment Insurance*

## The Accident Coverage \$100,000 Benefit

*Pays the medical bills of an injured student or staff member.*

### Medical Expense Benefit

If the Covered Person incurs eligible expenses as the direct result of a covered injury and independent of all other causes, the Company will pay the charges incurred for such expense within 365 days, beginning on the date of accident. Payment will be made for eligible expenses in excess of the applicable \$100.00 Deductible Amount, not to exceed the Maximum Medical Benefit.

The first such expense must be incurred within 90 days after the date of the accident.

"Eligible expense" means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semiprivate accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

Excess coverage: This plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Covered Person.

### Accidental Death and Dismemberment Benefit

Principal Sum is \$100,000 with a \$500,000 aggregate. If a covered injury results in any of the losses specified below within 365 days of the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life, double dismemberment or quadriplegia
- Full Principal Sum for loss of sight, loss of hearing, or loss of speech that is irrecoverable by natural, surgical or artificial means
- 50% of the Principal Sum for loss of one arm, one leg, one hand, or one foot
- 50% of the Principal Sum for paraplegia or hemiplegia
- 50% of the Principal Sum as a monthly benefit for Coma
- 25% of the Principal Sum for loss of index finger and thumb of same hand or four fingers of the same hand

We will not pay more than the Principal Sum for this benefit for all losses due to the same accident.

### Exclusions and Limitations

This plan does not cover any loss to or resulting from:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, OsgoodSchlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

# Specialty Insurance Coverage for Fitness Class and Cross Training Facilities

## General Liability Coverage

**\$1,000,000 Coverage**

*Protects you in the event of bodily injury or property damage*

### Limits

Our General Liability and Professional Liability coverages are separate limits. A claim under one coverage part will not reduce the coverage available for the two other coverage parts.

**General Liability Coverage** starting at \$1,000,000/\$1,000,000 limits

**Professional Liability Coverage** at \$1,000,000/\$1,000,000 limits

### Who Is Covered

This program provides protection for Cross-Training facility, owners, directors, staff, and employees against claims of bodily injury, property damage, personal and advertising injury liabilities, and the litigation costs to defend against such claims. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group. There is no deductible amount for this coverage.

Coverage includes suits arising out of:

- Injury or death of participants
- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Host liquor liability (non-profit)
- Activities necessary or incidental to conduct of activities
- Ownership, use, or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims
- Professional liability (involves specialized education, knowledge, labor, judgement and skill that is predominately mental or intellectual)

### Exclusions

**Exclusions include but are not limited to the following:**

Access or Disclosure of Confidential or Personal Information and data-Related Liability – With Limited Bodily Injury Exception, Coverage C – Medical Payments, Employment Related Practices Exclusion, Fungi or Bacteria, Exclusion of Other Acts of Terrorism Committed Outside the United States; CAP on Losses from Certified Acts of Terrorism, Exclusion of Punitive Damages Related to Terrorism, Liability Arising Out of Lead, Silica or Related Dust Exclusion, Nuclear, Biological, or Chemical Exclusion, Failure to Provide Waiver and Release Sublimit, Exclusion – Organic Pathogens.

*Note: This brochure has been designed to illustrate the highlights of this program but is not a contract. Some exclusions and coverages may be modified to meet individual state requirements. For specific details, please request a sample policy.*

## The Optional Coverages

### Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on league or team business.

### Increased General Liability Aggregates

This option increases the aggregate limit of liability insurance from \$1,000,000 to larger amounts.

### Abuse or Molestation

Abuse or Molestation coverage is provided for claims arising out of physical abuse, such as sexual or other bodily harm and non-physical abuse, such as verbal, emotional or mental abuse.

### \$10,000 Medical Payment

Medical Payments coverage is a Commercial General Liability coverage which is designed to pay reasonable medical expenses, regardless of fault, for bodily injury caused by an accident.

### Equipment Coverage

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit. This option requires a separate application and further underwriting.

### Excess General Liability Coverage

This coverage provides additional general liability limits increasing the per occurrence and aggregate limits. This option requires further underwriting.

Proposed Policyholder Information *Please print or type*

Full Legal Name of Proposed Policyholder

Type of Operation

Corporation

Individual/Sole Proprietor

Partnership/Joint Venture

Limited Liability Company (LLC)

Other:

Full Mailing Address

City

State

Zip

Contact Name

Phone Number

Email Address

Requested Effective Date

*Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date. 12 months of coverage is provided.*

Does your facility offer use of weights over 50 lb?

YES

NO

## General Liability Questionnaire

Has your past liability coverage been canceled in any way in the last three years? YES NO

Does your organization currently utilize a waiver system? YES NO

Does your organization currently have a risk management plan? YES NO

Is your current insurer non-renewing coverage? YES NO

Have any liability claims been paid by your insurer during the last 3 years? YES NO

If yes, describe claims:

Does your organization have a formal safety training program for employees? YES NO

Does your organization have surveillance cameras? YES NO

Does your organization have central station fire and burglar alarm? YES NO

Does your organization include an air supported structure and/or dome? YES NO

Are incident reports completed and maintained for all injuries, regardless of severity? YES NO

Does your organization have playground equipment? YES NO

Please enter your Annual Gross Receipt (USD):

What kind of sport do you train? (select all that apply)

Aerobics	CrossCore	Strength Training
Barre	Indoor Cycling	T'ai Chi
Boot Camp	High Intensity Interval Training	Total Resistance Exercises
Bungee Fitness	Jump Rope	Yoga
Cardio Boxing	Pilates	Weights
Cardio Kickboxing	Spinning	Zumba
Circuit Training	Stretching	Other:

Does your organization provide onsite child care services during fitness classes? YES NO

Does your organization operate tanning bed(s)? YES NO

Does your organization provide spa or massage services? YES NO

Is there a sauna on the premises? YES NO

Does your organization provide sports medicine? YES NO

Does your organization provide physical or occupational therapy? YES NO

Does your organization provide professional athlete training? YES NO

Does your organization operate licensed daycare facilities (not child care services for participants during classes)? YES NO

Does your organization operate any 24 hour facilities with unsupervised or keyed access? YES NO



**Automated Premium Rate Calculator** *Minimum Premium is Fully Earned Upon Policy Inception.**Rates Include \$100,000 Accident Policy and \$1,000,000 Limit Per Occurrence Liability Policy.***General Liability Aggregate**

\$ 1,000,000

\$ 2,000,000

\$ 3,000,000

\$ 4,000,000

\$ 5,000,000

*Please provide total number of participants in the busiest month of the year.***Number of Participants****Rate per Participant****Total Rate****Minimum Premium****Premium Rate**

x

=

**Optional Coverages** *Premiums are fully earned.***Hired and non-owned automobile liability coverage** *12 or 15 plus passenger vans are ineligible for this program.*

\$250,000 for an additional \$250.00

\$500,000 for an additional \$500.00

No, thank you.

=

**Medical Payment**

\$10,000 for an additional

of Your Premium Rate

No, thank you.

x

=

**Abuse or Molestation Liability Coverage**

\$100,000 / \$300,000 for an additional \$500.00

No, thank you.

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**The following optional coverages are also available but subject to additional underwriting:**

\$1,000,000 Abuse or Molestation Liability Coverage, \$1,000,000 Hired and Non-Owned Automobile Liability Coverage, Equipment Coverage up to \$750,000, higher per occurrence limits of up to \$4,000,000.

*Please contact your agent. [Download Abuse Questionnaire](#)***Your Premium Rate Subtotal =****Additional Insureds****Name, Address and Relationship of all additional insureds to be added to the policy:****Full Legal Name, Email Address****Full Mailing Address (including city, state, zip)****Relationship (see legend)****Endorsements**

PRIMARY

WAIVER

PRIMARY

WAIVER

PRIMARY

WAIVER

*L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, IC - Independent Contractor (Cost: \$75)***Your Premium Rate Subtotal =**

Additional Insureds requiring Primary Non-Contributory Endorsements

x \$100.00 =

Additional Insureds requiring Waiver of Subrogation Endorsements

x \$100.00 =

Independent Contractors

x \$75.00 =

**Total Premium =**

**Excluded Activities**

The ownership, operation, maintenance arising out of the use of inflatable recreational devices or inflatable amusement devices of any kind. Any use, event or display arising out of fireworks, or any other use of pyrotechnics including any firework sales. Any use, handling, training, or storage of any firearms, ammunition, or explosives. Any operations involving bungee devices (except for indoor bungee fitness), carnival rides, corn cannons, organized equine racing contests, organized equine vaulting or jumping contests, leasing of horses, jumping pillows, knocker ball, bubble soccer, Zorb ball, mechanical bucking devices including multi-ride attachments, aerial activities above 12 feet, rock climbing activities, activities involving permanent or mobile rock wall climbing structures, zip lines, pumpkin launching devices, rope challenge courses, water skiing, surfing, white water rafting or kayaking, tackle football, ATV/UTV, tracked or trackless train rides, trampolines, bike related trick or stunt activities or contests, Zippy Pets, haunted houses, haunted trails or haunted boats or barges, demolition derbies of any kind, independent security services other than a contracted public law enforcement officer.

Trail design, including trail construction and maintenance, Participants of Mixed Martial Arts (MMA) competitions or tournaments, Participants of boxing competitions or tournaments, Participants of bare-knuckle boxing, Any use of sharpened or live edged weapons, Security Officers Registration Act (SORA) training programs, WWE style fight training, professional fight training, professional fighting participants, Operations of independent concessionaires or vendors in conjunction with your organization or event, Operations of independent performers and artists in conjunction with your organization or event, Use of gymnastics apparatuses, including balance beams, uneven bars, vaults, spring flooring, and rings, Aerial activities and performances other than studio sponsored recitals with maximum heights of 12 feet.

**Payment**

Enclosed is:      my payment for the total premium      20% of my total premium

FLD Broker Fee =

**Total Amount Due**

Including FLD Broker Fee

Payment method:      ACH      Credit Card

**Acknowledgments and Signatures**

- a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- b. **Waiver Requirement** Each school or studio must implement a Release and Waiver of Liability and Indemnity Agreement for all students and staff members. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a student or staff member. However, your failure to maintain an adequate system to regularly secure Waiver and Release forms shall void your coverage in the event of an occurrence to a student or staff member. A sample waiver and release form is available upon request.
- c. **Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other 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 there to, commits a fraudulent insurance act, which may be a crime.
- d. **Applicant's Acknowledgment** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that
  - (e) this application will form part of any policy issued,
  - (f) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application,
  - (g) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and
  - (h) only those persons eligible under the terms of an issued policy will be insured.

Agency Name

Agency License Number

Agent Phone Number

Agent Email Address

Agency Mailing Address

.....  
Signed for the Proposed Policyholder

.....  
Signed by Licensed Agent

.....  
Date

.....  
Licensed Agent Name

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