

Specialty Insurance Coverage for

# Personal Fitness Instructors



- General Liability Insurance
- Professional Liability Insurance
- Abuse or Molestation Insurance

Francis L. Dean & Associates, LLC



*The Leader in Sports, Leisure and Entertainment Insurance*

Individual Personal Fitness Instructors (Personal Trainers) are a valued member of the exercise community. Providing knowledge and motivation to clients as well as setting goals and monitoring their progress, they often are required to provide liability insurance by either the venue they are utilizing or the clients themselves.

The liability insurance program for Individual Personal Fitness Instructors provides protection against claims of bodily injury, property damage liability, personal and advertising injury liability and the litigation costs to defend against such claims.

## The Liability Coverage

*Protects you in the event of a lawsuit or property damage*

### Who Is Covered

Intended for individual or small group instruction, this program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability and the litigation costs to defend against such claims. Coverage is provided up to \$1,000,000 per occurrence. There is no deductible amount. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group.

Coverage includes suits arising out of:

- Injury or death of spectators
- Injury or death of participants
- Injury or death of volunteers
- Property damage liability
- Incidental medical malpractice
- All activities necessary to conduct training
- Use of maintenance of gyms, fields, or training areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless
- Corporal punishment
- 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.

Please note the following ineligible activities:

- Certified High School / College Athletic Trainers
- Coaching of Competitive Athletics
- Instructors under the age of 18
- Instructors based outside of the U.S.
- Physical Education Teachers working within the school systems.

*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 trainer 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*

Accreditation Organization

*Please make sure to provide a copy of your certificate with application. Please note that we can only accept licenses from the listed accredited fitness instructor certifications or one with a minimum of 200 hours of training. Any other certifications will need to use the non-certified rate.*

Description of instructor's personal training activities

Please list all locations of your training with complete addresses

## 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
Do you 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:		

### Type of instructor (select all that apply)

Please note that Aerial Instruction is not covered under this program. Please contact our office to receive a quotation.

Studio coverage is available if you own a fitness facility, yoga studio or dance studio. Please contact our office for the appropriate brochure.

Aerobics/Step Aerobics	Personal Training	Tai Chi
Aquatic Exercise	Pilates	Treadmill
Cardio Kickboxing	Pole Dance	TRX
Children's Fitness Programs	Pure Barre ®	Yoga
Dancercise/Jazzercise/Zumba ®	Spinning	Other (200 hours minimum):
Exercise	Strength	
Fitness Bootcamp	Stroller Strides ®	

Will the instructor be at least 18 years old when the policy becomes effective?	YES	NO
Do the students participate in any aerial activities?	YES	NO
Does the location(s) of training carry liability insurance?	YES	NO
Estimated number of clients annually		

## Automated Premium Rate Calculator *Minimum Premium is Fully Earned Upon Policy Inception*

### General Liability Aggregate

### Premium Rate

\$ 1,000,000

\$ 2,000,000

\$ 3,000,000

\$ 4,000,000

\$ 5,000,000

## 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 5% of Your Premium Rate

No, thank you.

x 0.05 =

### Abuse or Molestation Liability Coverage

\$100,000 / \$300,000 for an additional \$1000.00

No, thank you.

=

**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, F - Franchisor/Franchise Owner, G - Governmental Agency*

**Your Premium Rate Subtotal =**

Additional Insureds requiring Primary Non-Contributory Endorsements x \$100.00 =

Additional Insureds requiring Waiver of Subrogation Endorsements x \$100.00 =

**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 the payment for the 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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