WORLD EVENTS INSURANCE
SPORTS | LEISURE | ENTERTAINMENT

# FITNESS STUDIO PROGRAM
## Insurance Program

## PROGRAM DESCRIPTION

This program has been specifically designed for U.S. based dance instructor directly supervising an individual or a group engaged in dance activities.

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 (209) 888-4904.**

## ELIGBLE OPERATIONS

This program is available for
- 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

## COVERAGES & LIMITS

| | |
|---|---|
| • General Aggregate | $5,000,000 |
| • Products completed | GL Limit |
| • Personal and Advertising Injury | GL Limit |
| • Legal Liability to Participants | GL Limit |
| • Professional Liability | GL Limit |
| • Damages to Premises Rented to You (Fire Legal Liability) | $300,000 |
| • Medical (non participants) | $5,000 |
| • Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement | $100,000 |

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 World Events Insurance.

## ELIGBLE OPERATIONS

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

- Acrobatic/partner yoga
- Acro dance/tumbling
- Aerial/anti-gravity/ Suspended yoga (certified Instructors only)
- Aerobics
- Aquatic exercise
- Cardio kickboxing
- Children's fitness programs
- Dance
- Exercise
- Fitness bootcamp
- GYROTONIC
- Hoop fitness
- Personal training
- Pilates
- Gigong
- Spinning
- Strength
- Tai Chi
- Tumbling (floor only)
- Yoga
- ZUMBA

Coverage provided under this program includes:

**Commercial General Liability** – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury.

**Legal Liability to Participants –** coverage which offers protection against bodily injury liability claims brought by persons participating in dance 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 dance activities) that occur under the operations of the insured.

**FOUR EASY WAYS TO ENROLL FOR COVERAGE**


WEB **www.worldeventsinsurance.com**
World Events Insurance

MAIL 501 W. Weber Ave. Ste 100E
Stockton, CA 95203

FAX 1-209-888-5094

E-MAIL support@worldeventsinsurance.com

WORLD EVENTS INSURANCE
SPORTS | LEISURE | ENTERTAINMENT

# Enrollment Form - Fitness Studio

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

***TO AVOID PROCESSING DELAYS, PLEASE: COMPLETE ALL SECTIONS, SIGN AND DATE, REMIT PAYMENT.***

**CLIENT INFORMATION:**

| | | |
|---|---|---|
| NAMED INSURED (as it should appear on the policy) | | |
| Doing business as (DBA) | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

**CONTACT INFORMATION:**

| | |
|---|---|
| FIRST NAME | LAST NAME |
| PHONE | ALTERNATIVE PHONE |
| FAX | EMAIL ADDRESS |

**OPERATING LOCATION (S) if different from mailing address:**

| | | | |
|---|---|---|---|
| LOCATION #1: SQUARE FOOTAGE: _____ | | | |
| ADDRESS | CITY | STATE | ZIP |
| LOCATION #2 SQUARE FOOTAGE: _____ | | | |
| ADDRESS | CITY | STATE | ZIP |

**DATES**

Coverage will begin the day after the completed enrolment form and premium are received and approved by World Events, 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: ___/___/___

**UNDERWRITING QUESTIONS**

1. Are Patrons under the direct supervision of an instructor or trainer at all times During the activities and/or operations exclusively circuit training? Yes No
2. Is a representative from your business on-site during your business hours? Yes No
3. Do you have any locations outside of the U.S.? Yes No
4. Have you or your organization had any claims filed against you within the last four years? Yes No

Is your studio/facility a dance, gymnastics, cheer or martial arts school/studio? Yes No

Does your studio/facility have an of the following features or services? Yes No

- Childcare Services
- Climbing Walls
- Medica, therapy or health care services
- Physical therapy, physicals or stress testing
- Salon services or tanning
- Sports medicine or rehabilitation
- Sports skills instrutional programs
- Polls, saunas, steam room, etc.

These exposures listed above are not eligible under this program.

5. You and your employees are covered automatically for liability. Please list all individuals who are independent contractors (non-employees) working at your studio/facility. If additional space is needed, please attach a separate sheet?

| **Name(s) of independent Contractor at your studio/facility** | **Does this individual carry their own Professional Liability Insurance?** |
|---|---|
| | ☐ Yes, their limit of coverage is $ _____<br>☐ No, purchasing the optional coverage available with this program |
| | ☐ Yes, their limit of coverage is $ _____<br>☐ No, purchasing the optional coverage available with this program |
| | ☐ Yes, their limit of coverage is $ _____<br>☐ No, purchasing the optional coverage available with this program |
| | ☐ Yes, their limit of coverage is $ _____<br>☐ No, purchasing the optional coverage available with this program |

**BUSINESS INFORMATION:**

TYPE OF INSTRUCTOR (Check all that apply):

| | | | | |
|---|---|---|---|---|
| ☐ Yoga | ☐ Children's fitness | ☐ Gyrotonic | ☐ Qigong | ☐ Zumba |
| ☐ Aerobics | ☐ Floor tumbling | ☐ Hoop fitness | ☐ Spinning | ☐ Acro dance |
| ☐ Aquatic exercise | ☐ Personal training | ☐ Pilates | ☐ Strength | ☐ Acro tumbling |
| ☐ Cardio Kickboxing | ☐ Fitness bootcamp | ☐ Exercise | ☐ Tai Chi | |

ARE YOU AGE 18 OR OLDER? Y N

NOTE: No coverage is provided for physical education teachers while working in a school, university or college, for the coaching or organized competitive athletic teams; for activities of a certified athletic trainer, instruction of sports skill activities or instructors under the age of 18.

DO YOU OWN OR OPERATE YOUR OWN FITNESS STUDIO? Y N

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, nor does it apply to the operation of a studio/facility.

I AM A CERTIFIED INSTRUCTOR Y N

Note: If yes, certificate information must be provided.

CERTIFICATION ORGANIZATION:

**PREMIUMS:**

| | ON-SITE COVERAGE | | | ON-SITE AND OFF-SITE COVERAGE | | |
|---|---|---|---|---|---|---|
| Limit of Liability | 1 – 1,000 Square feet | 1,001 – 2000 Square feet | 2,001 – 3,000 Square feet | 1 – 1,000 Square feet | 1,001 – 2000 Square feet | 2,001 – 3,000 Square feet |
| $1,000,000 | $470.00 | $925.00 | $1,380.00 | $520.00 | $1,040.00 | $1,560.00 |
| $2,000,000 | $697.50 | $179.00 | $323.00 | $780.00 | $1,560.00 | $2,340.00 |
| $3,000,000 | $947.50 | $269.00 | $484.50 | $1,030.00 | $1,820.00 | $2,730.00 |

**PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS**

SELECT LIABILITY OPTION: ☐ $1,000,000 ☐$2,000,000 ☐$3,000,000

SELECT COVERAGE OPTION: ☐ ON-SITE ONLY ☐ ON-SITE & OFF-SITE

**Premium Subtotal** - $_____

Application Fee - $25.00

**Total Premium** - $_____

**CERTIFICATE REQUESTS**

COMPLETE THIS SECTION TO REQUEST ADDITIONAL CERTIFICATES. PROVIDE SEPARATE REQUESTS FOR EACH ADDITIONAL CERTIFICATE NEEDED.

INDICATE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING: ☐ ADDITIONAL INSURED ☐ EVIDENCE OF COVERAGE

CERTIFICATE HOLDER/ENTITY NAME:

MAILING ADDRESS:

CITY: STATE: ZIP:

RELATIONAHIP TO YOU: ☐ OWNER/LESSOR OF PREMISES ☐ SPONSOR ☐ CO-PROMOTER

DATE CERTIFICATE NEEDED BY: ☐ PRIMARY ENDORSEMENT ☐ WAIVER OF SUBROGATION

/ /

SPECIAL CERTIFICATE LANGUATE NEEDED (please explain or attach information):

**COVERAGE EXCLUSIONS**

The following are only some of the exclusions contained in the commercial general liability coverage you are purchasing: Abuse, molestation, harassment or seal conduct; Aircraft/hot iar 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); Any adult-themed parties/meetings/trips, included but not limited to parties/meetings/trips during which demonstration of products and/or services used in the adult entertainment industry takes place; asbestos cycling(other than stationary); Commercial general liability standards exclusions; cryogenic chambers/therapy; Employment-related practices; Fireworks; Fitness/exercise operations related in whole or part, to perform as an exotic dancer or any similar occupation in the adult entertainment industry.

**PAYMENT (Please choose one of the following options)**

| | | |
|---|---|---|
| ☐ ENCLOSED IS MY CHECK FOR THE TOTAL PREMIUM | | |
| ☐ PLEASE CHARGE MY: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX | | |
| NAME ON CARD: | | |
| BILLING ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| CARD #: | EXP DATE (mm/yyyy): | |
| SECURITY CODE: | | |

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. World Events Insurance receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; selling of policy. The insurance company compensates World Events Insurance based on a predetermined calculation of ten percent of the total premium.

I understand that, subject to applicable laws, World Events Insurance 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: _____

**COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS**

**COVERAGE IS CONTINGENT UPON RECEOPT OF PAYMENT,**
**NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED**
**BY THE COMPANY OR THEIR REPRESENTATIVE**

WORLD EVENTS INSURANCE
SPORTS | LEISURE | ENTERTAINMENT

501 W. Weber Ave., Ste. 100E
Stockton, CA 95203
Tel: (209) 888-4904 Fax: (209) 888-5094