



INSTRUCTOR PROGRAM

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 11/1/11 through 10/31/12

Purchase coverage online and receive certificates immediately. Visit www.zumba.com

PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of a U.S.-based ZUMBA® certified instructor directly supervising an individual or group engaged in fitness and exercise 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 1-800-426-2889.

INELIGIBLE OPERATIONS

This program is not available for:

- Acrobatic/partner yoga instructors
- Certified athletic trainers
- Coaching of competitive athletic teams
- Instructors under the age of 18
- Instructors operating outside of the U.S.
- Instruction of sports skill activities
- Your employment as an exempt or non-exempt employee of a school, college or university

EXCLUSIONS

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

- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Dietician services
- Employment-related practices
- Medical, therapy or healthcare services
- Operation, ownership or management of a fitness, dance or sports facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal medicinal and/or nutritional products
- Training programs for law enforcement, public safety and military personnel
- Those operations listed as ineligible
- Weight control programs

ELIGIBLE OPERATIONS

A ZUMBA® instructor age 18 or older conducting private or group ZUMBA® instruction. In addition, covered operations can also extend to:

- Aerobics
- Aquatic exercise
- Cardio kickboxing
- Children's fitness programs
- Dance
- Exercise
- GYROTONIC®
- Fitness bootcamp
- Personal training
- Pilates
- Spinning
- Strength
- Tai Chi
- Yoga

EASY WAYS TO ENROLL FOR COVERAGE

Submit this enrollment form, with payment, to



Receive coverage immediately by purchasing online at www.zumba.com



info@fitnessinsurance-kk.com



1-260-459-5105



MAIL

Regular: K&K Insurance Fitness RPG Programs P.O. Box 2338 Fort Wayne, IN 46801-2338	Overnight: K&K Insurance Fitness RPG Programs 1712 Magnavox Way Fort Wayne, IN 46804
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QUESTIONS Call **1-800-426-2889**

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 K&K Insurance Group, Inc.

COVERAGES AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability (CGL)	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (Other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premise Rented to You (Fire Legal Liability)	\$ 500,000	\$ 500,000	\$ 500,000	\$ 500,000	\$ 500,000
Medical Expense (other than participants)	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000
Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
Premiums (per instructor)					
ZIN™ Member - 1 year	\$ 170.00	\$ 255.00	\$ 505.00	\$ 755.00	\$ 1,005.00
ZIN™ Member - 2 years	\$ 255.00	\$ 485.00	Not Available	Not Available	Not Available

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 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.

FREQUENTLY ASKED QUESTIONS

1. Can I apply for coverage over the phone?

For your protection, we are unable to take your personal information over the phone. For your convenience, you may purchase coverage through the ZUMBA® website under the Discounts and Resources tab and receive coverage documents immediately. Or you can complete the enrollment form and submit it to K&K via e-mail, fax or mail. Coverage documents will be issued accordingly.

2. What is a general aggregate?

This is the maximum amount to be paid out in any policy period for all losses.

3. I have been asked by the facility that I instruct at to add them as an “additional insured” to my policy. What does this 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. Please remember to provide their complete name, address and relationship to you. All requests must be in writing.

4. Will I receive a policy after I submit the enrollment form?

No. You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each member—there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: K&K Insurance Group, Inc. 1712 Magnavox Way, Fort Wayne, IN 46804



Enrollment Form - Instructor Insurance

Valid for effective dates from 11/1/11 through 10/31/12

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

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 3 - 6) with payment

GENERAL INFORMATION

I am a new account I am renewing my coverage

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

Doing business as (DBA): _____
(additional name(s) under which the named insured operates)

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by K&K, 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: ____ / ____ / ____

BUSINESS INFORMATION

Please indicate any other activities that apply to your operations beyond ZUMBA®:

<input type="radio"/> Aerobics	<input type="radio"/> Dance	<input type="radio"/> Personal training	<input type="radio"/> Strength
<input type="radio"/> Aquatic exercise	<input type="radio"/> Exercise	<input type="radio"/> Pilates	<input type="radio"/> Tai chi
<input type="radio"/> Cardio kickboxing	<input type="radio"/> Fitness bootcamp	<input type="radio"/> Spinning	<input type="radio"/> Yoga
<input type="radio"/> Children's fitness programs	<input type="radio"/> GYROTONIC®		

Are you age 18 or older? Yes No

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

Do you provide instruction of sports skills? Yes No

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-426-2889 • Fax 1-260-459-5105
 www.kandkinsurance.com • CA #0334819

I am a ZUMBA® Instructor Network (ZIN™) Member

PREMIUM CERTIFIED		\$ 1,000,000 CGL Limit	\$ 2,000,000 CGL Limit	\$ 3,000,000 CGL Limit	\$ 4,000,000 CGL Limit	\$ 5,000,000 CGL Limit
	ZIN™ Member - 1 year	<input type="radio"/> \$ 170.00	<input type="radio"/> \$ 255.00	<input type="radio"/> \$ 505.00	<input type="radio"/> \$ 755.00	<input type="radio"/> \$ 1,005.00
ZIN™ Member - 2 years	<input type="radio"/> \$ 255.00	<input type="radio"/> \$ 485.00	Not Available	Not Available	Not Available	
Florida Applicant - ZIN™ Member - 1 year	<input type="radio"/> \$ 172.21	<input type="radio"/> \$ 258.32	<input type="radio"/> \$ 511.57	<input type="radio"/> \$ 764.82	<input type="radio"/> \$ 1,018.07	
Florida Applicant - ZIN™ Member - 2 years	<input type="radio"/> \$ 258.32	<input type="radio"/> \$ 491.31	Not Available	Not Available	Not Available	

PREMIUMS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS

DOCUMENT DELIVERY

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. Please select only one option.

E-mail to: _____ attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)

Fax to: _____ attn: _____

Mail to: _____ attn: _____

CERTIFICATE REQUESTS

Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Indicate the type of certificate that you are requesting: Additional insured OR Evidence of coverage

Certificate holder/entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of premises Sponsor Co-promoter

Special certificate language needed (please explain or attach information): _____

Date certificate needed by: ____/____/____

PAYMENT INFORMATION

Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:
 VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

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 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.

READ AND SIGN

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program: 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); Any adult-themed parties/meetings/trips, including but not limited to parties/meetings/trips during which demonstration of products and/or services used in the adult entertainment industry takes place; Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Dietician services; Employment-related practices; Fireworks; Fitness/exercise operations related, in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; 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 instructor, 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, Your employment as an exempt or non-exempt employee of a school, college or university

WARRANTY AND 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.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to: underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. 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: _____

FOR K&K USE ONLY

UW Rec:____/____/____ Status: N R Broker: Y N Comm:_____% OPS Rec:____/____/____
 GL Exp Policy #:_____/CP #:____ Exp Dates:____/____/____ to ____/____/____
 IM Exp Policy#:____ Exp Dates:____/____/____ to ____/____/____
 SAM IM D&O GL Option:____ Delivery: M F E Date: ____/____/____ Pay Plan:____ Bill: AB AD CBG
 Opt Form: 2026 2011 8016 8018 876 2404 Comments:_____
 GL Policy #:_____/CP #:____ GL Prem:____ Eff Date:____/____/____ to ____/____/____
 IM Policy #:____ IM Prem:____ SAM Policy #:____ SAM Prem:____
 D&O Policy #:____ D&O Prem:____ Insured #:_____