



**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.

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.

**COVERAGES AND LIMITS**

**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 direction of the insured.

**Professional Liability** - provides protection against claims for wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of fitness/exercise activities) that occur as a result of the insured.

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

	<b><u>Option 1</u></b>	<b><u>Option 2</u></b>	<b><u>Option 3</u></b>
General Aggregate (other than Products-completed Operations)	\$1,000,000	\$3,000,000	\$4,000,000
Each Occurrence	\$ 500,000	\$1,000,000	\$2,000,000
Products-completed Operations Aggregate	\$ 500,000	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$ 500,000	\$1,000,000	\$2,000,000
Professional Liability	\$ 500,000	\$1,000,000	\$2,000,000
Legal Liability to Participants	\$ 500,000	\$1,000,000	\$2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000
Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$ 100,000	\$ 100,000	\$ 100,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000

Higher limits are also available. Please contact Summit America for further information.

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

## **INELIGIBLE OPERATIONS**

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

- Acrobatic/Partner Yoga
- Certified athletic trainers
- Coaching of competitive athletic teams
- Instructors under the age of 18
- Instructors operating outside of the U.S.
- Instructors of sports skill activities\*
- Instructor's employment as an exempt or non-exempt employee of a school, university or college

## **EXCLUSIONS**

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

- Abuse, molestation, harassment or sexual conduct
- Amusement devices (eg.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Dietician services
- Employment-related practices
- Medical, therapy or health care 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

\*Information and applications for sports instructor insurance are available at [www.summitamerica-ins.com/programs](http://www.summitamerica-ins.com/programs) or by calling our office at (800)955-1991.

This brochure is for illustrative purposes only and it 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 term to the next. You may request a copy of the full policy by submitting a written request to Summit America Insurance.



# Fitness Instructor Insurance Enrollment Form

Rates and Limits Effective 12/1/2011-11/30/2012

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. 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 acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Summit America reserves the right to decline any request for coverage.

## SECTION 1: GENERAL INFORMATION

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

Start my coverage on this date: \_\_\_\_\_

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: \_\_\_\_\_

Website: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## SECTION 2: 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"/> Tai Chi |
| <input type="checkbox"/> Aquatic exercise            | <input type="checkbox"/> Exercise         | <input type="checkbox"/> Pilates           | <input type="checkbox"/> Yoga    |
| <input type="checkbox"/> Cardio Kickboxing           | <input type="checkbox"/> Fitness bootcamp | <input type="checkbox"/> Spinning          | <input type="checkbox"/> ZUMBA®  |
| <input type="checkbox"/> Children's fitness programs | <input type="checkbox"/> GYROTONIC®       | <input type="checkbox"/> Strength          |                                  |

Are you age 18 or older?  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 conduct operations outside of the United States?  Yes  No

Do you provide instruction of sports skills?  Yes  No

**(sports skills instructors should apply for coverage through Summit America's Sports Instructors Insurance Program)**

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 dance, fitness or sports facility.

**SECTION 3: PROGRAM PREMIUM CALCULATION**

**I am a Certified Instructor** (Certificate information must be provided.)

Certification organization: \_\_\_\_\_  
(please check all that apply on page 5)

Certificate number: \_\_\_\_\_

Expiration date(s): \_\_\_\_\_

	Limits of Liability	1-Year Premium	2-Year Premium	Florida Applicant	
				1-Year Premium	2-Year Premium
Option 1	\$ 500,000	<input type="checkbox"/> \$154.00	<input type="checkbox"/> \$268.00	<input type="checkbox"/> \$155.87	<input type="checkbox"/> \$271.35
Option 2	\$1,000,000	<input type="checkbox"/> \$189.00	<input type="checkbox"/> \$333.00	<input type="checkbox"/> \$191.33	<input type="checkbox"/> \$337.20
Option 3	\$2,000 000	<input type="checkbox"/> \$279.00	<input type="checkbox"/> \$494.50	<input type="checkbox"/> \$282.50	<input type="checkbox"/> \$500.80

**I am a Non-certified instructor**

	Limits of Liability	1-Year Premium	2-Year Premium	Florida Applicant	
				1-Year Premium	2-Year Premium
Option 1	\$ 500,000	<input type="checkbox"/> \$194.00	<input type="checkbox"/> \$341.00	<input type="checkbox"/> \$196.39	<input type="checkbox"/> \$345.30
Option 2	\$1,000,000	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$424.00	<input type="checkbox"/> \$242.99	<input type="checkbox"/> \$429.38
Option 3	\$2,000 000	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$631.00	<input type="checkbox"/> \$359.49	<input type="checkbox"/> \$639.07

**PRICES SHOWN INCLUDE A \$10 RISK PURCHASING GROUP MEMBERSHIP FEE. 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 THE COMPANY OR THEIR REPRESENTATIVE.**

**SECTION 4: DOCUMENT DELIVERY/CERTIFICATE REQUEST**

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered by e-mail, unless otherwise requested. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be delivered to the same person. *Complete this section to request an additional certificate. Provide separate requests for each additional certificate needed.*

Certificate Holder (Entity Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you:  Owner/Lessor of premises  Sponsor  Co-promoter  Other \_\_\_\_\_

**SECTION 5: AGENT INFORMATION (If applicable)**

This section should only be completed by a licensed agent or broker completing this form on behalf of the client. A commission of 10% is offered on this program. Agent must submit net premium to our office.

Agency name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agent/Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

**SECTION 6: CERTIFICATION LISTING** – please check those certifications that you currently hold:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 7 Centers Yoga Arts               | <input type="checkbox"/> Health Wellness & Fitness Professional      | <input type="checkbox"/> Pilates Institute of Southern California           |
| <input type="checkbox"/> AAAI                              | <input type="checkbox"/> Healthy Me Cardio Kickboxing                | <input type="checkbox"/> Pilates Method Alliance (PMA)                      |
| <input type="checkbox"/> AABS                              | <input type="checkbox"/> HF1   | <input type="checkbox"/> Pilates Santa Fe                                   |
| <input type="checkbox"/> AAHRFFP                           | <input type="checkbox"/> IDEA  | <input type="checkbox"/> Pilates Teacher Training Program                   |
| <input type="checkbox"/> AAPTE                             | <input type="checkbox"/> IFA   | <input type="checkbox"/> Pilates Training Institute                         |
| <input type="checkbox"/> ABSolution                        | <input type="checkbox"/> IFPA  | <input type="checkbox"/> PIYo   |
| <input type="checkbox"/> ACE                               | <input type="checkbox"/> IFTA  | <input type="checkbox"/> PLC/Pilates Leadership Concepts                    |
| <input type="checkbox"/> ACIM/CPTF                         | <input type="checkbox"/> IM=X Pilates                                | <input type="checkbox"/> Polestar   |
| <input type="checkbox"/> Accredited Fitness Related Degree | <input type="checkbox"/> Integral Yoga                               | <input type="checkbox"/> Power Pilates                                      |
| <input type="checkbox"/> ACSM                              | <input type="checkbox"/> International Pilates                       | <input type="checkbox"/> Powerhouse Pilates                                 |
| <input type="checkbox"/> AEA (if qualified)                | <input type="checkbox"/> INTRAFITT                                   | <input type="checkbox"/> Regeneration Institute of Pilates                  |
| <input type="checkbox"/> AFAA                              | <input type="checkbox"/> ISCA  | <input type="checkbox"/> Retrofit Pilates                                   |
| <input type="checkbox"/> AFPA                              | <input type="checkbox"/> ISFTA                                       | <input type="checkbox"/> Romana's Pilates                                   |
| <input type="checkbox"/> AFTA                              | <input type="checkbox"/> ISMA  | <input type="checkbox"/> Royal Academy of Dance                             |
| <input type="checkbox"/> Amazing Athletes                  | <input type="checkbox"/> ISSA  | <input type="checkbox"/> Russian Kettlebell Challenge                       |
| <input type="checkbox"/> American Ballet Theatre (ABT)     | <input type="checkbox"/> It's Yoga                                   | <input type="checkbox"/> S.S. & Company                                     |
| <input type="checkbox"/> AMFPT                             | <input type="checkbox"/> IYANGNY/Iyengar Yoga                        | <input type="checkbox"/> Sal Anthony's Movement Salon                       |
| <input type="checkbox"/> An Coimisiun le Rinci Gaelacha    | <input type="checkbox"/> Johnny G Spinning                           | <input type="checkbox"/> Scirion Institute of Exercise Physiology           |
| <input type="checkbox"/> Army Physical Fitness Course      | <input type="checkbox"/> Karuna Yoga                                 | <input type="checkbox"/> SCW (Les Mills)                                    |
| <input type="checkbox"/> Arthur Murray                     | <input type="checkbox"/> Kore Pilates                                | <input type="checkbox"/> Senior Fitness Assoc. (SFA)                        |
| <input type="checkbox"/> ASFA                              | <input type="checkbox"/> Kripalu Center for Yoga & Health            | <input type="checkbox"/> Sheppard Method                                    |
| <input type="checkbox"/> ATA                               | <input type="checkbox"/> LesMills Body Flow                          | <input type="checkbox"/> SMART  |
| <input type="checkbox"/> Art of Strength-Kettleball        | <input type="checkbox"/> MadDog Spinning                             | <input type="checkbox"/> SPA  |
| <input type="checkbox"/> Balanced Body University          | <input type="checkbox"/> Mind/Body Meditation                        | <input type="checkbox"/> Spinning.com                                       |
| <input type="checkbox"/> BASI Pilates                      | <input type="checkbox"/> Momentum                                    | <input type="checkbox"/> Stott Pilates (SPX)                                |
| <input type="checkbox"/> BFIT                              | <input type="checkbox"/> NAFC  | <input type="checkbox"/> Synergy Fitness Professionals                      |
| <input type="checkbox"/> Bikram's Yoga College of India    | <input type="checkbox"/> NAFP  | <input type="checkbox"/> Tai Chi 24   |
| <input type="checkbox"/> Body Access                       | <input type="checkbox"/> NAFTA                                       | <input type="checkbox"/> Tai Chi Teacher Training                           |
| <input type="checkbox"/> Body Balance Movement Therapy     | <input type="checkbox"/> NAHF  | <input type="checkbox"/> Tai Chi Health                                     |
| <input type="checkbox"/> BTFA                              | <input type="checkbox"/> NASM  | <input type="checkbox"/> The Kundalini Research Institute                   |
| <input type="checkbox"/> Burdenko Method                   | <input type="checkbox"/> NATA  | <input type="checkbox"/> The Pilates Center                                 |
| <input type="checkbox"/> Centerspace                       | <input type="checkbox"/> National Dance Council of America           | <input type="checkbox"/> USA Boxing   |
| <input type="checkbox"/> Chi For Longevity                 | <input type="checkbox"/> National Institute of Health Science (NIHS) | <input type="checkbox"/> USA Weightlifting                                  |
| <input type="checkbox"/> Child Light Yoga                  | <input type="checkbox"/> National Institute of Preventive Medicine   | <input type="checkbox"/> USISTD (US Imperial Society of Teachers for Dance) |
| <input type="checkbox"/> Clinical Exercise Physiologist    | <input type="checkbox"/> NCCPT                                       | <input type="checkbox"/> USWFA  |
| <input type="checkbox"/> Cooper Institute                  | <input type="checkbox"/> NCEP  | <input type="checkbox"/> Vishwa Yoga Darsha – Ashram                        |
| <input type="checkbox"/> Core Dynamics Pilates             | <input type="checkbox"/> NCSF  | <input type="checkbox"/> WFA (World Fitness Assoc.)                         |
| <input type="checkbox"/> Core Power Yoga                   | <input type="checkbox"/> NCSM  | <input type="checkbox"/> WITS   |
| <input type="checkbox"/> Corfit                            | <input type="checkbox"/> NDEITA                                      | <input type="checkbox"/> YMCA   |
| <input type="checkbox"/> Crossfit                          | <input type="checkbox"/> NESTA                                       | <input type="checkbox"/> Yoga Alliance                                      |
| <input type="checkbox"/> CSCCa                             | <input type="checkbox"/> NETA  | <input type="checkbox"/> Yoga Fit   |
| <input type="checkbox"/> Designing Bodies                  | <input type="checkbox"/> NFPA  | <input type="checkbox"/> Yoga Institute                                     |
| <input type="checkbox"/> Devalila Yoga Teacher Training    | <input type="checkbox"/> NFPT  | <input type="checkbox"/> Yoga Works   |
| <input type="checkbox"/> ECA                               | <input type="checkbox"/> NFTA  | <input type="checkbox"/> ZUMBA®   |
| <input type="checkbox"/> ECITS                             | <input type="checkbox"/> NGA   | <input type="checkbox"/> Other: _____                                       |
| <input type="checkbox"/> ESA                               | <input type="checkbox"/> NHCA  |   |
| <input type="checkbox"/> Excel Pilates                     | <input type="checkbox"/> NIA   |   |
| <input type="checkbox"/> Expert Rating                     | <input type="checkbox"/> NPTI  |   |
| <input type="checkbox"/> Fit Forever                       | <input type="checkbox"/> NSCA  |   |
| <input type="checkbox"/> FitLaunch                         | <input type="checkbox"/> NSPA  |   |
| <input type="checkbox"/> Fitness Firm                      | <input type="checkbox"/> Parrillo Performance                        |   |
| <input type="checkbox"/> Fitness Institute International   | <input type="checkbox"/> Pavel TSATSouline                           |   |
| <input type="checkbox"/> Fitness Together                  | <input type="checkbox"/> Peak Pilates                                |   |
| <input type="checkbox"/> Fitour                            | <input type="checkbox"/> Performing Arts – Dance Degree              |   |
| <input type="checkbox"/> Fitour Pilates                    | <input type="checkbox"/> Personal Trainer Program                    |   |
| <input type="checkbox"/> FRA                               | <input type="checkbox"/> PFIT  |   |
| <input type="checkbox"/> Franklin-Methode                  | <input type="checkbox"/> Physical Mind Institute                     |   |
| <input type="checkbox"/> Gyrokinesis                       | <input type="checkbox"/> Pilates Academy International               |   |
| <input type="checkbox"/> GYROTONICS®                       | <input type="checkbox"/> Pilates Certificates Center Inc.            |   |
| <input type="checkbox"/> GYROTONICS® Sales Corp.           | <input type="checkbox"/> Pilates Elite                               |   |
| <input type="checkbox"/> Health & Exercise Sciences Degree |  |   |

## 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; insurance benefits may also be denied)

**Applicable in Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts of 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 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 personal or commercial insurance, or 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, commits a fraudulent insurance act, which is a crime any 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.

## EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program: 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 exclusion (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 sports, dance or fitness facility; performers; physical/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, 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).

**SECTION 7: 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 accurate. 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 that apply, as well as the activities and operations for which coverage is not provided.

**Applicant or Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If an agent: check here to acknowledge that you are signing on behalf of the named insured.**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION 8: PAYMENT METHOD**

**Check:** Please make check payable to Summit America Insurance Services - Check # \_\_\_\_\_ for \$ \_\_\_\_\_

**Credit Card:** If you are making your payment by credit/debit, please complete the following:

- Visa       MasterCard       American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I authorize Summit America Insurance Services to charge my debit/credit card in the amount of \$ \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reference # \_\_\_\_\_ Name on Card \_\_\_\_\_

(last 3 digits on back of card)

Signature: \_\_\_\_\_

**How did you hear about Summit America’s Fitness Instructor Program?**

Convention \_\_\_\_\_ Magazine Ad \_\_\_\_\_ Web Search \_\_\_\_\_ Other \_\_\_\_\_  
Specify: \_\_\_\_\_ Specify: \_\_\_\_\_

**SECTION 9: ENROLLMENT FORM SUBMISSION**

Please fax, mail or e-mail pages 3-7 of the completed enrollment form along with payment to Summit America Insurance. Please note that this enrollment form is subject to underwriting review and approval. We will contact you if any further information is needed.



7400 College Blvd., Suite 100  
Overland Park, KS 66210

Toll Free: (800)955-1991

Fax: (913)327-0201

[programs@summitamerica-ins.com](mailto:programs@summitamerica-ins.com)

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