



**NATIONAL STRENGTH & CONDITIONING ASSOCIATION
NON-CERTIFIED INSURANCE PROGRAM
ENROLLMENT FORM**



APPLICANT INFORMATION:

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Tel. #: (____) _____ Business Tel. #: (____) _____ Fax #: (____) _____

Do you have current insurance? Yes No If Yes, what is the expiration date? _____

COVERAGE / PREMIUMS (for Non-Certified Instructors):

Coverage effective dates are February 1st to February 1st and premiums will be pro-rated on a quarterly basis. Applying for coverage during the following terms:

February 1 st through April 30 th :	\$ 199.00
May 1 st through July 31 st :	\$ 134.00
August 1 st through October 31 st :	\$ 84.00
November 1 st through January 31 st :	\$ 34.00

Limits of Coverage:

Per Occurrence	\$ 1,000,000
General Aggregate Limit (Per Event)	NONE
Personal & Advertising Injury	\$ 1,000,000
Products/Completed Operations	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000
Premise Medical Payments	\$ 5,000
Legal Liability to Participants	\$ 1,000,000
Professional Liability	INCLUDED

Notes: The Costs shown above include premiums, commissions for placement of the coverage and fees for administration of the program. There will be an extra \$5.00 premium charge for credit card transactions.

PAYMENT PREFERENCE:

Check or Money Order Enclosed in amount of \$ _____ (made payable to K&K Insurance Group, Inc.)

Credit Card (provide information requested below):

Credit Card Payment Type: American Express Discover MasterCard VISA

Cardholder's Name (as shown on Card): _____

Account Number: _____ Exp. Date: _____

Security Code (from back of card): _____ Authorized Payment: \$ _____

Cardholder's Signature: _____



**NATIONAL STRENGTH & CONDITIONING ASSOCIATION
NON-CERTIFIED INSURANCE PROGRAM
ENROLLMENT FORM**



MAILING INSTRUCTIONS:

Please mail your completed Enrollment with check or money order to:

K&K Insurance, Inc.
1712 Magnavox Way
P.O. Box 2338
Fort Wayne, IN 46801-2338
ATTN: Nicki Lehrman
(678) 324-3300 Telephone
(260) 459-5120 Facsimile

Enrollments paid by Credit Card may be scanned and sent via email to nicki.lehrman@kandkinsurance.com or sent via facsimile to K&K Insurance at the fax number shown above.

To avoid a delay in processing your Enrollment, please do the following:

- Please sign and date the Enrollment on the following page.
- Please include proper payment with the Enrollment (including the additional \$5 fee for credit card payments, if applicable).

Notes: *This Enrollment will **not** be processed until payment has been made in full. Coverage will be effective the day after the Enrollment and payment have been received in full and approved by K&K Insurance. A certificate of insurance confirming enrollment will be sent to your attention.*

If you have questions, please call ESIX at Tel. (678) 324-3300.



**NATIONAL STRENGTH & CONDITIONING ASSOCIATION
NON-CERTIFIED INSURANCE PROGRAM
ENROLLMENT FORM**



CERTIFICATES OF INSURANCE:

Please list any entities requiring you to provide a Certificate of Insurance. Please be sure to indicate whether or not these Certificate Holders are to be shown as an Additional Insured on the Certificate.

Name of Certificate Holder: _____ Additional Insured Status: Yes No
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Tel. #: (____) _____ Fax #: (____) _____ Email Address: _____
 Relationship of Certificate Holder: Studio/Facility Fitness Facility Other: _____

Name of Certificate Holder: _____ Additional Insured Status: Yes No
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Tel. #: (____) _____ Fax #: (____) _____ Email Address: _____
 Relationship of Certificate Holder: Studio/Facility Fitness Facility Other: _____

Name of Certificate Holder: _____ Additional Insured Status: Yes No
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Tel. #: (____) _____ Fax #: (____) _____ Email Address: _____
 Relationship of Certificate Holder: Studio/Facility Fitness Facility Other: _____

Name of Certificate Holder: _____ Additional Insured Status: Yes No
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Tel. #: (____) _____ Fax #: (____) _____ Email Address: _____
 Relationship of Certificate Holder: Studio/Facility Fitness Facility Other: _____

ATTESTATION / AGREEMENT:

I certify the statements given on this Enrollment are true and correct, and that I have not willfully concealed or misrepresented any material fact or circumstances concerning this Enrollment.

Applicant's Signature

Date