



How to submit this application:

1. Fax to 601-707-1020
2. Scan and e-mail to [obrown@sportsfitness.com](mailto:obrown@sportsfitness.com)
3. Mail to: PO Box 1967, Madison, MS 39130
4. Questions: Olivia Brown, 800-844-0536 x2338 or [www.sportsfitness.com/FLEX](http://www.sportsfitness.com/FLEX)

## SilverSneakers FLEX Instructor Application

**Sports & Fitness Insurance is the Preferred Insurance Provider for SilverSneakers FLEX instructors.**

### Section I – General Information

Corporation  Individual  LLC  Partnership  Other: \_\_\_\_\_

Named Insured: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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

|   |   |
|---|---|
| Do you offer nutritional counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Do you have any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| Do you own or lease the building in which you train/teach? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Is the location you own or lease greater than 1,000 square feet? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Where is instruction performed? (Check all that apply)<br><input type="checkbox"/> Your Home <input type="checkbox"/> Client's Home <input type="checkbox"/> Health Club <input type="checkbox"/> Other | Do you own any vehicles in your business?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| Have you ever had a loss on a personal trainer liability policy? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide details: _____                                      |   |

### Section II – Premium Calculation \*PREMIUMS ARE FULLY EARNED

*Flex Instructor and Group Exercise:* Choose this option if you ONLY conduct SilverSneaker and other Group Exercise classes. This option does NOT cover one-on-one training.

- \$1,000,000/\$2,000,000 ..... \$105
  - \$2,000,000/\$4,000,000 ..... \$120
- \$+ \_\_\_\_\_

*Personal Training + FLEX and Group Exercise:* This option covers one-on-one training in addition to Group Exercise.

- \$500,000/\$1,000,000 ..... \$145
  - \$1,000,000/\$2,000,000 ..... \$170
  - \$1,000,000/\$3,000,000 ..... \$185
  - \$2,000,000/\$2,000,000 ..... \$200
  - \$2,000,000/\$4,000,000 ..... \$215
- \$+ \_\_\_\_\_

Number of Additional Insureds: \_\_\_\_\_ x \$25.00

Total Cost: \_\_\_\_\_ \$+ \_\_\_\_\_

### Additional Insured's Names and Addresses (Additional Insureds can not be another trainer or instructor):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or another person, files an application containing any 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 this person to criminal and civil penalties.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SEE THE NEXT PAGE FOR PAYMENT OPTIONS**



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## SilverSneakers FLEX Instructor – Payment Options

Sports & Fitness Insurance is the Preferred Insurance Provider for SilverSneakers FLEX instructors.

### Section III – Payment Options

Name of Insured/Applicant \_\_\_\_\_ Date \_\_\_\_\_

Annual Premium: \_\_\_\_\_ (“Total Cost” from page 1)

Please choose one of the following methods of payment:

**Electronic Check (If you choose this option, do NOT mail a check.)**

I (we) hereby authorize Sports & Fitness Insurance Corporation (The Company) to initiate entries to my checking/savings accounts at the financial institution listed below (The Financial Institution) and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and The Financial Institution a reasonable opportunity to act on the request.

Name of Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

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

**Credit Card Payment – Visa, MC, or Discover**

**Note: By selecting to pay with a credit card, a convenience fee of 2.00% will be added to your invoice in all States except CA, CO, CT, FL, KS, ME, MA, NY, OK, and TX.**

Cardholder’s Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone No.: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

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

**Paper Check: Mail this completed and signed application, along with a check for “Total Cost”, to:**

Sports & Fitness Insurance Corporation  
P.O. Box 1967  
Madison, MS 39130