



Sports Instructor

Program Description

This insurance program has been specifically designed to meet the unique needs of a U.S. based sports instructor directly supervising an individual or a group engaged in sports related skills.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company

This program does not provide coverage for the operation of a fitness, sports, martial arts or dance facility. For information regarding coverage for a facility, please call (800) 844-0536.

Eligible Operations

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

- Baseball
- Basketball
- Baton twirling
- Bowling
- Cheerleading
- Cross Country
- Fencing
- Figure Skating
- Football
- Golf
- Hockey
- Lacrosse
- Racquetball
- Road Running
- Soccer
- Softball
- Swimming
- Table Tennis
- Tennis
- Track & Field
- Tumbling (floor only)
- Volleyball
- Wrestling
- Martial Arts

Ineligible Operations

- Certified Athletic Trainers
- Coaching of competitive sports
- Instructors under the age of 18
- Instructors operating outside of the U.S.
- Instructor's employment as an exempt or non-exempt employee of a school, university or college
- Instruction of the following:
 - Canoeing
 - Cycling
 - Dance*
 - Diving
 - Equestrian
 - Gymnastics
 - Kayaking
 - Lifeguarding
 - Rowing
 - Scuba
 - Skiing
 - Surfing

Exclusions

- Abuse, molestation, harassment or sexual conduct
- Amusement devices
- Dietician services
- Employment-related practices
- Medical, therapy, or healthcare services
- Physicals/stress testing
- Physical Therapy, massage or salon services
- Those operations listed as ineligible
- Weight control programs
- Sale or distribution of herbal medicinal and/or nutritional products
- Operation, ownership or management of a commercial sports facility

Coverage under this program includes:

- Commercial General Liability
- Legal Liability to Participants
- Professional Liability

Business Information

Type of instructor (check all that apply):

- | | | | |
|-------------------------------------|---|--------------------------------------|--------------------------------------|
| <input type="radio"/> Baseball | <input type="radio"/> Basketball | <input type="radio"/> Baton twirling | <input type="radio"/> Bowling |
| <input type="radio"/> Cheerleading | <input type="radio"/> Cross Country | <input type="radio"/> Fencing | <input type="radio"/> Figure Skating |
| <input type="radio"/> Football | <input type="radio"/> Golf | <input type="radio"/> Hockey | <input type="radio"/> Lacrosse |
| <input type="radio"/> Martial Arts | <input type="radio"/> Racquetball | <input type="radio"/> Road Running | <input type="radio"/> Soccer |
| <input type="radio"/> Softball | <input type="radio"/> Swimming | <input type="radio"/> Table Tennis | <input type="radio"/> Tennis |
| <input type="radio"/> Track & Field | <input type="radio"/> Tumbling (floor only) | <input type="radio"/> Volleyball | <input type="radio"/> Wrestling |

- Does insured own or operate a commercial sports training facility? Yes No
- Does the insured employ other people? Yes No
- Is the insured under the age of 18? Yes No
- Do you conduct operations outside of the United States? Yes No
- Does the insured instruct at their home/residence premises? Yes No

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 or organized competitive athletic teams; and for activities of a certified athletic trainer.

GENERAL INFORMATION

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

DBA: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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

Email: _____ Website: _____

REQUESTED EFFECTIVE DATE

____ / ____ / ____

CERTIFICATE REQUESTS

You will receive certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Indicate the type of certificate you are requesting: Additional Insured 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 (if needed) _____

Date needed by: ____ / ____ / ____

Program A – Sports instruction conducted at locations that are NOT owned or operated by the instructor

Limits of Liability

- \$500,000
- \$1,000,000
- \$2,000,000
- \$3,000,000
- \$5,000,000

Program B – Included Program A locations and instruction at the instructor's home or residence

- \$500,000
- \$1,000,000
- \$2,000,000
- \$3,000,000
- \$5,000,000