



- 1. Fax to 601-707-1019
2. Scan and e-mail to ktucker@sportsfitness.com
3. Mail to: PO Box 1967, Madison, MS 39130
4. Questions: Kim Tucker, 800-844-0536 x2262 or 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:

Form with questions: Do you offer nutritional counseling? Do you have any employees? Do you own or lease the building in which you train? Is the location you own or lease greater than 1,000 square feet? Where is instruction performed? Have you ever had a loss on a personal trainer liability policy?

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 \$120
\$2,000,000/\$4,000,000 \$135 \$+

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

- \$500,000/\$1,000,000 \$160
\$1,000,000/\$2,000,000 \$185
\$1,000,000/\$3,000,000 \$200
\$2,000,000/\$2,000,000 \$215
\$2,000,000/\$4,000,000 \$230 \$+

Number of Additional Insureds: x \$30.00 \$+

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



How to submit this application:

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## SilverSneakers FLEX Instructor – Payment Options

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### 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 CT and MA.

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