



PILATES METHOD ALLIANCE INSTRUCTOR INSURANCE ENROLLMENT FORM

PLEASE INDICATE RENEWAL DATE: _____

The Pilates Method Alliance Insurance program is a full 12-month policy term for an annual cost of \$175.00. (Policy premium of \$135 and \$40 administration fees.) Enrollments can only be accepted via mail along with payment: check or money order made payable to K&K Insurance or credit card authorization (**there will be a \$5.00 fee for using the credit card transaction**) and mailed via US Postal Service to K&K Insurance, 1712 Magnavox Way, P.O. Box 2338, Fort Wayne, IN 46801-2338. Applications with credit card information can also be faxed to K&K Insurance to fax # (260) 459-5120, attn: Laura Swartz. Coverage is effective the day after the application and payment are received by K&K. Telephone for questions is (800) 342-4371.

SECTION 1.

Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ **Bus Telephone:** _____

Email Address: _____ **Fax:** _____

SECTION 2.

Please list the entities requiring **Certificates of Insurance** (proof of coverage for the facility). Please also circle yes or no if the facility has requested to be listed as an Additional Insured.

1. Name: _____ **Additional Insured:** **Yes** **No**

Phone: _____ **Fax:** _____

Address: _____

2. Name: _____ **Additional Insured:** **Yes** **No**

Phone: _____ **Fax:** _____

Address: _____

3. Name: _____ **Additional Insured:** **Yes** **No**

Phone: _____ **Fax:** _____

Address: _____

SECTION 3.

Making Your Payment: Please check payment option.

Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$175.

Credit Card: If you are making your payment by credit/debit card, please complete the following:
I authorize K&K Insurance Group, Inc. to charge my premium payment to my credit card in the amount of \$180

VISA MASTERCARD

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

Print name (as on card): _____

Cardholder signature: _____

SECTION 4.

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

Completion of this enrollment form confirms the instructor's desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group.

Applicant's Signature

Date



**PILATES METHOD ALLIANCE INSTRUCTORS
INSURANCE PROGRAM FAQ'S
POLICY TERM 2008 TO 2009**

1. What does the insurance cost?

The cost of the program is \$175, which includes the insurance premium and administrative fees. If paying by credit card, there is an additional \$5 fee (total of \$180).

2. When does my insurance become effective?

Your insurance is effective the day after your application is received by K&K Insurance, attention: Laura Swartz, mailing address is P.O. Box 2338 (1712 Magnavox Way), Fort Wayne, Indiana 46801-2338, or via fax to Laura Swartz, fax # 260-459-5120 along with your payment. A certificate of insurance will be issued to you, and mailed to the address on the application within 2 weeks. If you have an e-mail address, the certificate can be forwarded electronically as well. Coverage is effective for a full 12-month period.

3. What is an “Additional Insured”?

An additional insured, such as a gym or facility, provides insurance coverage for that gym or facility for your activities. If the gym or facility is named as a defendant in an action involving your Pilates instruction activities, the insurance will provide defense and/or indemnification.

4. How many “Additional Insured’s” may I list?

You may request as many Additional Insured certificates as needed. Please keep in mind, only request these as they are requested of you (from a facility or other organization where you may work)

5. What does this insurance protect me against?

The insurance provides coverage for you in your Pilates instruction activities against allegations resulting in your negligence causing a third party (your student) to be injured. The limit of liability per occurrence is \$1,000,000, with a general aggregate per instructor of \$2,000,000. There is no deductible, and the insurance company will provide defense for you within the terms of the insurance contract. If the act you committed is found to be intentional, no coverage applies.

5. Do I have coverage for “Sexual Misconduct”?

No, Sexual Abuse and Molestation coverage is excluded.

6. How do I get an application?

Applications can be downloaded off of the Pilates Method Alliance website (www.pilatesmethodalliance.org), by clicking on the “Downloads” icon, and scrolling down to “Insurance Application”. You will need Adobe Acrobat to download the information and application. You may also contact the membership department at the Pilates Method Alliance at 1-866-573-4945, and an application will be faxed or mailed to you. Applications can also be obtained by calling Trish Beyer with Entertainment and Sports Insurance Experts at (800) 342-4371, ext. 111 or via email at tbeyer@bbatlanta.com.

7. What benefits are available under the Medical Payments for Instructors coverage?

This provides coverage for your injuries sustained as a result of your Pilates instruction. It is secondary coverage to any primary insurance, such as a private medical policy, an employer’s group medical policy, or any policy that you are a

dependent on. In the event that you have no primary coverage, our policy drops down and becomes primary. Benefits are paid after a \$250 deductible to a maximum of \$25,000. All medical services rendered must occur within 52 weeks of the injury. Forms are available by calling PMA or ESIX as noted above.

8. If someone threatens or indicates they are going to sue me, what do I do?

You need to contact Trish Beyer with ESIX at (800) 342-4371, ext. 111 immediately. DO NOT admit any guilt, but simply indicate that you will advise your insurance company and they will handle any issues, which arise.

10. If my PMA membership expires, will my insurance still be valid?

No. In order to maintain coverage, your PMA membership must remain current. A lapse in your membership may result in loss of coverage.

11. Where do I send the application?

Applications can be sent via US Postal Service to K&K Insurance, attention: Laura Swartz, P.O. Box 2338 (1712 Magnavox Way), Fort Wayne, Indiana 46801-2338 with a check made payable to K&K Insurance, or via fax to K&K Insurance, attention: Laura Swartz, fax # 260-459-5120.

12. What eligibility requirements must I have in order to obtain the insurance?

You must have completed a certified training program and must provide a copy of your training certificate along with your application and YOU MUST be a member of the PMA.

PLEASE MAKE SURE TO READ THE ENTIRE POLICY INFORMATION FREQUENTLY ASKED QUESTIONS TO MAKE SURE THAT THIS IS THE RIGHT COVERAGE FOR YOUR NEEDS.

Please feel free to contact Trish Beyer at ESIX with any additional questions. Her e-mail address is tbeyer@bbatlanta.com and her telephone is (800) 342-4371, ext. 111
