



PILATES METHOD ALLIANCE

INSTRUCTOR INSURANCE ENROLLMENT FORM

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 regular mail along with payment: 1) by check or money order made payable to 'K&K Insurance' 2) by credit card **(there will be an extra \$5.00 fee for credit card transactions)**. Mail by 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 be faxed to 'K&K Insurance' at fax number (260) 459-5120, Attention: Nicki Lehrman; they may also be scanned and emailed to Nicki Lehrman at nicki_lehrman@kandkinsurance.com. Coverage is effective the day after the application and payment are received by K&K. If you have questions, call (678) 324-3300.

ELIGIBILITY REQUIREMENTS: You must have completed a Pilates teacher training program, AND you must provide a copy of your Pilates teacher training certificate along with your application, AND you must be a member of the PMA.

SECTION 1.

Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ Business Telephone: _____

Email Address: _____ Fax: _____

IF YOU CURRENTLY HAVE INSURANCE, PLEASE INDICATE RENEWAL DATE: _____

SECTION 2.

Please list any entities requiring **Certificates of Insurance** (These may include your landlord, studio owner, employer etc.). Please also circle yes or no if the facility has requested to be listed as an Additional Insured. (See FAQ's page #3)

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: _____

SECTION 3:

Please choose a 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 _____

SECTION 5.

In order to avoid a delay in processing your application, prior to mailing please verify that:

- The eligibility requirements as outlined have been met (please refer to the top of page 1)
- A copy of your Pilates teacher training program certificate is attached to the application
- The application is signed and dated (please refer to Section 4)
- The required payment has been provided





PILATES METHOD ALLIANCE
INSTRUCTORS INSURANCE PROGRAM
FAQ'S POLICY TERM 2009 to 2010

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. A certificate of insurance will be issued to you, and mailed to the address on the application within 2 weeks. If you have not received word within two weeks, you may call Nicki Lehrman at 800-441-3994, ext 5064.

Mail your completed application to: K&K Insurance, Attention: Nicki Lehrman, P.O. Box 2338 (1712 Magnavox Way), Fort Wayne, Indiana 46801-2338. You may also fax your application with a credit card payment to Nicki Lehrman at 260-459-5120. You can also scan and email your application and credit card information to Nicki Lehrman at nicki_lehrman@kandkinsurance.com. 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.

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

No, Sexual Abuse and Molestation coverage is excluded.

7. 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

Insurance Experts at (678) 324-3300 or via email at tbeyer@esixglobal.com or skleinfelter@esixglobal.com.

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

This policy 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.

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

You need to contact Trish Beyer or Stephanie Kleinfelter with ESIX at (678) 324-3300 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. Please note that your policy is an 'occurrence policy'. If you make a claim and are not a member of the PMA on the date of the occurrence, the claim may be refused.

11. Where do I send the application?

Applications should be sent via US Postal Service to:

K&K Insurance, attention: Nicki Lehrman, P.O. Box 2338 (1712 Magnavox Way), Fort Wayne, Indiana 46801-2338

Enclose a check made payable to 'K&K Insurance', or send via fax to 'K&K Insurance, Attention: Nicki Lehrman, fax number 260-459-5120 or via email to nicki_lehrman@kandkinsurance.com.

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

You must have completed a Pilates teacher training program, AND you must provide a copy of your Pilates teacher 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 SHEET TO MAKE SURE THAT THIS IS THE RIGHT COVERAGE FOR YOUR NEEDS.

Please feel free to contact Trish Beyer or Stephanie Kleinfelter at ESIX with any additional questions. Telephone number is (678) 324-3300 and emails are tbeyer@esixglobal.com or skleinfelter@esixglobal.com.