

Welcome!

To the NCSF Insurance Program

You are about to save up to 50% on important insurance premiums that protect you personally and professionally. All because you are a member of the National Council on Strength and Fitness.

You have worked long and hard to establish yourself professionally. But it only takes one incident to put your hard work in jeopardy. Take advantage of this special opportunity jointly provided you by NCSF and InsureYourClub.com and get the coverage you need at the most attractive rates available.

The following special rates apply only if you have proof of NCSF certification.

Rates

- \$179 per Certified Instructor (proof of certification required)

Limits of Liability

- \$2,000,000 General Aggregate
- \$2,000,000 Products/Completed Operations Aggregate
- \$1,000,000 Personal and Advertising Injury
- \$1,000,000 Each Occurrence
- \$100,000 Damage To Premises Rented To You \$1,000 Medical Payments

Other Coverage

- Abuse & Molestation sub-limit of \$100,000
- Professional Liability included in the General Liability Limit
- Terrorism Coverage included at no Additional Premium

Notable Exclusions and Limitations

- Bodily Injury & Property Damage arising from use of steroids
- No coverage for Auto Exposures (Hired/Non-Owned Auto Liability)
- Coverage is available to members of the association ONLY
- Coverage available to members in the United States ONLY
- Premiums are fixed annual (no installments)
- No coverage available for members in the state of Louisiana
- Rates listed do NOT include taxes, surcharges that may be applicable in FL, KY, WV, and NJ



NCSF Program Application

This policy does not cover claims arising from the recommendation, promotion, selling, manufacturing or testing of vitamins, herbs, nutritional and diet supplements.



Name _____

DBA (Business Name) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ E-Mail _____

Requested Effective Date of Coverage _____ Expiration Date _____
(Can not be prior to date payment is made) (One year from effective date)

Certified? Yes No Number _____

Have any liability claims been made against you? Yes No

Do all clients sign a liability waiver? Yes No

Payment options

I have enclosed a check or money order for _____ payable to Hoffman Insurance Services, Inc.

Please bill my credit card: Visa Mastercard

Card number _____ Expiration date _____

Name on card _____ Security code (CVV2) _____

Note: The following states assess a premium tax/surcharge

FL – 1.00%/plus 1.70% surcharge WV – 0.55%

NJ – 1.60% KY – rates vary by county

To calculate your tax, please call us at 1-800-649-0087 ext. 45 or 1-339-225-04100

Please list any additional insured (i.e. business name, LLC) _____

Any additional questions or comments? _____

Please fax or send application plus payment to Hoffman Insurance Services.

INSUREPERSONALTRAINERS.com

brought to you by

Hoffman Insurance Services, Inc.

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Cell 1-339-225-0410

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