

# 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.

Limits of Liability/Rates	Certified Instructor (proof of certification required)	
■ \$1,000,000 / \$2,000,000	\$172/1 year	■ \$1,000,000 / \$2,000,000 \$316/2 years
■ \$2,000,000 / \$3,000,000	\$217/1 year	■ \$2,000,000 / \$3,000,000 \$399/2 years
■ \$5,000,000 / \$6,000,000	\$261/1 year	■ \$5,000,000 / \$6,000,000 \$481/2 years
■ \$100,000 Damage To Premises Rented To You	\$1,000 Medical Payments	
■ General Aggregate, Products/Completed Operations Aggregate		
■ Personal and Advertising Injury, Each Occurrence		

### 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 \_\_\_\_\_

Coverage desired:	1 year rates	2 year rates
<input type="checkbox"/> \$1,000,000 / \$2,000,000 _____	\$172	<input type="checkbox"/> \$1,000,000 / \$2,000,000 _____ \$316
<input type="checkbox"/> \$2,000,000 / \$3,000,000 _____	\$217	<input type="checkbox"/> \$2,000,000 / \$3,000,000 _____ \$399
<input type="checkbox"/> \$5,000,000 / \$6,000,000 _____	\$261	<input type="checkbox"/> \$5,000,000 / \$6,000,000 _____ \$481

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.

141 Linden Street

Wellesley, MA 02482

Tel 1-877-235-0406 ext.145

Cell 1-339-225-0410

Fax 1-781-235-6665