



Fitness Facility Instructor Independent Contractor Supplemental Request Form

For use when deleting or adding an independent contractor (non-employee) instructor

Please retain a copy of this form for your records.

GENERAL INFORMATION

Named insured (as it appears on your certificate of insurance): _____

Policy number (as it appears on your certificate of insurance): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (_____) _____

Cell: (_____) _____ Fax: (_____) _____

E-mail: _____ Website: _____

EXPOSURE INFORMATION

Delete Independent Instructor (list name of each instructor and date of cancellation)
 Note: Premium is fully earned at inception for each independent instructor and is nonrefundable.

1. Instructor name: _____ Effective date: ____/____/____

2. Instructor name: _____ Effective date: ____/____/____

3. Instructor name: _____ Effective date: ____/____/____

Add Independent Instructor (list name of each instructor, type of coverage and effective date needed)
 Notes • Coverage cannot be bound without payment
 • Coverage must follow the same limit option that was selected for your fitness facility

Name of Instructor	Type of Coverage Needed	Effective Date
1.	<input type="radio"/> On-site only <input type="radio"/> On-site & off-site	____/____/____
2.	<input type="radio"/> On-site only <input type="radio"/> On-site & off-site	____/____/____
3.	<input type="radio"/> On-site only <input type="radio"/> On-site & off-site	____/____/____

On-site Coverage Only

Rates (per instructor)	\$1,000,000 Limit Option	\$2,000,000 Limit Option	\$3,000,000 Limit Option	\$4,000,000 Limit Option	\$5,000,000 Limit Option
	\$ 155.00	\$ 232.50	\$ 482.50	\$ 732.50	\$ 982.50
Limit Option: _____	$\begin{matrix} \$ \text{_____} & \times & \text{_____} & = & \$ \text{_____} \\ \text{Rate} & & \# \text{ of Instructors} & & \text{Total Premium} \end{matrix}$				

On-site & Off-site Coverage

Rates (per instructor)	\$1,000,000 Limit Option	\$2,000,000 Limit Option	\$3,000,000 Limit Option	\$4,000,000 Limit Option	\$5,000,000 Limit Option
	\$ 170.00	\$ 255.00	\$ 505.00	\$ 755.00	\$ 1,005.00
Limit Option: _____	$\begin{matrix} \$ \text{_____} & \times & \text{_____} & = & \$ \text{_____} \\ \text{Rate} & & \# \text{ of Instructors} & & \text{Total Premium} \end{matrix}$				

CERTIFICATE REQUESTS

Complete this section to request a certificate. Provide separate requests for each additional certificate needed.

Date needed by: ____ / ____ / ____

Check the type of certificate you are requesting: Additional insured Evidence of coverage

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter Other: _____

Special certificate language needed (please explain/attach): _____

If applicable:

RE: Date(s) of event/activity: ____ / ____ / ____ to ____ / ____ / ____

Hours of the event/activity: _____ A.M. / P.M. to _____ A.M. / P.M.

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____

MAILING INSTRUCTIONS

Submit completed supplemental form, with payment, to K&K (retain a copy for your records)

- E-mail info@fitnessinsurance-kk.com
- Fax 1-260-459-5590
- Mail

Regular: K&K Insurance Group, Inc.
Fitness Facility RPG
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Group, Inc.
Fitness Facility RPG
1712 Magnavox Way
Fort Wayne, IN 46804

FOR K&K USE ONLY

Rec: ____ / ____ / ____ Policy #: _____ Cert #: _____ Insured #: _____

Opt: _____ Premium: \$ _____ Eff/Exp: ____ / ____ / ____ to ____ / ____ / ____

Comments: _____

Opt Form: 2026 2011 8016 8018 876 Delivery: M F E Delivery Date: ____ / ____ / ____

PAYMENT INFORMATION

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

Credit Card: If you are making your payment by credit/debit card, please complete the following:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

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

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature _____