



INSTRUCTOR

Policyholder Name: _____

Mailing Address: _____

Mailing City/State/ZIP: _____

Phone: _____

Website (if applicable): _____

Desired Effective Date: _____

Policyholder State: _____

Policyholder City: _____

Have you had an claims in the last three years? Yes No

Do you own or operate your own studio or facility? Yes No

Are signed waivers required for all participants, including adults? Yes No

Are you 18 years or older? Yes No

Please select the type of instructor? Dance/Yoga/Aerobics (not available for pole dancers - pole dancing is excluded)

Exercise and Fitness/Personal Training

Martial Arts (Karate, Kung Fu, Krav Maga, Judo, Jiu Jitsu, Taekwondo and Tai Chi instructors only)

Sports Instructor (Baseball/Softball, Basketball, Tennis, Golf)

Please select your desired limit: \$1,000,000 Limit

\$2,000,000 Limit

Applicant's Signature

Date