



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: _____	$\begin{matrix} \$ \text{_____} & \times & \text{_____} & = & \$ \text{_____} \\ \text{Rate} & & \# \text{ of Instructors} & & \text{Total Premium} \end{matrix}$				

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-506-4856 • Fax 1-260-459-5590
www.kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.

When is this certificate needed? : _____ / _____ / _____

What is the additional insured's relationship to you?

- Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter
- Lessor of equipment/contents (liability) Loss payee (equipment/contents)
- Other (please identify/explain): _____

NOTE: The certificate holder will automatically be an additional insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Does the certificate holder/additional insured require any special wording or endorsements? Yes No

- If yes, check all that apply CG2026 Primary Waiver of subrogation
- Other (please explain): _____

NOTE: If you are not sure, please attached a copy of the insurance requirements/instructions you've received.

If applicable:

For specific events: Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____
 Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M.
 Type of event/activity: _____
 Name of event/activity: _____
 Location of event/activity: _____

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

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

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

Comments: _____

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

PAYMENT OPTIONS

Submit a completed enrollment (including signed Warranty Statement) and payment to:

Applicant name: _____ Effective date: _____

PAY BY ACH (Bank Account):

• **E-mail** info@fitnessinsurance-kk.com

or

• **Fax** 1-260-459-5590

I (we) authorize K&K Insurance Group to initiate a single electronic debit from the account shown below:

Name on Bank Account: _____ Bank Name: _____

Draft Amount : \$ _____ Checking, or Savings

Bank Account Routing/Transit Number* _____ Bank Account Number* _____

*See below for an explanation of where to locate these two sets of numbers on your bank check.

Authorized Signature(s) - (Not required if authorization by phone by K&K) Date: _____

Authorized Signature(s) - (Not required if authorization by phone by K&K) Date: _____

EXPLANATION OF CHECK NUMBERS

1. Bank Routing/Transit Number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.

YOUR NAME 123
1234 Main Street
Anywhere, OH 00000 DATE _____

PAY TO THE ORDER OF _____ \$ _____
_____ DOLLARS

⑆044072324⑆ ⑆000123456789⑆ ⑆123⑆

1. ROUTING NUMBER 2. ACCOUNT NUMBER 3. CHECK NUMBER

PAY BY CHECK: (Payable to K&K Insurance Group)

• **Mail**

Regular Mail

Overnight Mail

K&K Insurance
Fitness RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

K&K Insurance
Fitness RPG Program
1712 Magnavox Way
Fort Wayne, IN 46804

PAY BY CREDIT CARD:

• **Fax only** 1-260-459-5590

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ 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: _____

Cardholder phone number: (____) _____

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.