

# Welcome!

## To the NCEP Insurance Program

You are about to enjoy the association's best savings on important insurance premiums that protect you personally and professionally. And it's all because you are a member of the National College of Exercise Professionals (NCEP).

You have worked long and hard to establish yourself professionally. But it only takes one incidence to put your hard work in jeopardy. Take advantage of this special opportunity jointly provided by NCEP 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 NCEP certification.



### Limits of Liability/Rates

■ \$1,000,000 / \$3,000,000	\$172/1 year	■ \$1,000,000 / \$3,000,000	\$316/2 years
■ \$2,000,000 / \$4,000,000	\$232/1 year	■ \$2,000,000 / \$4,000,000	\$427/2 years
■ \$2,000,000 / \$5,000,000	\$237/1 year	■ \$2,000,000 / \$5,000,000	\$437/2 years

### Other Coverage

- Abuse & Molestation sub-limit of \$100,000/\$300,000
- Professional Liability included in the General Liability Limit
- Terrorism Coverage included at no Additional Premium
- Policy Coverage includes Online Training

### 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

# NCEP 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

\$1,000,000 / \$3,000,000 \_\_\_\_\_ \$172  \$1,000,000 / \$3,000,000 \_\_\_\_\_ \$316

\$2,000,000 / \$4,000,000 \_\_\_\_\_ \$232  \$2,000,000 / \$4,000,000 \_\_\_\_\_ \$427

\$2,000,000 / \$5,000,000 \_\_\_\_\_ \$237  \$2,000,000 / \$5,000,000 \_\_\_\_\_ \$437

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 (e. business name, LLC.) \_\_\_\_\_

Any additional questions or comments? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

brought to you by

*INSUREPERSONALTRAINERS.com*

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