INSURE PERSONAL TRAINERS.com

Brought to you by Hoffman Insurance Services



To the NCEP Insurance Program

Y ou 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 you 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

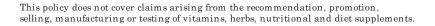
- Abuse & Molestation sub-limit of \$100,000/\$300,000
- Professional Liability included in the General Liability Limit
- Terrorism Coverage included at no Additional Premium
- Policy Coverage includes Online Training

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

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

NCEP Program Application





Name		
DBA(Business Name)		
Address		
	StateZip	
Phone Number	E-Mail	
	Expiration Date	
(Can not be prior to date payment is made) Certified?	(One year from effective date)	
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
Payment optionsI have enclosed a check or money payable to Hoffman Insurance Ser		
□ Please bill my credit card: □ Visa	a 🖵 Mastercard	
Card number	Expiration date	
Name on card	Security code (CVV2)	
Please list any additional insured.e. bus	iness name, LLC.)	
Any additional questions or comments	?	

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

	brought to you by	
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