



Fitness Instructor Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

Section 1: General Information

☐ I am a new account ☐ I am renewing my coverage

1. Instructor's name (as it should appear on the policy):

2. Doing Business as (DBA):

4. Mailing Address:

5. Telephone:

Cell:

Fax:

Email:

Website:

Section 2: Business Information

Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.) ☐ Start my coverage on this date:

1. Type of instructor(check all that apply): ☐ Acro dance/tumbling ☐ Acrobatic/partner yoga
☐ Aerobics ☐ Aerial/anti-gravity/suspended yoga (certified instructor only) ☐ Aquatic exercise
☐ Cardio kickboxing ☐ Children's fitness programs ☐ Dance ☐ Exercise ☐ Fitness boot-camp
☐ GYROTONIC® ☐ Hoop fitness ☐ Personal training ☐ Pilates ☐ Qigong
☐ Spinning ☐ Strength ☐ Tai chi ☐ Tumbling (floor only, no gymnastic apparatus) ☐ ZUMBA®
☐ Yoga

2. Are you age 18 or older? ☐ Yes ☐ No

3. Do you own or operate your own fitness or dance studio? ☐ Yes ☐ No

(If yes, this program only provides coverage for your operations as an instructor. It does not extend to your employees or anyone performing instruction or training on your behalf, nor does it apply to the operation of a studio/facility)

4. Do you provide instruction of sports skills? ☐ Yes ☐ No

(Sports skills instructors should apply for coverage through K&K's Sports Instructor Insurance Program.)

Coverage is not provided for an instructor's employment as an exempt or non-exempt employee of a school, university or college; for the coaching of organized competitive athletic teams; for activities of a certified athletic trainer; for instructors under the age of 18; and for instruction of sports skill activities.



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Section 3: Program Premium

☐ I am a Certified instructor (certificate information must be provided)

Certification number and their expiration date(s):

Choose desired limit:

☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000

☐ I am a Non-Certified instructor

Choose desired limit:

☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000

Section 3: Certification Listing

Please check those certifications that you currently hold:

<input type="checkbox"/> 7 Centers Yoga Arts	<input type="checkbox"/> Balanced Body University	<input type="checkbox"/> Excel Pilates	<input type="checkbox"/> Hoopnotica
<input type="checkbox"/> AAAI	<input type="checkbox"/> BASI Pilates	<input type="checkbox"/> Expert Rating	<input type="checkbox"/> IDEA
<input type="checkbox"/> AABS	<input type="checkbox"/> BFIT	<input type="checkbox"/> Fit Forever	<input type="checkbox"/> IFA
<input type="checkbox"/> AAHRFFP	<input type="checkbox"/> Bikram's Yoga College of India	<input type="checkbox"/> FitLaunch	<input type="checkbox"/> IFPA
<input type="checkbox"/> AAPTE	<input type="checkbox"/> Body Access	<input type="checkbox"/> Fitness Firm	<input type="checkbox"/> IFTA
<input type="checkbox"/> ABSolution	<input type="checkbox"/> Body Balance Movement Therapy	<input type="checkbox"/> Fitness Institute International	<input type="checkbox"/> IM=X Pilates
<input type="checkbox"/> ACE	<input type="checkbox"/> BTFA	<input type="checkbox"/> Fitness Together	<input type="checkbox"/> Integral Yoga
<input type="checkbox"/> ACIM/CPTF	<input type="checkbox"/> Burdenko Method	<input type="checkbox"/> Fitour	<input type="checkbox"/> International Pilates
<input type="checkbox"/> Accredited Fitness Related Degree	<input type="checkbox"/> Centerspace	<input type="checkbox"/> Fitour Pilates	<input type="checkbox"/> INTRAFITT
<input type="checkbox"/> ACSM	<input type="checkbox"/> Cerceau Hoop	<input type="checkbox"/> FRA	<input type="checkbox"/> ISCA
<input type="checkbox"/> AEA (if qualified)	<input type="checkbox"/> Chi For Longevity	<input type="checkbox"/> Franklin - Methode	<input type="checkbox"/> ISFTA
<input type="checkbox"/> AFAA	<input type="checkbox"/> Child Light Yoga	<input type="checkbox"/> FXP Fitness	<input type="checkbox"/> ISMA
<input type="checkbox"/> AFPA	<input type="checkbox"/> Clinical Exercise Physiologist	<input type="checkbox"/> Certification Listing - please check those certifications that you currently hold:	<input type="checkbox"/> ISSA
<input type="checkbox"/> AFTA	<input type="checkbox"/> Cooper Institute	<input type="checkbox"/> Group 4 Fitness	<input type="checkbox"/> It's Yoga
<input type="checkbox"/> Amazing Athletes	<input type="checkbox"/> Core Dynamics Pilates	<input type="checkbox"/> Gyrokinesis	<input type="checkbox"/> IYANGNY/Iyengar Yoga
<input type="checkbox"/> American Ballet Theatre (ABT)	<input type="checkbox"/> Core Power Yoga	<input type="checkbox"/> GYROTONIC®	<input type="checkbox"/> Johnny G Spinning
<input type="checkbox"/> American Fitness Institute (AFI)	<input type="checkbox"/> Corfit	<input type="checkbox"/> GYROTONIC® Sales Corp.	<input type="checkbox"/> Karuna Yoga
<input type="checkbox"/> AMFPT	<input type="checkbox"/> Crossfit	<input type="checkbox"/> Health & Exercise Sciences Degree	<input type="checkbox"/> Kinderdance
<input type="checkbox"/> An Coimisium le Rinci Gaelacha	<input type="checkbox"/> CSCCa	<input type="checkbox"/> Health Wellness & Fitness Professional	<input type="checkbox"/> Kore Pilates
<input type="checkbox"/> Army Physical Fitness Course	<input type="checkbox"/> Designing Bodies	<input type="checkbox"/> Healthy Me Cardio Kickboxing	<input type="checkbox"/> Kripalu Center for Yoga & Health
<input type="checkbox"/> Arthur Murray	<input type="checkbox"/> Devalila Yoga Teacher Training	<input type="checkbox"/> HFI	<input type="checkbox"/> LesMills Body Flow
<input type="checkbox"/> ASFA	<input type="checkbox"/> ECA		<input type="checkbox"/> MadDog Spinning
<input type="checkbox"/> ATA	<input type="checkbox"/> ECITS		<input type="checkbox"/> Mind/Body Meditation
<input type="checkbox"/> Art of Strength Kettleball	<input type="checkbox"/> ESA		<input type="checkbox"/> Momentum
			<input type="checkbox"/> NAFC
			<input type="checkbox"/> NAFP
			<input type="checkbox"/> NAFTA

Section 3: Certification Listing (continued)

Please check those certifications that you currently hold:

<input type="checkbox"/> NAHF <input type="checkbox"/> NASM <input type="checkbox"/> NATA <input type="checkbox"/> National Dance Council of America <input type="checkbox"/> National Institute of Health Science (NIHS) <input type="checkbox"/> National Institute of Preventive Medicine <input type="checkbox"/> Pilates Institute of Southern California <input type="checkbox"/> Pilates Method Alliance (PMA) <input type="checkbox"/> Pilates Santa Fe <input type="checkbox"/> Pilates Teacher Training Program <input type="checkbox"/> Pilates Technique Certification <input type="checkbox"/> Pilates Training Institute <input type="checkbox"/> PIYo <input type="checkbox"/> PLC/Pilates Leadership Concepts <input type="checkbox"/> Polestar	<input type="checkbox"/> Power Pilates <input type="checkbox"/> Powerhouse Pilates <input type="checkbox"/> NCCPT <input type="checkbox"/> NCEP <input type="checkbox"/> NCSF <input type="checkbox"/> NCSM <input type="checkbox"/> NDEITA <input type="checkbox"/> NESTA <input type="checkbox"/> NETA <input type="checkbox"/> NFPA <input type="checkbox"/> NFPT <input type="checkbox"/> NFTA <input type="checkbox"/> NGA <input type="checkbox"/> NHCA <input type="checkbox"/> NIA <input type="checkbox"/> NPTI <input type="checkbox"/> NSCA <input type="checkbox"/> NSPA <input type="checkbox"/> Parrillo Performance <input type="checkbox"/> Pavel Tsatsouline <input type="checkbox"/> Peak Pilates <input type="checkbox"/> Performing Arts - Dance Degree <input type="checkbox"/> Personal Trainer Program <input type="checkbox"/> PFIT <input type="checkbox"/> Physical Mind Institute	<input type="checkbox"/> Pilates Academy International <input type="checkbox"/> Pilates Certifications Center Inc <input type="checkbox"/> Pilates Elite <input type="checkbox"/> Regeneration Institute of Pilates <input type="checkbox"/> Retrofit Pilates <input type="checkbox"/> Romana's Pilates <input type="checkbox"/> Royal Academy of Dance <input type="checkbox"/> Russian Kettlebell Challenge <input type="checkbox"/> S.S. & Company <input type="checkbox"/> Sal Anthony's Movement Salon <input type="checkbox"/> Scirion Institute of Exercise Physiology <input type="checkbox"/> SCW (Les Mills) <input type="checkbox"/> Senior Fitness Assoc. (SFA) <input type="checkbox"/> Sheppard Method <input type="checkbox"/> SMART <input type="checkbox"/> SPA <input type="checkbox"/> Spinning.com <input type="checkbox"/> Stott Pilates (SPX) <input type="checkbox"/> Synergy Fitness Professionals	<input type="checkbox"/> Tai Chi Health <input type="checkbox"/> The Kundalini Research Institute <input type="checkbox"/> The Pilates Center <input type="checkbox"/> USA Boxing <input type="checkbox"/> USA Weightlifting <input type="checkbox"/> USISTD (US Imperial Society of Teachers for Dance) <input type="checkbox"/> USWFA <input type="checkbox"/> Vishwa Yoga Darsha – Ashram <input type="checkbox"/> WFA (World Fitness Assoc.) <input type="checkbox"/> WITS <input type="checkbox"/> YMCA <input type="checkbox"/> Yoga Alliance <input type="checkbox"/> Yoga Fit <input type="checkbox"/> Tae Bo <input type="checkbox"/> Tai Chi 24 <input type="checkbox"/> Tai Chi Teacher Training <input type="checkbox"/> Yoga Institute <input type="checkbox"/> Yoga Works <input type="checkbox"/> Zumba® <input type="checkbox"/> Other:
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Section 4: Signature

Signature:	Date:
Printed Name:	Title:



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: