



PILATES METHOD ALLIANCE INSTRUCTOR INSURANCE ENROLLMENT FORM

PLEASE INDICATE RENEWAL DATE: _____

The Pilates Method Alliance Insurance program is a full 12-month policy term for an annual cost of \$175.00. (Policy premium of \$135 and \$40 administration fees.) Enrollments can only be accepted via mail along with payment: check or money order made payable to K&K Insurance or credit card authorization (**there will be a \$5.00 fee for using the credit card transaction**) and mailed via US Postal Service to K&K Insurance, 1712 Magnavox Way, P.O. Box 2338, Fort Wayne, IN 46801-2338. Applications with credit card information can also be faxed to K&K Insurance to fax # (260) 459-5120, attn: Nicki Lehrman. Coverage is effective the day after the application and payment are received by K&K. Telephone for questions is (800) 342-4371.

SECTION 1.

Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ **Bus Telephone:** _____

Email Address: _____ **Fax:** _____

SECTION 2.

Please list the entities requiring **Certificates of Insurance** (proof of coverage for the facility). Please also circle yes or no if the facility has requested to be listed as an Additional Insured.

1. Name: _____ **Additional Insured:** **Yes** **No**

Phone: _____ **Fax:** _____

Address: _____

2. Name: _____ **Additional Insured:** **Yes** **No**

Phone: _____ **Fax:** _____

Address: _____

3. Name: _____ **Additional Insured:** **Yes** **No**

Phone: _____ **Fax:** _____

Address: _____

SECTION 3.

Making Your Payment: Please check payment option.

Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$175.

Credit Card: If you are making your payment by credit/debit card, please complete the following:
I authorize K&K Insurance Group, Inc. to charge my premium payment to my credit card in the amount of \$180

VISA MASTERCARD

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

Print name (as on card): _____

Cardholder signature: _____

SECTION 4.

I certify the statements given on this application are true and correct. I have not willfully concealed or misrepresented any material fact or circumstances concerning this application.

Completion of this enrollment form confirms the instructor's desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group.

Applicant's Signature

Date