



**PROFESSIONAL MEMBER
LIABILITY INSURANCE PROGRAM
ENROLLMENT FORM**

POLICY TERM: **September 1, 2007 through August 31, 2008**

ANNUAL FEE: **\$95 per Instructor**

Coverage for individual instructors will become effective the day that the completed form and appropriate fee arrives in our office. This coverage will be cancelled for NSF checks.

PROFESSIONAL MEMBER #: _____

***YOUR ISI PROFESSIONAL MEMBERSHIP MUST BE CONTINUOUSLY ACTIVE FOR
COVERAGE TO REMAIN IN EFFECT***

Name of Instructor		Home Rink	
Home Address	City	State	Zip
Telephone	Fax	Email	

Applicant has not been charged and/or convicted of any crime or felony in the past 10 years.
Applicant has not been the subject of any allegations or charges of sexual abuse or misconduct.

I hereby agree to the terms stated above.

Signature _____ Date _____

List any additional insured(s) to be added to the policy.

Make checks payable to ISI or pay by credit card.

Credit card # _____ Exp date: _____

SEND APPLICATION & PAYMENT TO:

Ice Skating Institute
Attn: Kathy
17120 N Dallas Pkwy, Suite 140
Dallas TX 75248

Phone: 972-735-8800
Fax: 972-735-8815
Email: kchase@skateisi.org