

Submission Requirements

- 1. Current and 3 year loss history
- 2. Copy of Membership Contract
- 3. Copy of Hold Harmless
- 4. Copy of Medical Disclosure

Martial Arts Liability Insurance Application

Section I – Licensed Agent or Broker Information:

Name: _____
 Contact Name: _____ License Number: _____
 Address: _____
 Telephone: _____ Fax: _____ Email: _____

Section II: General Information:

(If new facility, projected opening date: _____)

Named Insured: _____

- Corporation Individual LLC Partnership Other _____

Mailing Address: _____

Location Address: (if different from mailing address): _____

Owner's Name: _____ Phone: _____

Fax: _____ Email: _____ Web Site: _____

Federal ID #/Social Security Number: _____ County: _____

Annual Gross Revenue: _____ Square Footage: _____

Average Cost of Membership/Class _____ Number of Active Students: _____

Name the style you teach: _____ Federation or Association: _____

Belt rank of the owner or primary instructor? _____

Level of contact: Light Full None

1. How many years in business? _____ Number of years teaching experience? _____

2. No of full time instructors? _____ No. of part time instructors? _____

3. Ratio of instructors to students? _____

4. Do you own or rent your facility? _____

5. Landlord's name and mailing address? _____

6. Do you sublease space? If so, how many square feet and to whom?

7. Do you engage in any other operations as this named insure?
 If yes, please explain? _____

Section III: Insurance Information:

Liability Limit: \$1,000,000 per occurrence/\$2,000,000 aggregate
 \$1,000,000 per occurrence/\$3,000,000 aggregate

1. Would you like a quote for hired and non owned auto coverage? Yes No

2. Have any liability claims been made against you? _____ If yes, please give details: _____

3. Has insurance ever been decline or canceled? _____ If yes, please give details _____

4. Currnet Insurance provider? _____ Annual Premium: _____

5. Expiration date of current policy? _____

Section III: Insurance Information (continued):

6. Do you have defibrillators on premise? Yes No Do you have a medical crisis plan? Yes No

Section IV: Activity Information:

1. Do you participate in tournament? Yes No
2. Do you sponsor tournaments? Yes No (call for special event coverage if hosting a tournament off premise)
3. Do you practice sparring? (attach sparring regulations) Yes No
4. Do you do off-premise demonstration? Yes No
5. Do you offer kick boxing? (only cardio boxing is covered) Yes No
6. Do you provide acupuncture? Yes No
7. Do you sell products under your own label? Yes No
8. Do you have a boxing ring? Yes No If yes, explain:_____
9. Do you have weapons training? Yes No If yes, explain _____
10. Only padded or fake weapons are eligible.
11. What type of equipment is on premise? _____
12. Swimming pools? Yes No If yes, number of pools _____
13. Suntan Beds or booths? Yes No If yes, number of beds or booths _____
14. Trampolines? Yes No Number of trampolines? _____ (rebounders only eligible for coverage)
15. List any other exposures not mentioned above: (eg saunas, Jacuzzis, courts tracks, climbing walls, production of videos: _____

Section V: Underwriting requirements:

- All participants in sparring or contact drills must wear protective gear which is usual and customary for the style of martial arts being taught.
- Usual protective gear would e mouthpiece, groin cup, chest protector, shin guard, hand pads and foot pads.
- A hold harmless agreement must be kept on file for each student.
- Each student should receive a copy of the sparring rules.
- Full contact boxing is not allowed.

Section VI: Disclaimer

THIS POLICY DOES NOT COVER CLAIMS ARISING OUT OF THE RECOMMENDATION, SELLING, PROMOTION, MANUFACTURING, TESTING OF VITAMINS, HERBS, NUTRITIONAL and/or DIET SUPPLEMENTS.

No application will be accepted unless signed by the applicant.
 The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Signature of Applicant **Date**

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PROPERTY APPLICATION				Date: _____			
Broker Name: _____ Telephone #: _____		Agency Name: _____ Address: _____					
Submitted to:		Business Name					
		Proposed Effective Date: _____		Proposed Expiration Date: _____			
		Describe Business Operation:					
YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS – ENTER ZERO IF NONE APPLIES							
SUBJECT OF INSURANCE	AMOUNT	DEDUCT	COINS	PERILS, FORMS & CONDITIONS TO APPLY			
Building Coverage	\$	\$1,000	90%	Special Form / Replacement Cost			
Contents and Stock	\$	\$1,000	90%				
Tenant Improvements	\$	\$1,000	90%				
Sign Coverage	\$	\$1,000	90%				
Glass	\$	\$1,000	90%				
Business Interruption Coverage	\$	\$1,000					
Property Address: _____					County: _____		
Choices of Business Income Indemnity (length of time of coverage): <input type="checkbox"/> 1/3 months <input type="checkbox"/> 1/4 months <input type="checkbox"/> 1/6 months <input type="checkbox"/> 1/12 months							
Construction Type	Protection Class	# Stories	Basement?	Yr Built *	Total Area/Sq Ft.	Sq Ft you occupy	
Do you have a fence? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, is the fence attached? <input type="checkbox"/> YES <input type="checkbox"/> NO Value of fence: \$ _____				Do you have a sign? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, is the sign attached? <input type="checkbox"/> YES <input type="checkbox"/> NO Value of sign: \$ _____			
Other Occupancies in Building: _____							
*If building over 25 years old, give year of update for : Roof: _____ Wiring: _____ Plumbing: _____ Heating: _____							
Right Exposure :		Left Exposure :		Rear Exposure :			
Burglar Alarm: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Central Station <input type="checkbox"/> With Keys	Alarm Installed & Serviced By: _____					
Fire Protection: <input type="checkbox"/> Standpipes <input type="checkbox"/> CO2/Halon Sprinklers? <input type="checkbox"/> YES <input type="checkbox"/> NO			Fire Alarm: <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong		
Additional Interest Name/Address: _____			Interest: LANDLORD		Certificate of Insurance Required? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Additional Interest Name/Address: _____			Interest: LEASE COMPANY		Certificate of Insurance Required? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LOSS PAYEE		
GENERAL INFORMATION							
EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
Is applicant a subsidiary of another entity or Does the applicant have any subsidiaries?		<input type="checkbox"/>	<input type="checkbox"/>	Has any policy or coverage been declined, canceled or nonrenewed during prior 3 years?		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (describe): _____					# Years in Business		
Name of Contact Person (Tel# if different): _____							
Enter all losses for prior 5 years, annual aggregates for each line of insurance may be entered in the description if preferable (if aggregates provided, indicate # of claims); explain all claims exceeding \$5,000.							
Date of Loss	Type of Loss	Description (Describe what corrective Measures if applicable)		Amount Paid \$	Amount of Reserves \$		
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.							
Applicant's Signature				Producer's Signature			