



MARTIAL ARTS APPLICATION

General Information:

- 1. Name of Insured:
2. Mailing Address:
3. Location of Risk:
4. Contact Name: Title: 5. Web site:
6. Applicant is: Individual Corporation Partnership Other:
7. Location(s) are: Owned Leased Neither (Please explain):
8. Number of years in operation: with current management:
9. Experience of Applicant in operating this type of business:
10. Number of locations (If more than one, please attach a schedule of all locations and addresses):
11. Dates of Operation: From: To: Attach Schedule if needed

Current/Most Recent Coverage Information

Insurance Company: Dates of Coverage:
Is Hired/ Non-Owned Auto Coverage included? Yes No Average Non-Owned Auto Value:
Any losses in the past five years for the company and/or staff? Yes No If Yes, Please Attach 5 Year Loss Record
Has any form of Insurance ever been cancelled/declined? Yes No If "Yes", please provide details:
Requested Effective Date: Expiry Date:

Desired Coverages:

Desired Limit of Liability: Deductible:
Property: Equipment:
Non-Owned Auto: Limit: Average Auto Value: Estimated # of Days Rented:
If Property Coverage is required (other than Inland Marine/Transit) attach the Supplemental Property Application

General Operating Information:

- 1. What martial arts discipline(s) are taught?
2. Are all disciplines taught to participants of all ages? Yes No
If No, explain:
3. Are you under the jurisdiction of a governing body? Yes No
If Yes, what organization:
Is this an international, national, regional or local governing body?

Is every group within this body required to provide liability insurance?  Yes  No

What rules and regulations are used? \_\_\_\_\_

**Please attach a copy of the rules and regulations to which your organization adheres**

Is there a written safety program?  Yes  No **If Yes, please attach a copy**

4. Describe a typical class/training session: \_\_\_\_\_  
\_\_\_\_\_

Is there any sparring or contact involved?  Yes  No If Yes please describe: \_\_\_\_\_  
\_\_\_\_\_

Is there any weapons training involved?  Yes  No If Yes please describe: \_\_\_\_\_  
\_\_\_\_\_

5. Describe the location(s) used for training and how these are prepared for safety: \_\_\_\_\_  
\_\_\_\_\_

6. Student Information

Annual number of Students: \_\_\_\_\_ Maximum Number of Students: \_\_\_\_\_

	<u>Total</u>	<u>Females</u>	<u>Males</u>
Age 9 and under	_____	_____	_____
Age 10 to 12	_____	_____	_____
Age 13 to 15	_____	_____	_____
Age 16 to 18	_____	_____	_____
Age 18 to 45	_____	_____	_____
Age 45 and over	_____	_____	_____

**If Participants are under the Age of 18, Please attach supplemental Sexual Abuse Information Application**

Average Number of Students Per Class or Session: \_\_\_\_\_ Student/Instructor Ratio: \_\_\_\_\_

What is the minimum age to participate? \_\_\_\_\_

7. Estimated Number of Spectators Annually at Tournaments/Events held by you: \_\_\_\_\_

8. Number of: Instructors: \_\_\_\_\_ Classes/Week: \_\_\_\_\_ Volunteers: \_\_\_\_\_ Tournaments: \_\_\_\_\_

9. Number of Staff: \_\_\_\_\_ Full-time \_\_\_\_\_ Part Time: \_\_\_\_\_

10. Are staff employees, or independent contractors? \_\_\_\_\_

**Please attach a copy of contract signed with instructor.**

11. Are Instructors Certified?  Yes  No If Yes, by whom? \_\_\_\_\_

12. Are Officials/Referees Certified?  Yes  No If Yes, by whom? \_\_\_\_\_

13. Does your organization impose a Code of Conduct for Instructors?  Yes  No **If Yes, please attach a copy**

14. Does your organization have a written policy regarding the hiring of Staff?  Yes  No **If Yes, please attach**

If No, please explain how instructors are selected & approved (e.g. recommendations, skill demonstration, amount of experience etc.): \_\_\_\_\_  
\_\_\_\_\_

15. Do instructors have first aid certifications?  Yes  No If Yes please describe: \_\_\_\_\_  
\_\_\_\_\_

16. Will Participants be covered by medical insurance?  Yes  No Limits: \_\_\_\_\_
17. Does the Insured require signed waiver/release forms prior to participation in class?  Yes  No  
**If Yes, Please attach a copy of the Waiver/Release Forms used**
18. Does the Insured require Legal Guardians to sign the waiver/release forms of minors?  Yes  No
19. How are new/prospective clients assessed to determine their abilities prior to beginning instruction or in the first class?  
 \_\_\_\_\_
20. Are you or your instructors involved in any aspects of medical diagnostic or rehabilitation service (such as providing services for post-rehab clients)?  Yes  No If Yes, please describe: \_\_\_\_\_
21. Do you ever transport students (e.g. to tournaments)?  Yes  No If Yes, how many times per year? \_\_\_\_\_  
 How are the students transported (e.g. chartered bus, personal vehicle) \_\_\_\_\_  
 If Buses are used, does the bus company provide a Certificate of Insurance?  Yes  No  
 Any overnight travel?  Yes  No If Yes, how often? \_\_\_\_\_  
 Who arranges overnight travel? \_\_\_\_\_
22. List mandatory safety gear, if any: (e.g. headgear, foot pads, etc.) \_\_\_\_\_
23. List any other equipment used (e.g. punching bag, optional safety equipment): \_\_\_\_\_
24. List any other methods or techniques used in training that are not related to martial arts (e.g. swimming):  
 \_\_\_\_\_
25. Describe any additional operations or outdoor activities, including special events: \_\_\_\_\_  
 \_\_\_\_\_
26. What is the procedure to handle student complaints or injuries: \_\_\_\_\_  
 \_\_\_\_\_
27. What are your annual gross receipts? \_\_\_\_\_

**Please list the organizations that require a Certificate of Insurance from you (As they are to appear on the policy)**

NAME	ADDRESS	RELATIONSHIP TO YOU*
1. _____	_____	_____
2. _____	_____	_____

**Please attach the following information to this application:**

- a. Loss Runs for the previous Five Years
- b. Brochures and Promotional Material about the Organization
- c. Copy of Lease Agreement if Premises/Facility is Rented
- d. Client Application Form/Registration Form/Medical Questionnaire
- e. Waiver or Hold Harmless Agreement
- f. Copy of Agreement/Contract with Instructors
- g. Class Schedule and Tournament Schedule
- h. Safety Guidelines/Rules

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:**

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Ed01/13)

Title:

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Phone:

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