



CONTRACT DIVISION - MARTIAL ARTS - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable check boxes below

General Agent:

Date:

Insured:

Insured Mailing Address:

Insured's Web Address:

Insured Contact Name:

Phone Number:

PROHIBITED (check all that apply to your operations)

- 24 hour facilities, IF not equipped with panic buttons and video surveillance
- Boxing, Fighting or Wrestling, IF Cage boxing, Professional MMA's, Ultimate fighting championships
- Martial Arts Clubs, Schools or Studios, IF semi-professional or professional (only amateur acceptable)
- Medical exposures such as Doctors/Nurses/Physical Therapists on staff, any type of blood analysis, Stress testing
- Tanning bed(s), IF attendant does not control timers
- Trampolines
- Weapons exposures including but not limited to darts, firearms, knives, or swords

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
'Missouri Applicants - Do not answer this question'

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LOSS HISTORY

- Three years of loss history information provided on ACORD application or attached to this application

MARTIAL ARTS - SUPPLEMENTAL APPLICATION

OPERATIONS / EXPOSURES

Type(s) of martial arts taught (describe):

- Boxing ring
- Climbing wall
- Climbing Wall
- Exercise equipment
- Exercise room
- Heavy bags
- Locker room
- Showers
- Weight room
- Off Premises Activities (describe):

Exhibitions sponsored by applicant. If yes, explain:

*Exhibitions are defined as a sponsored event that is open to the public, but participation is limited to the members of this Martial Arts Club or School

Off-site activities If yes, explain:

Tournament Sponsorship(s) If yes, explain:

*Tournaments are defined as a sponsored event, open to the public, where the members of this Martial Arts Club Schools are competing with members of another Martial Arts Club or School

Ultimate Fighting Championship participation

- Protective equipment includes gloves, headgear
- Protective equipment includes mats and/or pads

Sauna(s) / Steam Room(s)

Swimming Pool(s) Number of swimming pools: _____

- Depths marked, Life safety equipment placed in pool area, Rules posted
- Competitions Diving Teams Swimming Instruction
- Fenced completely with self-latching gate(s), if pool is outdoors
- Life guards CPR trained Subcontracted out
- Slides or diving boards Maximum height: _____ feet

MARTIAL ARTS - SUPPLEMENTAL APPLICATION

SUBCONTRACTORS / INDEPENDENT CONTRACTORS

- Uninsured subcontractors are not acceptable
 - Professional Trainers and/or Masseuses who are independent contractors provide certificates of insurance that confirm liability insurance and professional coverage is in place
- Risk Transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor’s policy
 - Certificates of Insurance - Always obtained from a subcontractor prior to any work being done for you
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

EMPLOYEES

- CPR trained staff member (at least one) is always on duty during hours of operation
- Certifications, if required by state law, are verified for all instructors

CLUB MEMBERS

Number of enrollees (annually): _____

- Contracts for members include a ‘Release of Liability’ and ‘Waiver’
- If member is under the age of 18, parent or legal guardian is required to sign membership contract
- Age range 0 -5
- Age range 6-12
- Age range 13-18
- Age range – Over 18

RECEIPTS

All Operations including clothing, equipment, food, tuition fees)	\$
---	----

PLANNED EXPANSION OR NEW ACTIVITIES IN COMING POLICY TERM

- New activities or expansion is anticipated (describe):

COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement: Bronze – U777C, Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

MARTIAL ARTS - SUPPLEMENTAL APPLICATION

GENERAL FRAUD STATEMENT (Not applicable in all states.)

Any person who knowingly and with intent to defraud any insurance company or other 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, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE