



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

MARTIAL ARTS SUPPLEMENTAL APPLICATION
COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Applicant's brochure or marketing materials if a website is not available
- c) Links to any publicly available video classes or tutorials, if applicable

3)

What are your operations? Check all that apply:

- Karate or Kenpō
- Kendo, Koryū, or Kobudō
- Aikido
- Kung Fu, Kuoshu or Wushu fighting
- Judo or Jūjutsu
- Taekwondo
- Krav Maga
- Brazilian Jiu-jitsu
- Capoeira
- Sumo
- Wrestling
- Fencing
- Boxing or Mixed Martial Arts (MMA)
- Stage fighting, performance wrestling/wrestling entertainment, or stunt fighting

- 4) What are your projected receipts for the coming year? \$ _____
- 5) Are you subject to any state or local licensing or regulation? Yes No
 a. If yes, list regulations/licenses: _____
- 6) How many years have you been in operation? _____
- 7) Do you run criminal background checks on all employees? Yes No
 a. Are past convictions for violent crimes or offenses involving minor children exclusionary criteria for hiring? Yes No
 b. What is the minimum age for employment? _____
- 8) Does your operation have any age restrictions for participants? Yes No
 a. If yes, what age? _____
- 9) Do you strictly prohibit any participation by persons under the influence of drugs or alcohol? Yes No
- 10) Are all participants required to sign a waiver absolving you of all liability for bodily injury? Yes No
- 11) Is it your policy to expel students for non-defensive violent acts committed outside of class? Yes No

TRAINING

- 12) How are students separated? Check all that apply:
 Age or School Grade Level Gender
 Weight Class Skill Proficiency
 Other: _____ Other: _____
- 13) What are the possible levels of training proficiency (degrees, belts, ranks, etc.) a student may obtain in your school?

 a. How frequently do you conduct advancement tests? _____
 b. What percentage of students, on average, advance to the next level following testing? _____
- 14) Please indicate the type of sparring allowed (check all that apply):
 None/no sparring No contact/diverted aim
 Soft contact Full contact - against dummy
 Full contact - wearing padding/armor Full contact - reduced match time or score
 Full contact - against teacher only Full contact
 Other: _____ Other: _____
- 15) Please indicate the types of weaponry utilized in training:
 None/ no weaponry Swords
 Handheld small blades (daggers, sai, etc.) Polearms/staffs
 Swinging weapons (maces, nunchucks) Thrown weapons
 Other: _____ Other: _____

- 16) If you are utilizing weaponry as part of your training, please describe the safety gear all students are required to wear while weapons are in use: _____

- 17) Do you teach throws? Yes No
 a. If yes, please describe the floor padding and headgear required for throws: _____

- b. Do you require spotters when students are learning throws? Yes No
- c. At what level or age are students permitted to learn and practice throws? _____
- 18) Do you host or sponsor any martial arts competitions? Yes No
 a. If yes, are competitions limited to your students? Yes No
 b. If no to a., are competitors required to sign a waiver absolving you of all liability for bodily injury? Yes No
 c. Do you act as a judge in these competitions? Yes No
 d. Do you judge matches in which your students are competing against non-students? Yes No
- 19) Does any of your training involve object breaking via learned technique (eg blow to a wooden board to snap the board, concrete block breaking, etc.)? Yes No
 a. If yes, please describe: _____

- b. Do any of these techniques involve the use of the student's skull to break an object? Yes No
- 20) Do you have any after school/class and childcare operations? Yes No
 a. If yes, do you pick up children from school campuses directly? Yes No
 b. If no to a., how far is the bus stop from your location? _____
 c. Does an employee meet children at the bus stop? Yes No
- 21) Are your operations conducted in a multi-use gymnasium or facility (eg YMCA)? Yes No
 a. If no, are you the sole occupant of your facility? Yes No
 b. If no to 21) and a., what other operations are conducted in the facility? _____

ACCOUNT HISTORY

- 22) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes No
- 23) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN,

AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____