



MARTIAL ARTS STUDIO SUPPLEMENTAL APPLICATION
 (Complete in addition to the ACORD Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____

 Agent: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Error and Omissions (E&O) Coverage limits:** Included for limits up to the General Liability limits
 Each Claim:\$ _____
 Aggregate:.....\$ _____
2. **Sexual and/or Physical Abuse Coverage limits:** Included for \$50,000 Per Claim/\$100,000 Aggregate.
3. **Indicate all types of students:** Amateur Professional Semi-professional
 Martial art taught: _____
4. **Annual gross receipts from all operations** (include tuition fees, food receipts, clothing and equipment sales, etc.):.....\$ _____
5. **Total number of students enrolled:** _____ Students' ages range: From: _____ To: _____
6. **Describe other operations on premises** (weight room, exercise equipment, boxing ring, heavy bags, tanning beds, pool, showers, locker room, climbing wall, etc.): _____

7. **Describe protective equipment (mats, pads, gloves, headgear, etc.), if any, that is used:** _____

8. **Are students or their parents required to sign liability waivers?**..... Yes No
 If yes, attach a copy of the waiver wording that was used.

9. Advise the number of tournaments the applicant sponsors and describe. (A tournament for this purpose is an event sponsored by the applicant, open to the public, where the participants are members of the club or school competing with members from another club or school.): _____

10. Advise the number of exhibitions the applicant sponsors and describe. (An exhibition for this purpose is an event sponsored by the applicant, open to the public, where the participants are limited to members of the school or club.): _____

11. Describe any additional off-site activities or tournaments: _____

12. Is applicant involved with any cage fighting or training? Yes No

13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

14. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.