

Martial Arts
General Liability Application

P.O. Box 1357, Arlington Heights, IL 60006-1357
Phone: 800-640-6601 Fax: 847-991-4351
Email: Gmnst33@aol.com

Section I – General Information

Business Ownership Type and Name:

Individual

First Name: _____ Last Name: _____

Doing Business As: _____

Corporation LLC Partnership Organization

Name as it should appear on the policy _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail: _____ Web Site: _____

Section II – Business Information

Please indicate liability limit requested: \$500,000 \$1,000,000 Years in Business: _____

Please indicate the desired effective date: ____/____/____ Would you like a quote on Accident Medical Coverage?
month / day / year Yes No

Section III – Insurance Information

1. Is facility currently insured? Yes No Annual Premium: \$ _____

Insurance Company Name (not agency): _____

2. Has a liability or medical claim been made in the last 5 years? Yes No

If Yes, please provide the following information:

Claim Date: ____/____/____ Amount paid: \$ _____ Brief description: _____

Claim Date: ____/____/____ Amount paid: \$ _____ Brief description: _____

3. Has a previous insurer refused to renew or cancelled your insurance coverage in the last 5 years? Yes No

If Yes, explain: _____

Section IV – Eligibility Information

4. Do you offer conventional boxing at any of your schools? Yes No

5. Do you have free sparring or permit contact of any kind? Yes No - skip to #6

Please Note: Our policy requires participants to wear headgear, mouthpieces, padded kicking boots, groin cups for males, and chest/breast protectors for females during free sparring and during contact of any kind. If you permit free sparring or contact, you must agree to comply to all requirements listed in Questions 5 and 6 in order for us to write your insurance. Martial Arts Sparring Rules apply to all locations

- a) Are sparring rules typed on school letterhead? Yes No
- b) Are sparring rules addressed to students and given to all students? Yes No
- c) Are sparring rules signed and dated by the school's owner? Yes No
- d) Do your written rules clearly state that no contact to the groin or above the shoulders is permitted, other than light contact to headgear? Yes No
- e) If you do not currently comply with our sparring policy (defined in Question 5, a-d) are you willing to make the necessary changes? Yes No

6. Do you require use of the following protective gear:

- § Headgear? Yes No
- § Mouthpieces? Yes No
- § Boots? Yes No
- § Groin Protectors for males? Yes No
- § Breast/Chest Protectors for females? Yes No

7. Do you at any of your locations:

- a) Offer self-defense programs off site? Yes No
If Yes, number of students enrolled: _____
- b) Teach no-holds-barred confrontation or submission fighting? Yes No
- c) Use live or sharp blade weapons? Yes No

8. Which of the following traditional names most closely resembles the art(s) that you teach? This would include all of your locations. (Check all that apply)

- | | |
|---|---|
| a. <input type="checkbox"/> Cardio Kickboxing | o. <input type="checkbox"/> Goju-Ryu |
| b. <input type="checkbox"/> Aikido | p. <input type="checkbox"/> Kenpo |
| c. <input type="checkbox"/> Jeet Kune Do | q. <input type="checkbox"/> Kempo |
| d. <input type="checkbox"/> Judo | r. <input type="checkbox"/> Kendo |
| e. <input type="checkbox"/> Jujitsu | s. <input type="checkbox"/> Kickboxing |
| f. <input type="checkbox"/> Karate | t. <input type="checkbox"/> Muay Thai |
| g. <input type="checkbox"/> Tae Kwon Do | u. <input type="checkbox"/> Conventional Boxing |
| h. <input type="checkbox"/> Tai Chi | v. <input type="checkbox"/> Savate |
| i. <input type="checkbox"/> Gracie Jujitsu | w. <input type="checkbox"/> Krav Maga |
| j. <input type="checkbox"/> Brazilian Jujitsu | x. <input type="checkbox"/> Ninjitsu |
| k. <input type="checkbox"/> Kung-Fu | y. <input type="checkbox"/> Choi Kwang Do |
| l. <input type="checkbox"/> Shotokan | z. <input type="checkbox"/> Kung-Fu San Soo |
| m. <input type="checkbox"/> Shito-Ryu | Other: _____ |
| n. <input type="checkbox"/> Wado-Ryu | |

9. a) Is there a signed Hold Harmless agreement on file for each student? Yes No
If Yes, send a copy of the Hold Harmless agreement and sparring rules for each location being insured.
- b) Are both parents'/guardians' signatures required for minors? Yes No

Section V – Census & Financial Information

10. Do you instruct "special needs" children? Yes No

If Yes: a) Number of participants with "special needs": _____

b) Type of Special Needs: _____

11. Annual gross receipts from tuition/membership fees from all locations: \$ _____

12. Do you sell products at any location? Yes No

If Yes: a) Annual gross receipts from products at all locations: \$ _____

b) Do you sell lethal weapons? Yes No

c) Do you manufacture or re-label any products as your own product? Yes No

d) Do you sell instructional videos or CDs that you personally produce? Yes No

13. Do you have any of the following at any of your locations:

a) Birthday parties? Yes No If Yes, # Annually: _____

b) Exhibitions/Demos? Yes No If Yes, # Annually: _____

c) Sleepovers? Yes No If Yes, # Annually: _____

d) Open Studio? Yes No If Yes, # Annually: _____

e) Fundraisers/Special Events? Yes No If Yes, # Annually: _____

f) Do you sponsor tournaments? Yes No If Yes, download & complete our Tournaments Supplement.

g) After School Programs? Yes No

If Yes, describe events: _____

h) Other income? Yes No Amount: \$ _____

If Yes, describe sources (including other businesses or activities): _____

14. Do you have camps with activities other than martial arts? Yes No
(If Yes, please complete a Travel/Tournaments/Camps supplement, which can be downloaded from our web site.)

Section VI – Location Information

How many locations do you have? _____

(If more than one location, please complete an Additional Location Form for each one.)

Location 1: Street Address: _____

City: _____ State: _____ Zip: _____

15. Maximum number of students enrolled last year at the busiest time: _____

If new venture, estimate the number of students for the coming year: _____

16. Do you own or rent facility? Own Rent If private residence, check here:

17. If renting, does your landlord require a certificate of insurance? Yes No

Landlord's Name: _____

Landlord's Mailing Address: _____

18. Do you sublease, rent, or allow other people, organizations, clubs, or associations to use your facility or equipment at any time for any reason? Yes No

If Yes: a) To whom? _____

b) For what purpose? _____

- c) Do you require a Hold Harmless or Certificate of Insurance? Yes No
(If Yes, please attach a copy.)

Optional - Personal Property Coverage (for Building Contents/Equipment)

Please complete the following if you'd like a quote on coverage for your business's equipment and other personal property. If you'd also like a quote on insurance for your building, do not complete the questions below. Instead, please download and complete the Property Coverage application from our web site or call 800-900-1155.

1. Value of personal property at this location: \$10,000 \$25,000 \$35,000
(Note: Coverage amount must be at least 90% of the total value of your personal property. Policy deductible is \$1000.)

2. Construction of Building Frame Brick Metal Concrete with Steel Frame

Other (describe): _____

3. Year Built: _____ If building is over 20 years old, please provide the year of the following updates:

a) Wiring: _____ b) Roofing: _____ c) Plumbing: _____ d) Heating: _____

4. Distance to nearest Fire Station in miles: _____ Distance to Fire Hydrant in feet: _____

5. Is the building equipped with functioning fire sprinklers? ___ Yes ___ No

6. Optional Coverage Available – Would you like a quote for the following?

Business Income - \$20,000 coverage Yes No

Tenants Improvements and Betterments? Yes No If Yes, amount of coverage: \$ _____

7. # of Stories: _____ # of Buildings: _____ Square Footage: _____

8. Is your facility part of a shopping center or mall? Yes No

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Agency Information

Agency Name: Kulin-Sohn Insurance Agency, Inc.

Contact: Mark Sohn

Agency Address: -P.O. Box 1357

City: Arlington Heights

State: IL

Zip: 60006-1357

Phone: 800-640-6601

Fax: 847-991-4351

E-mail: Gmnst33@aol.com

How did you hear about us? (Check one)

- Previously Insured with Markel
- MA Success magazine
- Martial Arts Professional magazine

- Conference: _____
 - Web site/search engine: _____
 - Referred by: _____
 - Other: _____
-

If binding coverage, please submit the following with your application:

- Ⓟ Hold Harmless Agreements/Waiver
- Ⓟ Resumes of Directors and Instructors (if business has been in operation less than 3 years)
- Ⓟ Claims experience ("loss runs") from current insurer
- Ⓟ Sparring rules
- Ⓟ Certificates of Insurance from anyone using your facility or equipment
- Ⓟ Landlord information (name, address) for each location, if applicable

Martial Arts Application - Additional Location Form

Insured Name: _____

City, State: _____

Additional Location:

Street Address: _____

City: _____ State: _____ Zip: _____

15-2. Maximum number of students enrolled last year at the busiest time: _____

If new venture, estimate the number of students for the coming year: _____

16-2. Do you own or rent facility? Own Rent If private residence, check here:

17-2. If renting, does your landlord require a certificate of insurance? Yes No

Landlord's Name: _____

Landlord's Mailing Address: _____

18-2. Do you sublease, rent, or allow other people, organizations, clubs, or associations to use your facility or equipment at any time for any reason? Yes No

If Yes: a) To whom? _____

b) For what purpose? _____

c) Do you require a Hold Harmless or Certificate of Insurance? Yes No
(If Yes, please attach a copy.)

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