



P.O. Box 2009, Glen Allen, VA 23058-2009
 800-900-1155 Fax: 804-273-6144
 healthandfitness@markelcorp.com

MARTIAL ARTS General Liability Application

Bruce Kay/License # A137679

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, and groin cups for males 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. (Although not required, breast/chest protectors are strongly recommended.) 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

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

- 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 **camp**s 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

How did you hear about us? (Check one) Conference: _____

Previously Insured with Markel Web site/search engine: _____

MA Success magazine Referred by: _____

Martial Arts Professional magazine Other: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI,

MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

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

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____

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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