



**Martial Arts General Liability Supplement**  
 (Attach to the appropriate Markel Specialty program application.)

Markel agent number: \_\_\_\_\_  
 Business name: \_\_\_\_\_  
 Submission or policy number: \_\_\_\_\_

**Section 1 - Description of operations**

1. Do you offer instruction/training for ring or cage sports including conventional boxing?  Yes  No
2. Do you offer instruction/training for MMA fighters?  Yes  No
3. Do you offer instruction/training for military or law enforcement?  Yes  No
4. List the name(s) of the arts you teach: \_\_\_\_\_  
 \_\_\_\_\_
5. Do you have sparring rules which are furnished to each student and includes statements regarding required protective gear and appropriate contact and techniques?  Yes  No
6. At any of your locations, do you use any sharp, bladed and/or projectile weapons?  Yes  No
7. Are signed Waivers kept on file for each student/participant?  Yes  No
  - If yes, a. Are parents and legal guardians' signatures required for minors?  Yes  No
  - b. Is it a standalone document titled Waiver or Release?  Yes  No
  - c. Does it describe the risk(s) being accepted and potential harm associated with the activities?  Yes  No
  - d. Does your Waiver provide release of liability for your business?  Yes  No

**Section 2 - Concussion management**

Does your concussion management include the following?

1. When sparring, use headgear/mouth gear that is approved by a certifying organization.  Yes  No
2. Require instructors to complete a course that addresses concussion awareness and how to manage potential concussions prior to instructor being allowed to serve in a capacity that manages participant activity.  Yes  No
3. EMS personnel at all hosted/sponsored tournaments.  Yes  No
4. Immediate removal of a participant who appears to have suffered a head injury or concussion from class at the time of injury.  Yes  No
5. A policy in place requiring a participant be cleared by a licensed health care professional before returning to class.  Yes  No
6. Provide staff/volunteers, participants and youth participant's parents/guardians with educational material regarding concussion awareness such as the free *Heads Up: Concussion in Youth Sports*.  Yes  No  
 Information can be obtained at the following website: [www.cdc.gov](http://www.cdc.gov) - go to Concussions. At a minimum, review the following:

- Fact sheet for coaches on concussion
- Fact sheet for athletes on concussion
- Fact sheet for parents on concussion
- Clipboard with concussion facts for coaches

7. Require a concussion and head injury information/awareness sheet be signed and returned by the youth participant and the participant's parents/custodial parent/or guardian prior to the youth participant's participation, return to practice or competition after a head injury or concussion.  Yes  No
8. A concussion fact sheet posted and visible during class.  Yes  No
9. A protocol for handling potential concussion events outlined as part of your emergency action plan.  Yes  No

**Section 3 - Census and financial information**

1. Total annual gross receipts from martial arts tuition/membership fees from all locations: \$\_\_\_\_\_
2. Total annual gross receipts from health club activities from all locations: \$\_\_\_\_\_
3. Do you sponsor tournaments?  Yes  No  
If yes, complete our Martial Arts Tournament Supplement to obtain coverage.

**Section 4 - Location information**

Number of locations: \_\_\_\_\_ *If more than one location, please complete an Additional Location Form for each one.*

Location 1: Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Is this a private residence?  Yes  No
2. Do you own or rent the facility?  Own  Rent  
If renting, does your landlord require a Certificate of Insurance?  Yes  No  
Landlord's name: \_\_\_\_\_  
Landlord's mailing address: \_\_\_\_\_
3. 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? If yes, please attach a copy.  Yes  No
4. Enrollment information: (If this is a new venture, provide an estimate.)  
a. Maximum number of students enrolled in the last twelve months: \_\_\_\_\_  
b. Maximum number of students actively training in the last twelve months: \_\_\_\_\_  
c. Instructor to student ratio: \_\_\_\_\_

| Age group    | Art(s) | # Enrolled | # Actively training |
|--------------|--------|------------|---------------------|
| 13 and under |        |            |                     |
| 14 and over  |        |            |                     |

**NOTE:** This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_