

Martial Arts Studio Supplemental Application (Complete in addition to ACORD)

1. Name of Applicant: _____
2. Website Address: _____
3. Gross Sales: _____ Payroll: _____ Area: _____
4. Number of students enrolled? _____ What age groups? _____
5. # of employed instructors? _____ # of volunteer instructors? _____ # of contracted instructors? _____
6. Do all contractors providing services carry their own liability insurance? Yes No
If yes, what limits? _____
7. List all styles and disciplines taught: _____
8. Are any of the following styles taught? Yes No
 Mixed Martial Arts Dim Kam Haganah Iaido Brazilian Ju Jitsu, Kali
 Kali-Escrimina Kali-Savate Kali-Sayoc Krav Maga Kyokushinkai/Kyokushin Muay Thai
 Ninjutsu Pentjak Silat Savate Shukokia Wing Chun Ultimate Fighting
9. Is Boxing or Kick-Boxing taught? Yes No
10. Does applicant offer specialized training programs for Law Enforcement, Public Safety or Military personnel? Yes No
11. Is there at least one employee on duty at all times that is CPR certified? Yes No
12. Does applicant use or sell authentic martial arts weapons (as opposed to "mock weapons")? Yes No
If yes, list and describe: _____
13. Describe applicants experience in teaching martial arts (include certifications and belt ranks of all instructors).

14. Are all students (or their parents/guardians for minors) required to sign a waiver of liability form **(please attach copy)** and get medical clearance? Yes No
15. Are all sparring participants required to wear headgear, mouthpieces, and padded kicking boots, groin cups for males and chest/breast protectors for females? Yes No
16. Does facility comply with all applicable laws and ordinances pertaining to licensing or codes and meet current industry standards for safety? Yes No
17. Does insured sell any vitamins or supplements? Yes No
If yes, list and describe: _____
18. Does applicant's facility have equipment such as free weights or Nautilus type equipment? Yes No
If yes, list and describe: _____
19. Is insured licensed by the state? Yes No
Is insured's license under suspension or revocation? Yes No
20. Does applicant sponsor or participate in any tournaments or competitions? Yes No
If yes, describe: _____
21. Does your facility do background checks on all instructors? Yes No
Describe type of checks performed (prior employer, police, etc.) _____

FOR SEXUAL MOLESTATION COVERAGE, PLEASE COMPLETE QUESTIONS 22. through 24.

\$25,000/50,000 limit is included at no additional charge. Higher limits are available for an additional premium charge (see below). If sexual molestation coverage is not desired, please check here Coverage is **NOT** requested.

22. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No
If yes, please provide details: _____
23. Are there written guidelines in place regarding sexual misconduct? Yes No
If NO, please explain: _____
24. Please check the limits you are requesting:
 \$25,000/50,000 – included \$50,000/100,000 \$100,000/300,000 Other _____

Applicant's Signature

Date

Applicant's Title

Applicant's Agent Signature