



SPECIAL RISK INSURANCE MANAGERS

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

RECREATIONAL (ACCIDENTAL CONTACT ONLY) MARTIAL ARTS FACILITIES INSURANCE APPLICATION

GENERAL INFORMATION: (Please Print or Type)

1. Official Name of the Organization:

2. Main Mailing Address: _____ Postal Code: _____

3. Location Address:

4. Telephone Number: _____ Fax Number: _____

5. Name of Contact for Insurance Program: _____

6. Address of Contact for Insurance Program: _____

7. Years the organization has been operating: (give date) _____

8. Applicant for this Insurance is:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Club | <input type="checkbox"/> Provincial | <input type="checkbox"/> National |
| <input type="checkbox"/> Owner/Operator | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Instructor Only | <input type="checkbox"/> Other: _____ | |

9. Affiliations:

(a) Provincial: _____

(b) National: _____

UNDERWRITING INFORMATION:

1. Total number of Students: _____ Total number of Volunteers: _____

2. Total number of Coaches: _____ Total number of Directors: _____

3. Total number of Referees: _____

4. Provide approximate breakdown of Students by the following age category in your organization by number.

		Number of:	
		Females	Males
Youth:			
	Participants Ages ___ to 13 years of age:	_____	_____
	Participants Ages 14 to 18 years of age:	_____	_____
Senior:			
	Participants Ages 19 to 34 years of age:	_____	_____
	Participants Ages 35 to 65 years of age:	_____	_____
	Participants Ages and up:	_____	_____
	Is there any US or foreign participants? <input type="checkbox"/> Yes <input type="checkbox"/> No		

5. Do you have any potential for travel to the United States?: _____

6. How many sanctioned events will be held during the policy term: Sanction in this case means number of classes schedule during the year: _____

7. Are all practices, contests, exhibition, and other events sanctioned and supervised by the organization? Yes No
If No, please explain:

8. Describe the style of Martial Art(s) for which instruction is given at your facility:

9. Any Boxing or Kickboxing activities? Yes No

10. Describe sparing in terms of contact to different body sections. Example: light to body, none to head etc.

11. Describe mandatory safety equipment:

12. Are there any activities involving trampolines and/ or inflatable jumping pillows: Yes NO
if yes please explain: _____

13. List the equipment in the club available for the student use. Examples: bags, weights, stretching, sauna, whirlpool, weapons, mats, etc.

14. What is the proximity to closest medical facility? _____

15. What first aid treatment is available in your club?

16. Is it mandatory or a condition for instructors to have first aide certifications:

St. John's Ambulance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CPR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All instructors have certification:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

17. Total Active Students per Year: _____

Total Classes per Year: _____

Average Class Size: _____

Ratio of Students to instructors: _____

18. Do instructors give private lessons? Yes No

If Yes, please explain:

19. Describe experience and qualifications of each instructor: (Use separate sheet of paper for each instructor giving full name, birthday, address, length of time in current martial art, level of degree reached, length of time as instructor, etc.

20. Is the chief instructor present at all classes with the exception of emergencies? Yes No

21. Does the Club have posted rules governing discipline and behaviour? Yes No

22. Please provide student application, registration form, medical questionnaire and waiver of liability.

	Attached:	
Student Application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registration form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical Questionnaire	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Waiver of Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agreements/Student Contracts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide a schedule of training	Yes <input type="checkbox"/>	No <input type="checkbox"/>

23. Are windows, door glass and mirrors made of safety glass? Yes No

If No, please explain:

24. Are shower areas covered with non-slip floor covering material? Yes No

PAST INSURANCE HISTORY:

1. Coverage and loss history:

Indicate limits carried, corresponding premiums paid and total losses for the past 3 years (attach company loss history – verification if required).

	Limit	Premium	Total Losses
General Liability	_____	_____	_____
Participants Liability	_____	_____	_____
Accident Policy	_____	_____	_____
Other	_____	_____	_____

2. Name of Current or past Insurance Carrier? _____

3. Has any Insurance Carrier ever cancelled or refused your organization coverage? Yes No
If Yes, please explain:

4. List and explain any losses that you have been paid by any of your insurance policies for the last three years:

INSURANCE REQUIREMENTS FOR YOUR ORGANIZATION:

1. Liability Coverages:

Limits available: \$1,000,000.00 or \$2,000,000.00

Accident Coverages:

Limit available: Plan A only – Some sublimits may apply

2. Desired Effective Date: _____ Expiry Date: _____

3. To assist us to become more knowledgeable about your organization we require the following information:

- Copy of your letter patent (if incorporated)
- Copy of insurance face sheet from current insurer
- Copy of your registration forms
- Copy of any waivers/release forms you use
- Copy of information on your martial art

Materials Enclosed:

- | | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If No(s), please explain:

4. Total gross receipts of the Club on an annual basis: _____

5. Any additional information or remarks that may help us in evaluating your application, fill in here or use a separate sheet of paper.

IMPORTANT NOTICE:

PLEASE READ CAREFULLY:

1. It is understood and agreed that the insurance coverage will not apply from injuries resulting from intentional body contact. Violation of the rules and by-laws governing recreational (Non-Contact) Martial Arts instituted by the Owner/Operator, Association, Provincial or National Body.
2. It is understood and agreed that coverage does not apply to bodily injury to a participant unless you implement sufficient procedures to secure from each participant and deliver to us simultaneously with notice of a participant claim a valid release and waiver of liability and indemnity agreement form and made part of the policy dated and signed by the participant prior to the time of the occurrence in which said participant was injured.
3. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES UNDERWRITING THIS APPLICATION.

Signature of Applicant

Position

Date