

HEALTH & WELLNESS PROGRAM - MARTIAL ARTS STUDIO APPLICATION

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Brokerage:		Producer name:					
Broker telephone:	Broker fax: Target Pre			ım: \$			
Broker email:	Are you the present Broker on file?			□YES □NO			
GENERAL INFORMATION							
Legal Business Name:							
Location Address:		City:	Province:	Postal:			
Mailing (if different):		City:	Province:	Postal:			
Contact Person:		E-mail:					
Phone #:	Fax #	Res. #	Cell #				
Website Address:							
Expiry Date of Policy:	Current Insurance Compar	ny: Risk I	Ever Been Canceled:	☐YES ☐NO			
# of years in business?	# of full time Employees?	# of part time?	# of years experi	ence?			
Claims last 5 years? YES NO If	yes, please advise, year, type o	f loss and payout/reserve:					
PROPERTY INFORMATION							
Describe your location (Two storey, strip	plaza, shopping mall, etc.)		No. of	Stories:			
Do you own the building? TYES NO) Total Are	ea of your Facility: ft	The Building Age:				
Latest Update: Roof	Heat	Plumbing	Electric				
Fire Hydrants within 500 Feet?	□YES □NO	Restaurant within 2	2 adjacent units:	□YES □NO			
Building Sprinklered?	□YES □NO	Monitored Alarm S	ystem?	TYES TNO			
Local Alarm System?	□YES □NO	Surveillance Syste	m?	☐YES ☐NO			
Fire Alarm?	□YES □NO	# of Fire Extinguish	ners:				
Doors have deadbolts?	□YES □NO	Bars on Doors/Wir	ndows?	□YES □NO			
What is at - Front:	Back:	Left:	Right:				
CONSTRUCTION OF BUILDING:							
"PROPERTY VALUES" (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY)							
Building (if required) \$ Equipment \$							
Leasehold Improvements \$ Stock \$							
* Martial Arts Studio leasehold improvement rebuilding values are usually around \$20 per square foot. Most leases state that the lessee must insure all							
improvements including any completed previous to the signing agreement. LOSS PAYEE INFORMATION (loan from bank for equipment or mortgage):							
LIABILITY INFORMATION Liability Limits Desired: □ \$1,000,000 □ \$2,000,000 □ \$3,000,000 □ \$4,000,000 □ \$5,000,000							
Liability Limits Desired: \$1,00	0,000	■ \$3,000,000 ■ \$4,000,00	0 \$5,000,000				
No. of Students?	•	Summer Camps \$					
Student Receipts \$	_	Clothing Receipts \$					
Tatal Vasahi Gasas Basaii	-4	Other Receipts \$, p	olease specify				
Total Yearly Gross Recei	· 						
Children under 12% List All Styles & Disciplines:	Jr. 12-18%	Adult% Number	of Students?				
· · · · · · · · · · · · · · · · · · ·	oremise? YES NO If Yes,	Please elaborate:					
Are there any operations outside of the premise? YES NO If Yes, Please elaborate: Weapons YES NO - If Yes provide full list.							
Please read Martial Arts Defined on the last page and advise: Weapons: \[\Bar\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Type of Contact? Mixed Martial Arts fighting tournaments full contact light contact no contact							
	S NO Any kicks to the he		o you use live blades?	□YES □NO			
Are there any takedowns from a standin				□YES □NO			
•	Boots?	Gloves?	O Chest Protectors?	□YES □NO			
Do you have a caged or roped fighting ri		Do you offer transportation to	•	□YES □NO			
Do you have sleepovers? YES NO If so, how many sleepovers per year?							
Do you offer kids camps? YES NO If so, how many camps per year? # of children per week?							
Do any students or martial arts teachers			(□YES □NO			
Do you have a hold harmless waiver for	<u> </u>			YES NO			



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If answered yes above, please provide details:						
TOURNAMENTS:						
How many do you attend per year? #	How many are free	style?	How many are traditional?			
Type of Contact						
Point method where each student separate after	they have made contact	ct with their opponents?	Or			
Continuous fighting for a timed duration where the	ere is no controlled ser	aration during the timed	I fighting bout?			
Do you rent space to others within your unit?	□YES □NO	If yes, do they list you as	s an additional insured?	☐YES ☐NO		
If yes, please advise name of lessee:						
** NOTE: A certificate of insurance MUST be provided to	the Martial Arts Owner	if there are any operation:	s offered by others within the Martial	Arts Studio.		
☐ ADDITIONAL INSUREDS (i.e.: landlord):						
** CYBER LIABILITY **						
Does the Company store any medical/health informa	tion for clients?			☐YES ☐NO		
• If yes, does the Company follow the minimum stand	dards under the HIPAA	(encryption and firewalls	s in place)?	☐YES ☐NO		
If yes, does the Company follow the minimum stand firewalls in place)?	dards under PIPEDA o	the respective PIPA rec	quirements (encryption and	□YES □NO		
PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.						
The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.						
The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.						
NOTE: Insurance is not in effect until Premier has issued a b	pinder or policy document	S.				
Insured Signature:		Date:				
Broker Signature:		Date:				
Broker Email: Broker Email:						
MARTIAL ARTS DEFINED:						
Martial arts means, any system of fighting that woul	d teach the person sel	defense individually or	by means of sparring with others.			
"The use of weapons is to be used only on an individual basis or in the case of two individuals the use would be instructional only".						
Safe weapons "A" would be normally made from rubber, foam, plastic or wood. "Authorized for kata or instructional use only".						
Safe weapons "B" would be none live blades with no sharp edges "Authorized in Black Belt kata & demonstrations only". "Minimum of 2						
spotters must be present".						
Not Safe Weapons "C" would be any sharp edge or SPARRING DEFINED:	point <u>"We can not in</u>	sure operations that in	ciude these weapons".			
SPARRING DEFINED.						

Sparring is where two or more individuals practice techniques of the martial arts discipline they have been practicing using any body part. "Weapons are not to be used when sparring".

Sparring "A" is controlled sparring. This is practiced by the point system where once one individual makes contact with their opponent they score a point and then both separate. This will continue until one of the opponents reaches a predetermined point score. This method is controlled and meant as a teach technique and not to harm any other.

"Safe weapons "A" may be used under supervision but must be referred to the underwriter prior to any activities".

<u>Sparring "B" is</u> free sparring. This is where two or more opponent's fight for timed bouts, usually 5 minutes. This method is full contact strike to each other with the usual intension of a knockout or submission. "We will not insure this type of operation".

KATA DEFINED: Kata is a fluid motion of martial art moves striking and blocking imaginary opponent. Can use any body part and /or weapon

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