

LIABILITY INFORMATION – Limit of liability will be the same as the main operations you have provided

No. of Students? _____	Summer Camps \$ _____
Student Receipts \$ _____	Clothing Receipts \$ _____
Total Yearly Gross Receipts: \$ _____	Other Receipts \$ _____ please specify: _____

Children under 12 _____% Jr. 12-18 _____% Adult _____% Number of Students? _____

List All Styles & Disciplines: _____

Are there any operations outside of the premise: YES NO If Yes, Please elaborate: _____

Weapons YES NO – **If Yes** please list: _____

Please read Martial Arts Defined on the last page and advise:

Weapons: A or B or C Sparring: A or B

Type of Contact? Mixed Martial Arts fighting tournaments full contact light contact no contact

Any Punches to the head? YES NO Any kicks to the head? _____ Do you use live blades? YES NO

Are there any takedowns from a standing position by means of pulling a student's neck or head? YES NO

Mouthpieces? YES NO Boots? YES NO Gloves? YES NO Chest Protectors? YES NO

Do you have a caged or roped fighting ring? YES NO

Do you offer transportation to any of your students? YES NO

Do you have sleepovers? YES NO If so, how many sleepover 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 participate in activities outside Canada? YES NO

Do you have a hold harmless waiver form signed by each student (adult)? YES NO

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 with their opponents?

Continuous fighting for a timed duration where there is no controlled separation during the timed fighting bout?

Do rent space to others within your unit? YES NO

If yes, do they list you as 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 operations offered by others within the Martial Arts Studio.

Claims last 5 years? YES NO **If yes**, please advise, year, type of loss and payout/reserve on coversheet.

MARTIAL ARTS DEFINED:

Martial arts means, any system of fighting that would teach the person self 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 instructional only.

Safe weapons "A" would be normally made from rubber, foam, plastic or wood. Authorized for kuta or instructional use only.

Safe weapons "B" would be none live blades with no sharp edges. Authorized in Blake Belt kuta & demonstrations only. Minimum of 2 spotters must be present.

Not Safe Weapons "C" would be any sharp edge or point.

SPARRING DEFINED:

Sparring is where two or more individuals practice techniques of the martial arts discipline they have been practicing using any body part or weapon

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 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 another. Safe weapons "A" may be used under supervision.

Sparring "B" is free sparring. This is where two or more opponents 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.

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 binder or policy documents.

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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