



SELF DEFENSE/MARTIAL ARTS

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

2. **Mailing Address:**

Website Address: _____ **No. of years in operation:** _____

Description of operations: _____

3. **Affiliations (World TKD Federation etc.):**

4. **Instructors:**

Name	Age	Experience & Length of Time Working for Applicant	Qualifications

5. Will any other person teach? Yes No
If Yes, state rank and experience:

6. Gross annual receipts: _____ Total No. of employees: _____ Payroll: _____

7. Are all employees covered under WSIB? Yes No
If No, please list numbers by job description and estimated payroll:

8. Total No. of Students: _____

Average Size of Class: _____

No. of Classes Weekly: _____

9. Does Applicant Own Lease Use with Owner's Permission, the premises?

Does Applicant share any part of premises with others? _____

10. If Insured does not own premises and has a lease or other contractual agreement which applies to their use, please provide details of contract:

11. Does applicant assume any other liabilities under contract? If so, please provide copy.

12. Is there a waiver/hold harmless agreement signed by each student (or parent or guardian if under age)? Yes No
If yes, please attach a copy.

13. Describe work performed for Applicant by sub-contractors:

14. Is evidence of Liability Insurance obtained from all sub-contractors? Yes No
If No, please explain:

If Yes, please advise what limits they are required to provide: _____

15. Details of any exhibitions or tournaments entered:

16. Are there written procedures in place in the event of emergencies or injury to students? Yes No

Are instructors required to have first aid qualifications? Yes No

If Yes, please describe:

17. Proximity to medical services: _____

Describe services:

18. Description of training area (i.e. area, floor covering, lighting, etc.):

19. Description of equipment (i.e. bags, weapons, weights, stretching equipment, etc.):

20. Full description of weapons training, if any:

21. Are students required to wear protective gear? Yes No
 If Yes, do they wear any of the following:
 Saf-t-kicks Saf-t-punches Chest protectors Cups Eye protection
 Other – describe: _____

22. Age range of students – From: _____ To: _____

23. Are adults and children in separate classes? Yes No

24. Provide full details on the club environment. For example, do they have formal lessons. Are do-boks required? Is it organized and subject to posted club rules and discipline or do they have informal lessons and environment? Please describe:

25. Are classes open to all belts, or are they separated into levels? _____

26. Are there any sales of food or alcohol? Yes No
 If Yes, please provide details:

27. Does applicant presently carry insurance? Yes No
 If Yes, who is the present insurer:

_____ Premium: _____

Is the present insurance Claims Made? Yes No
 If Yes, state retro date: _____

28. **Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?
If Yes, give details:

Yes No

29. **Non-Owned Automobile**

Number of employees using their automobile on company business:

Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details):

30. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time _____ Part Time _____

Nurses: _____ Full Time _____ Part Time _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed: Yes No

31. Please indicate limit(s) of liability required: _____

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**



CONCUSSION SUPPLEMENT

PLEASE ANSWER ALL QUESTIONS IF THEY DO NOT APPLY, INDICATE "N/A"

1. **Is there a plan developed and implemented to consider Concussion Management?** Yes No
- a) For those activities requiring headgear and other protective equipment, is it approved by a recognized and authoritative certifying organization? n/a Yes No
- b) Are Coaches completing a course that addresses concussion awareness and managing potential concussions prior to being allowed to coach? Yes No
- c) Is a meeting **held** or distribution of information where all coaches are introduced to the basic principles of First Aid, and are therefore prepared to administer First Aid at all activities, including practices, games and tournaments? Yes No
- d) Is there an immediate removal of a participant who appears to have suffered a head injury or concussion? Yes No
- e) Is there a Return-to-Play policy that requires any player who has sustained a head injury or who is suspected of having sustained a head injury to:
- i) Visit a licensed health care professional for evaluation and clearance? Yes No
and
- ii) Sign (for youth players, have parent/legal guardian sign) a head injury information/awareness sheet before returning to practice or game play? Yes No

NOTE: This Supplement becomes part of the application and does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

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Dated

Applicant’s Signature