

# RECREATIONAL (ACCIDENTAL CONTACT ONLY) MARTIAL ARTS FACILITIES INSURANCE APPLICATION

**GENERAL INFORMATION: (Please Print or Type)**

1. Official Name of 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:
 

Club	Provincial	National
Owner/Operator	Corporation	Partnership
Instructor Only	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?    Yes    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 games, 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 | No |
| CPR                                 | Yes | No |
| Other: _____                        | Yes | No |
| All instructors have certification: | Yes | No |

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.

Materials Enclosed:

Student Application	Yes	No
Registration form	Yes	No
Medical Questionnaire	Yes	No
Waiver of Liability	Yes	No
Agreements/Student Contracts	Yes	No
Provide a schedule of training	Yes	No

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).

	<b>LIMIT</b>	<b>PREMIUM</b>	<b>TOTAL LOSSES</b>
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:

Materials Enclosed:

Copy of your letter patent (if incorporated)	Yes	No
Copy of insurance face sheet from current insurer	Yes	No
Copy of your registration forms	Yes	No
Copy of any waivers/release forms you use	Yes	No
Copy of information on your martial art	Yes	No

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