



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

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

14. What first aid treatment is available in your club? _____

15. Is it mandatory or a condition for instructors to have first aid certifications:

St. John's Ambulance	Yes	No
CPR	Yes	No
Other: _____	Yes	No
All instructors have certification:	Yes	No

16. Total Active Students per Year: _____

Total Classes per Year: _____

Average Class Size: _____

Ratio of Students to instructors: _____

17. Do instructors give private lessons? Yes No

If Yes, please explain: _____

18. 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.

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

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

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

	Attached:	
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

22. Are windows, door glass and mirrors made of safety glass? Yes No
If No, please explain: _____

23. 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: _____

