



## Commercial Information Section

**APPLICANT'S NAME:** \_\_\_\_\_  
 \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AGENCY:** \_\_\_\_\_  
**AGENT NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: \_\_\_\_\_ To: \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Year business started:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Premises information:**

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

**5. Previous carrier and loss information (last five years):**

**Check if no losses last five years.**

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: \_\_\_\_\_  
(PRINT)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





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## QUESTIONNAIRE – MARTIAL ARTS

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Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Do all professionals, and the business, have current licenses where required by statute?  Yes  No

**Copy of license is required before binding coverage.**

- 1) List all styles routinely taught at the school: \_\_\_\_\_
- 2) Estimated number of students annually: \_\_\_\_\_
- 3) Total annual receipts from membership fees/tuition: \_\_\_\_\_
- 4) Belt rank of chief instructor: \_\_\_\_\_
- 5) Do you require a signed Hold Harmless agreement from students (or from parents, if a minor)?  
\* Please provide a copy  Yes or  No
- 6) Does the school engage in sparring?  
\*Please provide a copy of the sparring rules:  Yes or  No
- 7) Does the school engage in boxing?  
in: kickboxing?  Yes or  No  
(these activities are not acceptable for coverage)  Yes or  No
- 8) a. What type of weapons are taught? (please be specific) \_\_\_\_\_  
b. Is there any sparring with weapons? (contact with weapons is not acceptable)  Yes or  No  
c. What belt rank must a student hold before learning the use of such weapons? (if rank varies, furnish details)  
\_\_\_\_\_
- 9) Does the school sponsor, stage, or host tournaments?  
(If tournament coverage is desired for staging, hosting or sponsoring please complete page 2 of this questionnaire.)  Yes or  No
- 10) Name of federation or association the school is affiliated with: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

## MARTIAL ARTS TOURNAMENT QUESTIONNAIRE

Annual number of tournaments sponsored (if more than five, please use additional applications):

Anticipated Date(s)	Location (Name, Street, City, State, Zip)	Anticipated # of participants
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

2) Does the school require a signed Hold Harmless agreement from participants?  Yes or  No  
 (If "Yes", please **attach a sample copy of the form** used.)

3) Events contemplated at all Tournaments:

<input type="checkbox"/> Free Sparring	<input type="checkbox"/> Demonstration
<input type="checkbox"/> Forms (Kata, etc.)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Weapons forms	(describe)
<input type="checkbox"/> Breaking	

\* This policy does not provide coverage for any claim, suit or cause of action arising out of any injury to the head of a contestant actively engaged in free sparring, unless at the moment such injury takes place, the injured contestant and his/her opponent are wearing approved protective headgear, padded kicking boots, and dental protective devices (mouthpiece).

### IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
Producer Signature		Date

\_\_\_\_\_  
 Producer Name and Address