

Martial Arts Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____	to _____
(effective date)	(expiry date)

2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____ _____

2.3 What is the insured?

- Corporation Partnership Joint Venture
- Individual Other (specify) _____

2.3 Physical Address of Organization (if different than mailing)*:

Address: _____

*If more than one location, please enclose list.

2.4 Webpage: _____

2.5 Additional Insureds (As they are to appear on the policy)*

Name	Relationship	Address

*Subject to approval by K&K Insurance Canada

2.6

Are the martial arts operations? Contact Non-contact

2.7 Do your activities include any of the following types of martial arts?

<input type="checkbox"/> Boxing Gyms	<input type="checkbox"/> Dim Mak Kali	<input type="checkbox"/> Haganah
<input type="checkbox"/> Savate	<input type="checkbox"/> Sayoc Kali	<input type="checkbox"/> Thai Boxing
<input type="checkbox"/> Ultimate Fighting	<input type="checkbox"/> Use of Bladed Weapons	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Other (specify):		

2.8

Do your activities include weapons of any nature? Yes No

If yes, please describe:

2.9 Check the protective gear you require:

<input type="checkbox"/> Foot	<input type="checkbox"/> Forearm	<input type="checkbox"/> Groin
<input type="checkbox"/> Hand	<input type="checkbox"/> Head	<input type="checkbox"/> Mouthpiece
<input type="checkbox"/> Rib / Chest	<input type="checkbox"/> Shin	
<input type="checkbox"/> Other (specify):		

2.10 List all styles routinely taught at your school:

2.11 Please explain all disciplines taught at your school:

2.11

Number of participants in the program:	_____
Number of participants:	Under 12 years of age: _____
	13 to 18 years of age: _____
	Over 18 years of age: _____

2.12

Is Participant Accident Insurance required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2.13

a) Do you conduct any of your martial arts activities outdoors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:				
b) Do you host or attend any tournaments or events?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain (including number of spectators and participants if hosting and number of events and participants if at another location):				

c) Do you attend any tournaments or events outside of Canada. Yes No

If yes, please explain and provide details such date, location, number of participants etc.:

2.14

Do you conduct any martial arts programs in private residences? Yes No

If yes, please explain:

2.15

Does the client have any medical training such as CPR or first aid? Yes No

2.16

Are waivers signed by all participants? Yes No

If yes, please attach a copy of the waiver and release forms.

2.17 Provide details of the client's experience and training.

Section 3: Liability

3.1 Contractual Liability

a)	Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:					
<hr/>					
<hr/>					
b)	If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please advise procedures followed and details of contracts used:					
<hr/>					
<hr/>					
c)	If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d)	If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, in whole or part, please explain:					
<hr/>					
If yes, in whole or part, please attach a copy of the waiver.					

3.2 Protective Liability

<p>a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If yes, what is the annual cost of work?</p>		
<p>Let</p>	<p>\$ _____</p>	
<p>Sublet</p>	<p>\$ _____</p>	
<p>If yes, please give details of the sublet:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>b) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

3.3 Workers Compensation

<p>Are all employees and contractors including students and volunteers covered by Workers Compensation?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If no, please provide explanation.</p> <p>_____</p> <p>_____</p>		

3.3 Non-Owned Automobile

<p>a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If yes, please give details:</p> <p>_____</p>		
<p>b) Does the Insured rent or lease vehicles from others?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If yes, (i) How often per year? :</p> <p>_____</p>		
<p>(ii) Are any of these vehicles driven in the United States?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

c) Does the Insured contract services from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:				
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<hr/>				
d) Are vehicles used to transport anyone?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how often and for what purpose?				
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Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
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<hr/>				

4.2

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				

4.3

Does the Insured have a formal premises snow/ice clearance procedure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
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4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

Section 5: Limits of Liability Required

5.1 Commercial General Liability

Each Occurrence Limit		\$
Products - Completed Operations Aggregate Limit		\$
Personal Injury Limit		\$
Tenants Legal Liability Limit		\$
Medical Expense Limit - Per Occurrence/Per Person		\$
Non-Owned Automobile Limit:		
- Liability		\$
- Physical Damage		\$
Employee Benefits Limit		\$
Employers Liability Limit		\$
Advertising Injury Limit		\$
Other:		\$

Section 6: Declarations

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 bases 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.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 7: Additional Information

Additional Information: