

## **Martial Arts Studio** Supplemental Application (Complete in addition to ACORD)

1.	Name of Applicant:							
2.	Website Address:							
3.	Gross Sales:		-		Area:			
4.	Number of students enrolled?		What age	groups?				
5.	# of employed instructors?	# of voluntee	r instructors?		# of contracted	l instruct	ors?	
6.	Do all contractors providing services	carry their own	iability insurance	e?			□ Yes [	] No
	If yes, what limits?							
7.	List all styles and disciplines taught:							
8.	Are any of the following styles taugh         Mixed Martial Arts       Dim Kam         Kali-Escrimina       Kali-Savate         Ninjutsu       Pentjak Silat	t? ☐ Haganah ☐ Kali-Sayoc ☐ Savate	☐ laido ☐ Krav Maga ] Shukokia		an Ju Jitsu, shinkai/Kyokushin Chun	☐ Kali ☐ Muay	Thai ate Fighting	
9.	Is Boxing or Kick-Boxing taught?						□ Yes [	] No
10.	Does applicant offer specialized train personnel?	ning programs fo	r Law Enforceme	ent, Public	c Safety or Milita	-	□ Yes [	] No
11.	Is there at least one employee on du	ity at all times that	at is CPR certifie	ed?				
	Does applicant use or sell authentic	-			k weapons")?		□ Yes [	] No
	If yes, list and describe:							
13.	Describe applicants experience in te	eaching martial ar	rts (include certif	ications a	nd belt ranks of	all instru	ictors).	
	Are all students (or their parents/guardians for minors) required to sign a waiver of liability form (please attach copy) and get medical clearance?					] No		
	Are all sparring participants required to wear headgear, mouthpieces, and padded kicking boots, groin cups for males and chest/breast protectors for females?						] No	
16.	Does facility comply with all applicable laws and ordinances pertaining to licensing or codes and meet current industry standards for safety?						] No	
17.	Does insured sell any vitamins or supplements?							
18.	Does applicant's facility have equipment such as free weights or Nautilus type equipment?							
19.	Is insured licensed by the state?						Yes	🗌 No
	Is insured's license under suspension	on or revocation?					☐ Yes [	🗌 No
20.	Does applicant sponsor or participat	e in any tournam	ents or competit	tions?			Yes [	🗌 No
	If yes, describe:							
21.	Does your facility do background ch	ecks on all instru	ctors?				□ Yes [	] No
	Describe type of checks performed		·					
	FOR SEXUAL MOLESTATIC					-		
\$25,000/50,000 limit is included at no additional charge. Higher limits are available for an additional premium charge (see below). If sexual molestation coverage is not desired, please check here  Coverage is <b>NOT</b> requested.								е
22.	Has your facility had any incidents o allegation of misconduct?	r claims brought	against it for sex	kual moles	station or any oth	ner	□ Yes [	] No
	If yes, please provide details:							
23.		re written guidelines in place regarding sexual misconduct?						
24.	Please check the limits you are requ	iesting:						
	Sector \$25,000/50,000 - included	\$50,000/100,000	□ \$100,000/3	00,000	] Other			

## FRAUD WARNING STATEMENTS

Alabama         Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in a application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.           Arkansas         Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information is an application for insurance is guilty of a crime and may be subject to restantion to an insurance company for the purpose of defaulding or attempting to defraud the company. Penalties agent of an insurance company for the purpose of defaulding or attempting to defraud the porposed of defauld the company. Penalties agent of an insurance company for the purpose of defaulding or attempting to defraud the policyholder or claimant with regart to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of haurance within the Department of Regulatory Agencies.           District of Columbia         AARNING: It is a crime to provide false or misleading information is an insure for the purpose of defauld the or any other person. Penaltics include imploroment and/or fines. In addition, an insurer may deny insurance benefits if false information in surance company or other person files and or an application containing any raterabily false information is guilty of a teston of the purpose of defauld the company. Penalties information is a structure with the pays of a septileaton for insurance company or other person files an explication for insurance banding information in a application for insurance banding information in a application for insurance activity any materially false information is an application or an application or insurance is a structure in the purpose of defauld degree.           Reinc		
Arkansas Louisiana         Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilly of a crime and may be subject to fines and confinement in prison.           Colorado         It is unlawful to Knowingly provide false, incomplete, or misleading facts or information to a may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance without the insurance breasen. Pensites include imprisonment and/or fines. In addition, an insurance without deny insurance breasen, Pensites include imprisonment and/or three. In addition, an insurer may deny insurance breasen, Pensites include imprisonment and/or three. In addition, an insurer may deny insurance breasen, Pensites include imprisonment and/or three. In addition, an insurer may deny insurance breasen who knowingly and with intent to fard and yrin issurance company or other person polication for insurance containing any late, incomplete, or misleading information is guild or a claima application containing any late, incomplete or misleading information to an insurance and, which is a crime.           Marine         It is a crime to knowingly or wild late, incomplete or misleading information to an insurance with who is as crime.           Mary person who knowingly previde false, incomplete or misleading information to a insurance at, which is a crime.           Mary person who knowingly or willituly presents false of traudulent claim for payment of a loss or benefit or may be subject to fin	Alabama	knowingly presents false information in an application for insurance is guilty of a crime and may be subject to
Louisiana         presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.           Colorado         It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company of howowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company of a gent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defauding or attempting to defraud the policyholder or claimant with regard to a settlement or ward payable from insurance bordeds shall derive insurance bueffisi fildse information materially related to a claim was provided by the applicant.           District of Columbia         Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilly of a felony of the third degree.           Kentucky         Any person who knowingly and with intent to injure, defraud any insurance company for the purpose of defrauding information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.           Maine         It is a crime to knowingly provide false, incomplete or misleading information to an insurance encopany for the purpose of defauding information in an application for an insurance or insurance benefits.           Mary person who knowingly or willfully presents false or fraudulent claim for a non an organ.	Arkansas	
West Virginia         confinement in prison.           Colorado         It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.           District of Columbia         WARNING: It is a crime to provide false or misleading information to an insure for the purpose of defrauding or attempting or an application containing any false, incomplete, or misleading information is adulted by the applicant.           Florida         Arry person who knowingly and with intent to digrad, or deceive any insurer lies a statement of adult degrad.           Kentucky         Application for insurance containing any false, incomplete, or misleading information is an insurance act, which is a crime to knowingly and with intent to digrad.           Kentucky         Application for insurance concerning any false, incomplete or misleading information to an insurance act, which is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of diriauding, information concerning any false information in a application for insurance statement of allows and the statement anoreal state interval and the statement and the state		
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Applicant's Signature

Date

Applicant's Title

Applicant's Agent Signature