



PO Box 3870, Glen Allen, VA 23058-3870  
(804) 527-2700 (800) 900-1155 Fax (804) 273-6144  
www.martialartsinsurance.com

**Section I – General Information**

**Business Ownership Type and Name:**

Individual

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Corporation     LLC     Partnership     Organization

Name as it should appear on the policy \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

**Section II – Business Information**

Please indicate liability limit requested:  \$500,000     \$1,000,000    Years in Business: \_\_\_\_\_

Please indicate the desired effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Would you like a quote on Accident Medical Coverage?  
month / day / year     Yes     No

**Section III – Insurance Information**

1. Is facility currently insured?     Yes     No    Annual Premium: \$ \_\_\_\_\_

Insurance Company Name (*not agency*): \_\_\_\_\_

2. Has a liability or medical claim been made in the last 5 years?     Yes     No

If Yes, please provide the following information:

Claim Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Amount paid: \$ \_\_\_\_\_    Brief description: \_\_\_\_\_

Claim Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Amount paid: \$ \_\_\_\_\_    Brief description: \_\_\_\_\_

3. Has a previous insurer refused to renew or cancelled your insurance coverage in the last 5 years?  Yes     No

If Yes, explain: \_\_\_\_\_

**Section IV – Eligibility Information**

4. Do you offer conventional boxing at any of your schools?     Yes     No

5. Do you have free sparring or permit contact of any kind?  Yes  No - skip to #6

**Please Note:** Our policy requires participants to wear headgear, mouthpieces, padded kicking boots, and groin cups for males during free sparring and during contact of any kind. If you permit free sparring or contact, you must agree to comply to all requirements listed in Questions 5 and 6 in order for us to write your insurance. (Although not required, breast/chest protectors are strongly recommended.) Martial Arts Sparring Rules apply to all locations.

- a) Are sparring rules typed on school letterhead?  Yes  No
- b) Are sparring rules addressed to students and given to all students?  Yes  No
- c) Are sparring rules signed and dated by the school's owner?  Yes  No
- d) Do your written rules clearly state that no contact to the groin or above the shoulders is permitted, other than light contact to headgear?  Yes  No
- e) If you do not currently comply with our sparring policy (defined in Question 5, a-d) are you willing to make the necessary changes?  Yes  No

6. Do you require use of the following protective gear:

- Headgear?  Yes  No
- Mouthpieces?  Yes  No
- Boots?  Yes  No
- Groin Protectors for males?  Yes  No

7. Do you at any of your locations:

- a) Offer self-defense programs off site?  Yes  No  
If Yes, number of students enrolled: \_\_\_\_\_
- b) Teach no-holds-barred confrontation or submission fighting?  Yes  No
- c) Use live or sharp blade weapons?  Yes  No

8. Which of the following traditional names most closely resembles the art(s) that you teach? This would include all of your locations. (Check all that apply)

- |   |   |
|---|---|
| a. <input type="checkbox"/> Cardio Kickboxing | o. <input type="checkbox"/> Goju-Ryu            |
| b. <input type="checkbox"/> Aikido            | p. <input type="checkbox"/> Kenpo               |
| c. <input type="checkbox"/> Jeet Kune Do      | q. <input type="checkbox"/> Kempo               |
| d. <input type="checkbox"/> Judo              | r. <input type="checkbox"/> Kendo               |
| e. <input type="checkbox"/> Jujitsu           | s. <input type="checkbox"/> Kickboxing          |
| f. <input type="checkbox"/> Karate            | t. <input type="checkbox"/> Muay Thai           |
| g. <input type="checkbox"/> Tae Kwon Do       | u. <input type="checkbox"/> Conventional Boxing |
| h. <input type="checkbox"/> Tai Chi           | v. <input type="checkbox"/> Savate              |
| i. <input type="checkbox"/> Gracie Jujitsu    | w. <input type="checkbox"/> Krav Maga           |
| j. <input type="checkbox"/> Brazilian Jujitsu | x. <input type="checkbox"/> Ninjitsu            |
| k. <input type="checkbox"/> Kung-Fu           | y. <input type="checkbox"/> Choi Kwang Do       |
| l. <input type="checkbox"/> Shotokan          | z. <input type="checkbox"/> Kung-Fu San Soo     |
| m. <input type="checkbox"/> Shito-Ryu         | Other: _____                                    |
| n. <input type="checkbox"/> Wado-Ryu          |   |

9. a) Is there a signed Hold Harmless agreement on file for each student?  Yes  No  
If Yes, send a copy of the Hold Harmless agreement and sparring rules for each location being insured.

- b) Are both parents'/guardians' signatures required for minors?  Yes  No

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**Section V – Census & Financial Information**

10. Do you instruct "special needs" children?  Yes  No

If Yes: a) Number of participants with "special needs": \_\_\_\_\_

b) Type of Special Needs: \_\_\_\_\_

11. Annual gross receipts from tuition/membership fees from all locations: \$ \_\_\_\_\_

12. Do you sell products at any location?  Yes  No

If Yes: a) Annual gross receipts from products at all locations: \$ \_\_\_\_\_

b) Do you sell lethal weapons?  Yes  No

c) Do you manufacture or re-label any products as your own product?  Yes  No

d) Do you sell instructional videos or CDs that you personally produce?  Yes  No

13. Do you have any of the following at any of your locations:

a) Birthday parties?  Yes  No If Yes, # Annually: \_\_\_\_\_

b) Exhibitions/Demos?  Yes  No If Yes, # Annually: \_\_\_\_\_

c) Sleepovers?  Yes  No If Yes, # Annually: \_\_\_\_\_

d) Open Studio?  Yes  No If Yes, # Annually: \_\_\_\_\_

e) Fundraisers/Special Events?  Yes  No If Yes, # Annually: \_\_\_\_\_

f) Do you sponsor tournaments?  Yes  No *If Yes, download & complete our Tournaments Supplement.*

g) After School Programs?  Yes  No

If Yes, describe events: \_\_\_\_\_

h) Other income?  Yes  No Amount: \$ \_\_\_\_\_

If Yes, describe sources (including other businesses or activities): \_\_\_\_\_

14. Do you have **camp**s with activities other than martial arts?  Yes  No

*(If Yes, please complete a Travel/Tournaments/Camps supplement, which can be downloaded from our web site.)*

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**Section VI – Location Information**

How many locations do you have? \_\_\_\_\_

*(If more than one location, please complete an Additional Location Form for each one.)*

Location 1: Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

15. Maximum number of students enrolled last year at the busiest time: \_\_\_\_\_

If new venture, estimate the number of students for the coming year: \_\_\_\_\_

16. Do you own or rent facility?  Own  Rent If private residence, check here:

17. If renting, does your landlord require a certificate of insurance?  Yes  No

Landlord's Name: \_\_\_\_\_

Landlord's Mailing Address: \_\_\_\_\_

18. Do you sublease, rent, or allow other people, organizations, clubs, or associations to use your facility or equipment at any time for any reason?  Yes  No

If Yes: a) To whom? \_\_\_\_\_

b) For what purpose? \_\_\_\_\_

- c) Do you require a Hold Harmless or Certificate of Insurance?  Yes  No  
(If Yes, please attach a copy.)

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### Optional - Personal Property Coverage (for Building Contents/Equipment)

Please complete the following if you'd like a quote on coverage for your business's equipment and other personal property. If you'd also like a quote on insurance for your building, do not complete the questions below. Instead, please download and complete the Property Coverage application from our web site or call 800-900-1155.

1. Value of personal property at this location:  \$10,000  \$25,000  \$35,000  
(Note: Coverage amount must be at least 90% of the total value of your personal property. Policy deductible is \$1000.)

2. Construction of Building  Frame  Brick  Metal  Concrete with Steel Frame

Other (describe): \_\_\_\_\_

3. Year Built: \_\_\_\_\_ If building is over 20 years old, please provide the year of the following updates:

a) Wiring: \_\_\_\_\_ b) Roofing: \_\_\_\_\_ c) Plumbing: \_\_\_\_\_ d) Heating: \_\_\_\_\_

4. Distance to nearest Fire Station in miles: \_\_\_\_\_ Distance to Fire Hydrant in feet: \_\_\_\_\_

5. Is the building equipped with functioning fire sprinklers? Yes No

6. Optional Coverage Available – Would you like a quote for the following?

Business Income - \$20,000 coverage  Yes  No

Tenants Improvements and Betterments?  Yes  No If Yes, amount of coverage: \$ \_\_\_\_\_

7. # of Stories: \_\_\_\_\_ # of Buildings: \_\_\_\_\_ Square Footage: \_\_\_\_\_

8. Is your facility part of a shopping center or mall?  Yes  No

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**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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Agency Information

Agency Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about us? (*Check one*)

- Previously Insured with Markel
- MA Success* magazine
- Martial Arts Professional* magazine

- Conference: \_\_\_\_\_
- Web site/search engine: \_\_\_\_\_
- Referred by: \_\_\_\_\_
- Other: \_\_\_\_\_

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**If binding coverage, please submit the following with your application:**

- Hold Harmless Agreements/Waiver
- Resumes of Directors and Instructors (if business has been in operation less than 3 years)
- Claims experience ("loss runs") from current insurer
- Sparring rules
- Certificates of Insurance from anyone using your facility or equipment
- Landlord information (name, address) for each location, if applicable

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# Martial Arts Application - Additional Location Form

Insured Name: \_\_\_\_\_

City, State: \_\_\_\_\_

**Additional Location:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

15-2. Maximum number of students enrolled last year at the busiest time: \_\_\_\_\_

If new venture, estimate the number of students for the coming year: \_\_\_\_\_

16-2. Do you own or rent facility?  Own  Rent If private residence, check here:

17-2. If renting, does your landlord require a certificate of insurance?  Yes  No

Landlord's Name: \_\_\_\_\_

Landlord's Mailing Address: \_\_\_\_\_

18-2. Do you sublease, rent, or allow other people, organizations, clubs, or associations to use your facility or equipment at any time for any reason?  Yes  No

If Yes: a) To whom? \_\_\_\_\_

b) For what purpose? \_\_\_\_\_

c) Do you require a Hold Harmless or Certificate of Insurance?  Yes  No  
(If Yes, please attach a copy.)

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## Optional - Personal Property Coverage (for Building Contents/Equipment)

Please complete the following if you'd like a quote on coverage for your business's equipment and other personal property. If you'd also like a quote on insurance for your building, do not complete the questions below. Instead, please download and complete the Property Coverage application from our web site or call 800-900-1155.

1. Value of personal property at this location:  \$10,000  \$25,000  \$35,000  
(Note: Coverage amount must be at least 90% of the total value of your personal property. Policy deductible is \$1000.)

2. Construction of Building  Frame  Brick  Metal  Concrete with Steel Frame

Other (describe): \_\_\_\_\_

3. Year Built: \_\_\_\_\_ If building is over 20 years old, please provide the year of the following updates:

a) Wiring: \_\_\_\_\_ b) Roofing: \_\_\_\_\_ c) Plumbing: \_\_\_\_\_ d) Heating: \_\_\_\_\_

4. Distance to nearest Fire Station in miles: \_\_\_\_\_ Distance to Fire Hydrant in feet: \_\_\_\_\_

5. Is the building equipped with functioning fire sprinklers? \_\_\_ Yes \_\_\_ No

6. Optional Coverage Available – Would you like a quote for the following?

Business Income - \$20,000 coverage  Yes  No

Tenants Improvements and Betterments?  Yes  No If Yes, amount of coverage: \$ \_\_\_\_\_

7. # of Stories: \_\_\_\_\_ # of Buildings: \_\_\_\_\_ Square Footage: \_\_\_\_\_

8. Is your facility part of a shopping center or mall?  Yes  No