



## Martial Arts Schools & Programs Supplemental Request Form

### SECTION 1: GENERAL INFORMATION

Named Insured (as it should appear on the policy): \_\_\_\_\_

Policy number (as it should appear on the policy): \_\_\_\_\_

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

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

Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Website: \_\_\_\_\_

### SECTION 2: EXPOSURE INFORMATION

Check one:

Adding additional participants to existing coverage     Adding new coverage

Effective date needed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note:

- You must submit this request form prior to the effective date needed.
- Coverage will be made effective the day after this request form and payment are received, or on a later date that you may specify.
- All participants are required to be reported. TBD numbers cannot be accepted.

	Type of Activity	# of Participants	X	Option 1	Option 2	=	Premium
<input type="checkbox"/>	<b>Martial Arts</b> (including Cardio Kickboxing/excluding Contact Kickboxing) Please describe _____		X	\$17.50	\$22.85	=	\$
<input type="checkbox"/>	<b>Martial Arts</b> (including Contact Kickboxing) Please describe _____		X	\$22.00	\$28.80	=	\$
<input type="checkbox"/>	Basketball and/or Volleyball		X	\$22.00	\$28.80	=	\$
<input type="checkbox"/>	Exercise and/or Yoga		X	\$13.25	\$17.78	=	\$
<input type="checkbox"/>	Meetings and/or Seminars		X	\$13.25	\$17.78	=	\$
<input type="checkbox"/>	Theater Arts and/or Drama		X	\$13.25	\$17.78	=	\$
<input type="checkbox"/>	Other (please describe): _____ Note: This is subject to approval by Summit America		X	\$13.25	\$17.78	=	\$
<input type="checkbox"/>	Birthday /Social Parties	<b>Number of parties</b>	X	\$16.50	\$22.00	=	\$
<b>Premium Due (add all lines above):</b>							<b>\$</b>
<b>Florida Applicants – Premium Due (premium due x 1.013)</b>							<b>\$</b>

**SECTION 3: CERTIFICATE REQUEST**

Check the type of certificate you are requesting:       Additional Insured     Evidence of coverage

Certificate Holder (Entity Name): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to insured:  Owner/Lessor of premises     Sponsor     Co-promoter     Other (Explain below)

Please explain or attach any special certificate language needed:

If applicable:

RE:      Date(s) of event/activity: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Hours of event/activity: \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.  
Type of event/activity: \_\_\_\_\_  
Name of event/activity: \_\_\_\_\_  
Location of event/activity: \_\_\_\_\_

**SECTION 4: PAYMENT INFORMATION**

**Check:** Please make check payable to Summit America Insurance Services, LC

Enclosed check # \_\_\_\_\_ for \$ \_\_\_\_\_

**Credit Card:** If you are making your payment by credit/debit, please complete the following:

Visa       MasterCard     American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I authorize Summit America Insurance Services, LC to charge my debit/credit card in the amount of \$ \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

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

Reference # \_\_\_\_\_ Name on Card \_\_\_\_\_  
(last 3 digits on back of card)

Signature: \_\_\_\_\_

**Note:** Credit cards are accepted for direct accounts only. If you are an agent or broker submitting this form on behalf of your client, you must submit net premium.

**SECTION 5: SUBMISSION INSTRUCTIONS**

Please fax, mail or e-mail the completed supplemental form along with payment to Summit America Insurance. Please note that this form is subject to underwriting review and approval. We will contact you if any further information is needed.

