

10. Do you require your participants to wear full protective gear? Yes No
If not, please advise. _____
11. Do you provide sparring rules to all your members? Yes No
If not, please advise. _____
12. Do you have sleepovers? Yes No
13. Is your location within 35 miles of any coastal waters? Yes No
14. Has your insurance ever been cancelled? Yes No
If so, why was it cancelled? _____
15. Have you incurred any general liability claims in the past three years? Yes No
Have you incurred any accident medical claims in the last three years? Yes No
If so, how many claims were incurred and what was the total dollar amount paid out? _____
16. Who is your current insurance carrier? _____
If you don't have a current insurance carrier, please advise. _____
17. Is this a new studio or school? Yes No
If so, what discipline(s) do you instruct, and for how long? _____
- Do you have a black belt, and if so, what degree? _____
Have you instructed at other schools? Describe your experience. _____
- _____
- _____
- _____
- What plans and procedures will you have in place to ensure safety in your martial arts school? _____
- _____
- _____
- _____

OPTIONAL COVERAGES

Please check the coverage you would like included on your insurance proposal.

Inland Marine Coverage

Please note that the limit insured must consist of the full replacement cost of your supplies and owned equipment, furnishings, betterments and improvements, signs and non-structural glass to avoid a co-insurance penalty should a loss occur. Please include all of the above in your total value to be insured.

What is the replacement cost of your equipment and contents? \$ _____

Ancillary Activities

Please check the ancillary activities you want covered and note the number of registered participants:

- Yoga/Exercise _____ Meetings/Seminars _____ Theatre Arts _____
 Basketball _____ Volleyball _____ Soccer _____

Number of Birthday/Social Parties per year _____

\$2 million per occurrence limit for your liability coverage (in lieu of \$1 million)? _____

ADDITIONAL INSUREDS

Please list any persons, landlords or organizations who are requiring you to list them as an “additional insured” on your policy.

Name	Mailing Address	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please let us know how you were referred to the Defender program.

Convention _____ Magazine Ad _____ Web Search _____ Other _____
Specify: _____ Specify: _____ Specify: _____ Specify: _____

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information submitted on this application form and my answers to the underwriting questions posed. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for the projected attendance for my martial arts program, and should my figures exceed my estimates during the coverage term, I will make arrangements to pay the additional premium. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years afterwards. I further understand that intentional misrepresentations or misreporting may jeopardize my coverage.

Authorized Representative Signature

Date

For an insurance proposal for your organization, send completed form to:

Summit America Insurance Services
Attn: The Defender Program
7400 College Blvd, Suite 100
Overland Park, KS 66210
Phone: 1-800-955-1991 Fax: 1-913-327-0201

www.summitamerica-ins.com