



## Martial Arts/Self Defense Instructor Insurance Program

Rates and Limits Effective 1/1/2012 through 12/31/2012

### PROGRAM DESCRIPTION

This insurance program has been designed for the U.S.-based martial arts and/or self-defense instructors who work on an independent contractor basis training individuals in martial arts and/or self-defense. This could include self-defense instructors, law enforcement/security defense tactic instructors or martial arts instructors. Coverage provided under this program includes important commercial general liability protection for the instructor for liability claims arising out of their operations while training.

Coverage is provided by a Carrier rated A+ (Superior) by A.M. Best Company.

This program does not provide coverage for the operation, ownership, or maintenance of a martial arts and/or self-defense facility. For information regarding coverage for a facility, please call us at (800)955-1991.

### COVERAGES AND LIMITS

**Commercial General Liability** - coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations and products and completed operations.

**Legal Liability to Participants** - coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities.

**Professional Liability** - coverage which pays for wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of covered activities or operations) that occur as a result of your instruction.

|   | <u>Option 1</u> | <u>Option 2</u> |
|---|-----------------|-----------------|
| General Aggregate<br>(other than Products-completed Operations) | \$3,000,000     | \$4,000,000     |
| Each Occurrence   | \$1,000,000     | \$2,000,000     |
| Products-completed Operations Aggregate                         | \$1,000,000     | \$2,000,000     |
| Personal & Advertising Injury                                   | \$1,000,000     | \$2,000,000     |
| Professional Liability  | \$1,000,000     | \$2,000,000     |
| Legal Liability to Participants                                 | \$1,000,000     | \$2,000,000     |
| Damage to Premises Rented to You (Fire Legal Liability)         | \$ 300,000      | \$ 300,000      |
| Medical Expense (other than participants)                       | \$ 5,000        | \$ 5,000        |

Higher limits are available. Please contact Summit America for further information.

## **ELIGIBLE OPERATIONS**

An instructor age 18 or older conducting private or group instruction in any of the following is eligible to enroll in this program:

- Self-defense instruction
- Law enforcement/security defense tactic instruction
- Martial arts instruction of:
  - Aikido
  - Brazilian jiu jitsu
  - Capoeira
  - Chi kun
  - Dim mak
  - Escrima
  - Goju-ryu
  - Haganah
  - Hapkido
  - Jeet kune do
  - Judo
  - Jujitsu
  - Kali
  - Karate
  - Kenjitsu
  - Krav maga
  - Kun fu
  - Mixed martial arts or ultimate fighting
  - Muay thai
  - Savate
  - Sayoc kali
  - Taekwondo
  - Tai chi
  - Tang soo do
  - Thai boxing

## **INELIGIBLE OPERATIONS**

Operations not eligible for this program include, but are not limited to the following:

- Boxing (contact/sparring)
- Certified athletic trainers
- Coaching of competitive athletic teams
- Firearms training
- Instructors under the age of 18
- Instructors operating outside of the U.S.
- Military/paramilitary combat training
- Tournaments or competitions
- Your employment as an exempt or non-exempt employee of a school, college or university

## **EXCLUSIONS**

The following represent only some of the exclusions contained in this policy:

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (eg. rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals
- Dietician services
- Employment-related practices
- Fireworks
- Medical, therapy or health care services
- Operation, ownership or management of any facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal medicinal and/or nutritional products
- Weight control program

This brochure is for illustrative purposes only and it not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to Summit America Insurance.



# Martial Arts/Self Defense Instructor Insurance Enrollment Form

Rates and Limits Effective 1/1/2012 through 12/31/2012

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Summit America reserves the right to decline any request for coverage.

## **SECTION 1: GENERAL INFORMATION**

Coverage will begin the day after the completed enrollment form and premium are received and approved by Summit America, or on a later date you specify below. (If you are renewing coverage, please provide the expiration date of your current policy).

Start my coverage on this date: \_\_\_\_\_

Instructor's name (as it should appear on the policy): \_\_\_\_\_

Doing business as (DBA): \_\_\_\_\_  
(additional name(s) under which the named insured operates)

Mailing address: \_\_\_\_\_

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

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## **SECTION 2: BUSINESS INFORMATION**

Are you age 18 or older?  Yes  No

Do you conduct operations outside of the United States?  Yes  No

Do you use weapons as part of your instruction?  Yes  No

If yes, are they sharpened/bladed?  Yes  No

If yes, are the weapons replicas and contain no ammunition?  Yes  No

Do you own or operate your own facility?  Yes  No

What type(s) of martial arts style(s) do you teach? \_\_\_\_\_

## **SECTION 3: AGENT INFORMATION (If applicable)**

*This section should only be completed by a licensed agent or broker completing this form on behalf of the client. A commission of 10% is offered on this program. Agent must submit net premium to our office.*

Agency name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

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

Agent/Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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



## EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program: abuse, molestation, harassment or sexual conduct; aircraft/hot air balloon; airport; amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled); animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); asbestos; commercial general liability standard exclusions (CG0001 12/04 edition); dietician services; employment-related practices; fireworks; fungi or bacteria; haunted attractions; lead; medical, therapy or health care services; nuclear energy liability; operation, ownership or management of any facility; performers; physicals/stress testing; physical therapy, massage or salon services; rodeos; saddle animals; sale or distribution of medicinal, herbal and/or nutritional products; snowmobile; weight control programs; those operations listed as ineligible: boxing (contact/sparring); certified athletic trainers, coaching of competitive athletic teams, firearms training, instructors under the age of 18, instructors operating outside of the U.S.; tournaments or competitions; your operations related, in whole or in part, to your employment as an exempt or non-exempt employee of a public or private school, college or university.

## GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; insurance benefits may also be denied). **Applicable in Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts of information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **Applicable in the District of Columbia** – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. **Applicable in Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree. **Applicable in Hawaii** – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. **Applicable in Kansas** – Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy personal or commercial insurance, or claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act. **Applicable in Massachusetts, Nebraska, Oregon and Vermont** - Any person who knowingly and with intent to defraud any insurance company or another 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 any may subject the person to criminal and civil penalties. **Applicable in Minnesota** – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **Applicable in Ohio** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud. **Applicable in Oklahoma** – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Applicable in Washington** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**SECTION 6: WARRANTY STATEMENT**

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and accurate. I am aware that the insurance company expects accurate reporting for my premium calculation. 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 thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

**Applicant or Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**If an agent: check here to acknowledge that you are signing on behalf of the named insured.**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION 7: PAYMENT METHOD**

**Check:** Please make check payable to Summit America Insurance Services - 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 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: \_\_\_\_\_

**How did you hear about Summit America's Martial Arts/Self Defense Instructor program?**

Convention \_\_\_\_\_ Magazine Ad \_\_\_\_\_ Web Search \_\_\_\_\_ Other \_\_\_\_\_  
Specify: \_\_\_\_\_ Specify: \_\_\_\_\_

**SECTION 8: ENROLLMENT FORM SUBMISSION**

Please fax, mail or e-mail pages 3-6 of the completed enrollment form along with payment to Summit America Insurance. Please note that this enrollment form is subject to underwriting review and approval. We will contact you if any further information is needed.



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Toll Free: (800)955-1991  
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[programs@summitamerica-ins.com](mailto:programs@summitamerica-ins.com)

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