



**Fitness and Wellness Insurance** extends to Martial Arts Professionals its commitment to bring quality business resources at competitive prices. We are pleased to bring you affordably priced, comprehensive insurance packages. Coverage is underwritten by an "A" XV Best-Rated insurance carrier, providing security and stability for the program.

**Basic Coverage: \$1,000,000 Each Occurrence with \$3,000,000 Aggregate Limit**

- ◇ **Commercial General Liability:** Provides protection for owners and employees for claims resulting from bodily injury, property damage or personal injury, occurring on or off-premises, whether you own, lease or occupy.
- ◇ **Products Liability & Completed Operations**
- ◇ **Personal Injury Liability:** Protection against suits involving libel, slander, or wrongful invasion of privacy.
- ◇ **Professional Liability:** Protection for lawsuits for bodily injury or death arising out of the rendering or the failure to render professional services.
- ◇ **Sexual Abuse Liability:** **\$100,000 Each Occurrence**  
**\$300,000 Aggregate Limit**
- ◇ **Damage To Premises Rented To You:** **\$100,000**
- ◇ **Medical Expense:** **\$2,500**
- ◇ **Spectator Injury**
- ◇ **Assumed Liability:** Work by independent contractors.
- ◇ **Claims:** Cost of investigation and defense.
- ◇ **No Deductible**
- ◇ **Higher Limits Available:** Please call 800-395-8075 for a quote.
- ◇ **Policy Exclusions include and are not limited to:** Asbestos, auto (no coverage for hired, non-owned auto), employee termination, any liquor, nuclear war, and the recommending, manufacturing, testing, and/or distributing of vitamin, mineral, herbal, medicinal nutritional/diet supplements. (See policy for details.)

**OPTIONAL COVERAGES AVAILABLE:**

**Excess Liability:** Added protection against claims and lawsuits

**Property Coverage:** For buildings and business contents and equipment

**Occupational Accident Coverage:** Independent contractors' coverage for on the job injuries

**Employment Practices Liability Insurance:** For harassment and discrimination

**Agency Name:** \_\_\_\_\_  
**Broker's/Agent's Name:** \_\_\_\_\_  
**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Multiple locations complete an application for each location separately**

Legal Business Name: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Social Security/Federal Employer ID # \_\_\_\_\_ County (*required*) \_\_\_\_\_  
 Business Entity:  Corporation  Partnership  LLC  Individual  Other \_\_\_\_\_  
 Does business engage in any other operations as the name insured above:  Yes  No If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Annual Revenues: \$ \_\_\_\_\_  
 Projected maximum number of active students at busiest time of year: \_\_\_\_\_  
 Monthly Membership Dues \$ \_\_\_\_\_ Are you ACMA Certified?  No  Yes  
 Name of Art/Style You Teach: \_\_\_\_\_ Level of Contact:  None  Light  Full  
 Belt rank of owner or primary instructor: \_\_\_\_\_  
 Name of Federation or Association affiliated with: \_\_\_\_\_  
 Prior Insurance Carrier & Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Have you been cancelled or non-renewed?  NO  YES: If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Any claims last 3 years?  NO  YES: (3 years loss history required to bind coverage.) If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

QUOTE WILL NOT BE PROVIDED WITHOUT 3 YEARS LOSS HISTORY

PLEASE SPECIFY YES OR NO OR NUMBER OF EXPOSURES WHERE APPLICABLE:

Fitness Equipment:  NO  YES Number \_\_\_\_\_  
 Swimming Pools:  NO  YES Number \_\_\_\_\_ Diving Boards  NO  YES Number \_\_\_\_\_  
 Saunas/Jacuzzis:  NO  YES Number \_\_\_\_\_  
 Suntan Booths:  NO  YES Number \_\_\_\_\_  
 All Courts/Tracks:  NO  YES Number \_\_\_\_\_  
 Climbing Walls:  NO  YES Number \_\_\_\_\_  
 Trampolines:  NO  YES Number \_\_\_\_\_  
 Videos you produce:  NO  YES Number \_\_\_\_\_

**ACTIVITIES INFORMATION:**

1. Are kicking motions to head permitted in sparring?  Yes  No
2. Is there free sparring?  Yes  No  
If yes, is it light contact or full contact?  Light  Full
3. Do you require hold harmless agreements?  Yes  No
4. Do you offer kickboxing or boxing?  Yes  No  
If yes, is it light contact or full contact?  Light  Full
5. Do you sponsor or participate in tournaments?  Yes  No  
Tournaments at your location involving your students or students of local related studios are covered under the policy at no additional charge. All other Tournaments (Open or Invitation) are charged based on exposure, please provide # of participants and details for any planned tournaments: \_\_\_\_\_  
\_\_\_\_\_
6. Do you provide or render chiropractic or acupuncture?  Yes  No If yes, this policy does not cover those service, you must provide proof of insurance for those services.
7. Do you sell any products under your own label?  Yes  No  
If yes, explain \_\_\_\_\_  
**\*THIS POLICY DOES NOT COVER CLAIMS ARISING OUT OF THE RECOMMENDATION, SELLING, PROMOTION, MANUFACTURING, TESTING OF VITAMINS, HERBS, NUTRITIONAL and/or DIET SUPPLEMENTS.**
8. Do you have conventional boxing:  Yes  No  
If yes, explain: \_\_\_\_\_
9. Do you have weapons training:  Yes  No  
Only padded weapons eligible, if yes, explain: \_\_\_\_\_
10. Do you rent out space to others:  Yes  No  
If yes, explain: \_\_\_\_\_
11. Describe any other services/operations not listed/described above: \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED**

Do you have a defibrillator(s) on premises?  No  Yes Do you have a medical crisis plan?  No  Yes

**Required:** Attach a copy of your Hold Harmless Agreement and a copy of your Sparring Rules. These rules need to express that only light contact is permitted and that all participants in sparring or contact drills wear protective headgear, mouthpieces, groin cups, chest protectors, shin guards, hand pads and footpads. We also require that a copy of a hold harmless agreement be kept on file for each student.

**Underwriting Requirements:**

- 1) Protective gear must be worn while sparring or during contact drills.
- 2) Each student must be furnished with a copy of Sparring Rules.
- 3) There must be a signed Hold Harmless Agreement on file for each student.
- 4) Full contact boxing is not allowed.

The Named Insured warrants that to the best of his knowledge the information on this application is correct, that no material facts have been misrepresented and the above requirements have been met. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Please complete the application, furnish the required copies of your hold harmless agreement and sparring rules. Policy effective date approved or future date entered here: \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### Fitness and Wellness Property Application

Check this Box if you DO NOT WANT property coverage and proceed to signature page.

Location Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

SUBJECT OF INSURANCE	LIMITS	DEDUCTIBLE	90% COINSURANCE	RC VALUATION	SPECIAL FORM
Building (If Owned)	\$				Additional Coverages Employee Dishonesty Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No Boiler & Machinery Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No  Business Income maximum = 12 months
Contents and Equipment	\$	\$1000			
Tenant Improvements (If you lease/rent)	\$	\$1000			
Business Income (If not sure enter 75% of total revenues)	\$	72 Hr Wait			

**YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS**

<b>Construction Type</b>	Protection Class	# Stories	Basement?	Year Built	Total Square Feet	Square Footage you occupy:
Other Occupancies in Building:			*If building over 25 years old, give year of update for:			
			Roof:	Wiring:	Plumbing:	Heating:
Right Exposure - Distance: Describe type of business or operation.		Left Exposure - Distance: Describe type of business or operation.		Rear Exposure - Distance: Describe type of business or operation.		
Burglar Alarm: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes <input type="checkbox"/> Central Station <input type="checkbox"/> With Keys		Alarm Installed & Serviced By:				
Fire Alarm: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, <input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong				Is Building sprinklered? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes what % is sprinklered: _____		

Landlords to be added as Additional Interest – Enter Name and Address:

Leasing Companies to be added as Loss Payee – Enter Name and Address:

Any Property claims last 4 years?  NO  YES: (If yes, 4 years loss history required to bind coverage. If no losses, a No Loss Letter is required). If yes, please explain – use additional sheet if necessary.

**POLICY EFFECTIVE DATE IS UPON APPROVAL. TO REQUEST A FUTURE DATE PLEASE ENTER HERE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

## Fraud Notice

**NOTICE TO APPLICANTS:** 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

**NOTICE TO MINNESOTA AND OHIO APPLICANTS:** 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 DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS:** 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY ND 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 GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MAINE AND VIRGINIA APPLICANTS:** 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.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "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."

**NOTICE TO NEW MEXICO APPLICANTS:** "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 GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**NOTICE TO TENNESSEE AND WASHINGTON APPLICANTS:** "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."

\_\_\_\_\_  
Applicant Signature (Must be owner, officer, or partner)

\_\_\_\_\_  
Date

Agent Broker Name: \_\_\_\_\_

Tel# \_\_\_\_\_ Email: \_\_\_\_\_

PIC Rep Name: \_\_\_\_\_

Tel# \_\_\_\_\_ Email: \_\_\_\_\_