

HEALTH & WELLNESS PROGRAM - MARTIAL ARTS STUDIO APPLICATION

Brokerage: _____ Producer name: _____
 Broker telephone: _____ Broker fax: _____ Target Premium: \$ _____
 Broker email: _____ Are you the present Broker on file? YES NO

GENERAL INFORMATION

Legal Business Name: _____
 Location Address: _____ City: _____ Province: _____ Postal: _____
 Mailing (if different): _____ City: _____ Province: _____ Postal: _____
 Contact Person: _____ E-mail: _____
 Phone #: _____ Fax #: _____ Res. #: _____ Cell #: _____
 Website Address: _____
Expiry Date of Policy: _____ **Current Insurance Company:** _____ **Risk Ever Been Canceled:** YES NO
 # of years in business? _____ # of full time Employees? _____ # of part time? _____ # of years experience? _____
 Claims last 5 years? YES NO If yes, please advise, year, type of loss and payout/reserve: _____

PROPERTY INFORMATION

Describe your location (Two storey, strip plaza, shopping mall, etc.) _____ No. of Stories: _____
 Do you own the building? YES NO Total Area of your Facility: _____ft The Building Age: _____
 Latest Update: Roof _____ Heat _____ Plumbing _____ Electric _____
 Fire Hydrants within 500 Feet? YES NO Restaurant within 2 adjacent units: YES NO
 Building Sprinklered? YES NO Monitored Alarm System? YES NO
 Local Alarm System? YES NO Surveillance System? YES NO
 Fire Alarm? YES NO # of Fire Extinguishers: _____
 Doors have deadbolts? YES NO Bars on Doors/Windows? YES NO
 What is at - Front: _____ Back: _____ Left: _____ Right: _____

CONSTRUCTION OF BUILDING: _____

"PROPERTY VALUES" (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY)

Building (if required) \$ _____ Equipment \$ _____
 Leasehold Improvements \$ _____ Stock \$ _____

* Martial Arts Studio leasehold improvement rebuilding values are usually around \$20 per square foot. Most leases state that the lessee must insure all improvements including any completed previous to the signing agreement.

LOSS PAYEE INFORMATION (loan from bank for equipment or mortgage): _____

LIABILITY INFORMATION

Liability Limits Desired: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

No. of Students? _____	Summer Camps \$ _____
Student Receipts \$ _____	Clothing Receipts \$ _____
Total Yearly Gross Receipts \$ _____	Other Receipts \$ _____, please specify _____

Children under 12 _____% Jr. 12-18 _____% Adult _____% Number of Students? _____

List All Styles & Disciplines: _____

Are there any operations outside of the premise? YES NO If Yes, Please elaborate: _____

Weapons YES NO - **If Yes** provide full list. _____

Please read Martial Arts Defined on the last page and advise: Weapons: A or B or C Sparring: A or B

Type of Contact? Mixed Martial Arts fighting tournaments full contact light contact no contact

Any Punches to the head? YES NO Any kicks to the head? YES NO Do you use live blades? YES NO

Are there any takedowns from a standing position by means of pulling a student's neck or head? YES NO

Mouthpieces? YES NO Boots? YES NO Gloves? YES NO Chest Protectors? YES NO

Do you have a caged or roped fighting ring? YES NO Do you offer transportation to any of your students? YES NO

Do you have sleepovers? YES NO If so, how many sleepovers per year? _____

Do you offer kids camps? YES NO If so, how many camps per year? _____ # of children per week? _____

Do any students or martial arts teachers participate in activities outside Canada? YES NO

Do you have a hold harmless waiver form signed by each student (adult)? YES NO

If answered yes above, please provide details: _____

TOURNAMENTS:

How many do you attend per year? # _____ How many are free style? _____ How many are traditional? _____

Type of Contact

Point method where each student separate after they have made contact with their opponents? **Or**

Continuous fighting for a timed duration where there is no controlled separation during the timed fighting bout?

Do you rent space to others within your unit? YES NO If yes, do they list you as an additional insured? YES NO

If yes, please advise name of lessee: _____

**** NOTE:** A certificate of insurance MUST be provided to the Martial Arts Owner if there are any operations offered by others within the Martial Arts Studio.

ADDITIONAL INSURED (i.e.: landlord): _____

**** CYBER LIABILITY ****

Does the Company store any medical/health information for clients? YES NO

• If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)? YES NO

• If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)? YES NO

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Insured Signature: _____ Date: _____

Broker Signature: _____ Date: _____

Broker Email: _____

MARTIAL ARTS DEFINED:

Martial arts means, any system of fighting that would teach the person self defense individually or by means of sparring with others.

"The use of weapons is to be used only on an individual basis or in the case of two individuals the use would be instructional only".

Safe weapons "A" would be normally made from rubber, foam, plastic or wood. ***"Authorized for kata or instructional use only"***.

Safe weapons "B" would be none live blades with no sharp edges ***"Authorized in Black Belt kata & demonstrations only"***. ***"Minimum of 2 spotters must be present"***.

Not Safe Weapons "C" would be any sharp edge or point ***"We can not insure operations that include these weapons"***.

SPARRING DEFINED:

Sparring is where two or more individuals practice techniques of the martial arts discipline they have been practicing using any body part. ***"Weapons are not to be used when sparring"***.

Sparring "A" is controlled sparring. This is practiced by the point system where once one individual makes contact with their opponent they score a point and then both separate. This will continue until one of the opponents reaches a predetermined point score. This method is controlled and meant as a teach technique and not to harm any other.

"Safe weapons "A" may be used under supervision but must be referred to the underwriter prior to any activities".

Sparring "B" is free sparring. This is where two or more opponent's fight for timed bouts, usually 5 minutes. This method is full contact strike to each other with the usual intension of a knockout or submission. ***"We will not insure this type of operation"***.

KATA DEFINED: Kata is a fluid motion of martial art moves striking and blocking imaginary opponent. Can use any body part and /or weapon

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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