

MARTIAL ARTS INSURANCE APPLICATION

THIS APPLICATION IS FOR A COMMERCIAL GENERAL LIABILITY ON AN OCCURRENCE FORM.

FOR PURPOSES OF THE *INSURANCE COMPANIES ACT (CANADA)*, THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' INSURANCE BUSINESS IN CANADA.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "NONE" TO QUESTIONS WHERE THERE IS NO EXPOSURE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

PLEASE PROVIDE THE FOLLOWING WITH THE APPLICATION:

Copy of Waiver/Release Forms

1. GENERAL INFORMATION

- A) Company Name: _____
(Please show complete name as you wish it to appear on the policy)
- B) Address: _____

- Web Site Address: _____
- C) Year established: _____
- D) Type of Organization: _____

2. COMPANY INFORMATION

The following activities will be deemed as "Covered Activities"

Sport/Activity: _____

Please describe the Sport/Activity: _____

A) Do you have any potential for travel to the United States or other foreign locations? YES NO
If YES, please provide location(s): _____

B) Total Number of Participants: _____

Age/Number of Participants:	12 & Under <input type="checkbox"/>	12- 19 <input type="checkbox"/>	19-34 <input type="checkbox"/>	34 & Older <input type="checkbox"/>
	# _____	# _____	# _____	# _____

Are waivers / releases, or consent forms signed by each participant? YES NO

C) Number of Instructors: _____ Number of Employees: _____

D) Do any of your Instructors have first aid certification? YES NO

E) Are all Instructors certified by a recognised association? YES NO

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F) Does any volunteer, owner, coach or official have a criminal record, or has ever had a criminal record? YES NO

If YES, please explain: _____

G) What is the student per Instructor ratio? _____

H) What are the "contact" rules for students younger than 16? _____

I) How are skill levels split within the class? _____

J) Are students permitted to engage in any activities or use equipment without supervision? YES NO

If YES, please explain: _____

K) How often are mats and training equipment cleaned? _____

L) Do participants engage in any sparring? YES NO

M) Is full protective equipment (head, groin, mouth, hand, leg) worn while partaking in any sparring? YES NO

PLEASE NOTE THAT THERE IS NO COVERAGE FOR SPARRING IF APPROPRIATE PROTECTIVE EQUIPMENT HAS NOT BEEN USED.

N) Is there any use of weapons during any classes? YES NO

PLEASE NOTE THAT THERE IS NO COVERAGE FOR WEAPONS USED WHISLT SPARRING OR IN ANY CONTACT SITUATION.

O) Does your Martial Arts Club engage in any Boxing activities? YES NO
If YES, do the Boxing activities comprise more than 30% of the club's instruction? YES NO

PLEASE NOTE THAT THERE IS NO COVERAGE FOR BOXING TOURNAMENTS OR COMPETITIONS.

P) Would students be entering any tournaments? If YES, please complete the table below. YES NO

Location	Date of Tournament	# of Students	Type of Tournament

Is full protective equipment (head, groin, mouth, hand, leg) worn while partaking in any tournament? YES NO

PLEASE NOTE THAT THERE IS NO COVERAGE IN TOURNAMENTS IF APPROPRIATE PROTECTIVE EQUIPMENT HAS NOT BEEN USED.

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Q) Will the insured be hosting any tournaments? YES NO
If YES, please complete the table below.

Date of Tournament	Type of Tournament	# of Participants	# of Spectators

Is full protective equipment (head, groin, mouth, hand, leg) worn by all participants during the tournaments? YES NO

R) Do all external participants provide proof of insurance coverage? YES NO

S) What type of security will be used during the tournaments? _____

T) Are there any food or liquor sales during the tournaments? YES NO

U) Are any social events (i.e. awards banquets/fundraising activities) being conducted? YES NO
If YES, please explain and advise if any alcohol is being served: _____

Any additional information or remarks that may assist us in evaluating your application, please provide.

3. PREVIOUS INSURANCE / CLAIM INFORMATION

A) Have you had losses (due to liability claims) in the past five (5) years? YES NO
If YES, please describe any losses you have incurred over the past five (5) years, and provide insurance company loss runs: _____

B) Have you ever filed for bankruptcy? YES NO
If YES, please explain: _____

C) Have you ever had insurance Cancelled or Non-Renewed for any reason? YES NO
If insurance has been declined or cancelled, please explain: _____

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

4. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

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For the purposes identified above, personal information may be disclosed to Creechurch and any affiliated companies and service providers.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

5. WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____