

# Martial Arts Studio Supplemental Application (Complete in addition to ACORD)

1. Name of Applicant: \_\_\_\_\_
2. Website Address: \_\_\_\_\_
3. Gross Sales: \_\_\_\_\_ Payroll: \_\_\_\_\_ Area: \_\_\_\_\_
4. Number of students enrolled? \_\_\_\_\_ What age groups? \_\_\_\_\_
5. # of employed instructors? \_\_\_\_\_ # of volunteer instructors? \_\_\_\_\_ # of contracted instructors? \_\_\_\_\_
6. Do all contractors providing services carry their own liability insurance? Yes No  
If yes, what limits? \_\_\_\_\_
7. List all styles and disciplines taught: \_\_\_\_\_
8. Are any of the following styles taught?  Yes  No  
 Mixed Martial Arts  Dim Kam  Haganah  Iaido  Brazilian Ju Jitsu,  Kali  
 Kali-Escrimina  Kali-Savate  Kali-Sayoc  Krav Maga  Kyokushinkai/Kyokushin  Muay Thai  
 Ninjutsu  Pentjak Silat  Savate  Shukokia  Wing Chun  Ultimate Fighting
9. Is Boxing or Kick-Boxing taught?  Yes  No
10. Does applicant offer specialized training programs for Law Enforcement, Public Safety or Military personnel?  Yes  No
11. Is there at least one employee on duty at all times that is CPR certified?  Yes  No
12. Does applicant use or sell authentic martial arts weapons (as opposed to "mock weapons")?  Yes  No  
If yes, list and describe: \_\_\_\_\_
13. Describe applicants experience in teaching martial arts (include certifications and belt ranks of all instructors).  
\_\_\_\_\_
14. Are all students (or their parents/guardians for minors) required to sign a waiver of liability form **(please attach copy)** and get medical clearance?  Yes  No
15. Are all sparring participants required to wear headgear, mouthpieces, and padded kicking boots, groin cups for males and chest/breast protectors for females?  Yes  No
16. Does facility comply with all applicable laws and ordinances pertaining to licensing or codes and meet current industry standards for safety?  Yes  No
17. Does insured sell any vitamins or supplements?  Yes  No  
If yes, list and describe: \_\_\_\_\_
18. Does applicant's facility have equipment such as free weights or Nautilus type equipment?  Yes  No  
If yes, list and describe: \_\_\_\_\_
19. Is insured licensed by the state?  Yes  No  
Is insured's license under suspension or revocation?  Yes  No
20. Does applicant sponsor or participate in any tournaments or competitions?  Yes  No  
If yes, describe: \_\_\_\_\_
21. Does your facility do background checks on all instructors?  Yes  No  
Describe type of checks performed (prior employer, police, etc.) \_\_\_\_\_

**FOR SEXUAL MOLESTATION COVERAGE, PLEASE COMPLETE QUESTIONS 22. through 24.**

\$25,000/50,000 limit is included at no additional charge. Higher limits are available for an additional premium charge (see below). If sexual molestation coverage is not desired, please check here  Coverage is **NOT** requested.

22. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?  Yes  No  
If yes, please provide details: \_\_\_\_\_
23. Are there written guidelines in place regarding sexual misconduct?  Yes  No  
If NO, please explain: \_\_\_\_\_
24. Please check the limits you are requesting:  
 \$25,000/50,000 – included  \$50,000/100,000  \$100,000/300,000  Other \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Title

\_\_\_\_\_  
Applicant's Agent Signature