

INSTRUCTIONS: ANSWER ALL QUESTIONS; IF THE ANSWER IS NONE, STATE NONE; IF THE QUESTION IS NOT APPLICABLE, STATE NOT APPLICABLE(N/A). IF THE SPACE PROVIDED IS INSUFFICIENT TO FULLY ANSWER THE QUESTION, PLEASE ATTACH A SEPARATE SHEET. NOTE: APPLICATION MUST BE DATED AND SIGNED BY OWNER- PARTNER- OFFICER OR ADMINISTRATOR. PLEASE TYPE OR PRINT IN INK. DO NOT REDUCE WHEN FAXING.

PART 1. GENERAL INFORMATION

- 1.1 Applicant Name: _____
- 1.2 Mailing Address: _____
- 1.3 Location Address(es): _____
_____ County (parish) of each location: _____
- 1.4 Telephone Number: Office _____ / _____ Fax _____ / _____
- 1.5 Person to contact for survey: Name _____ Title +- _____
- 1.6 Entity is ___ Individual ___ Corporation ___ Partnership ___ Professional Association/Corporation ___
Other. (Describe) _____
- 1.7 Entity is ___ For Profit ___ Non-Profit (if Non-Profit, advice source of funds _____).
- 1.8 Proposed effective date _____ Year entity established _____
- 1.9 Requested Limits of Liability (if available):
Professional Liability \$ _____ Incident \$ _____ Aggregate
General Liability \$ _____ Occurrence \$ _____ Aggregate
- 1.10 Annual Gross Receipts: Estimated next twelve months - \$ _____
last twelve months - \$ _____
- 1.11 Total Premises Square Footage Occupied by Applicant: _____ If any services provided away from
applicant's own premises, describe: _____
- 1.12 List all memberships in professional organizations: _____

NOTICE

TI-HS POLICY (IF ISSUED) IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

PART H. EXPOSURES

2.1 Staff. Indicate numbers for each of the following categories of staff.

	No. Employed (W-2)	No. Contracted (1099)
Self-Defense / Fitness Instructor	_____	_____
Massage / Physical Therapy	_____	_____
Nutritionalist / Counselor	_____	_____
Others / describe:	_____	_____
_____	_____	_____
_____	_____	_____

2.2 Total number of Members/Clients: _____ Maximum # on premises at one time? _____

2.3 Breakdown the number of members/clients by age group as follows:

_____	Under 5 years of age	_____	18 - 30 years old
_____	5 - 12 years old	_____	30 - 60 years old
_____	12 - 18 years old	_____	Over 60 years old

2.4 Indicate Martial Arts/Self-defense styles instructed and check the appropriate contact types and safety equipment required.

	CONTACT					SAFETY EQUIPMENT				
STYLE INSTRUCTED	FULL	TOUCH	NON	HEAD	GROIN	MOUTH	HEAD	HAND	FOOT	GROIN

2.5 EQUIPMENT/ FACILITIES (a) Indicate the number of exposures & describe all exercise units now shown:

<i>Exposure</i>	<i>Number</i>	<i>Exposure</i>	<i>Number</i>
Free Weight Equipment (pounds)	_____	Swimming Pool	_____
Machine Weight Equipment (# units)	_____	Whirlpool / Hot Tub	_____
Cardio-Vascular Equipment (# units)	_____	Sauna / Steam bath	_____
Stretching Equipment (# units)	_____	Tennis/Racquetball Ct	_____
Kicking Bags	_____	_____	_____
Tanning Units *	_____	_____	_____

(* Does UVB exceed 5% ___ Yes ___ No)

(b) Are instructions & warnings posted concerning the proper use of all equipment & facilities? ___ Yes ___ No

(c) Who inspects / maintains equipment? _____ Is this by documented schedule? ___ Yes ___ No

(d) Are all wet areas protected with Non-Slip surfaces? ___ Yes ___ No - Describe: _____

(e) Do all heated elements have thermostats in place and tamperproof? ___ Yes ___ No

(f) Do all heat elements have guard rails? ___ Yes ___ No

(g) All wiring & electrical equipment FDA approved and UL Listed? ___ Yes ___ No

(h) Is any equipment loaned or rented to clients? ___ Yes ___ No - Written Agreement signed? - Yes - No

2.6 Describe in detail any instruction which involves the use of any weapons (other than non-functional props).

- 2.7 Do you travel to tournaments? ____ Yes ____ No. If yes, indicate the number of tournaments (____) and the number of applicants, members/clients participating (____).
- 2.8 Do you sponsor or host any tournaments (**NOTE!** No coverage is afforded for this activity unless specifically endorsed on your policy) ____ Yes ____ No. If yes, describe in detail including, but not limited to, where held, number of attendees, number of participants, receipts received, the "style" involved and safety equipment required.

- 2.9 Do you conduct demonstrations away from your own premises? ____ Yes ____ No. If yes, indicate the number conducted (-), where conducted (____) **and the number of your members/clients participating** (____).

- 2.10 Do you conduct special self-defense classes for social groups, public groups or similar organizations?
 ____ Yes ____ No If yes, indicate:
- | # Classes | # Students | Gross Receipts |
|-----------|------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

and describe the groups involved, where held and type and style of instruction provided. _____

- 2.11 Do you sell or distribute any products or equipment? ____ Yes ____ No. If yes, indicate:

<i>(a) PRODUCT/EQUIPMENT</i>	YES	NO	<i>RECEIPTS</i>
Uniforms	_____	_____	_____
Food, Vitamins, Herbs	_____	_____	_____
Weapons (describe)	_____	_____	_____
Equipment (describe)	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

(b) Do you sell any products under your own label? ____ Yes ____ No If Yes, give full details of description of products, receipts from sales, who manufacturers (& their products liability coverage) - _____

(c) Do you provide food service: Restaurant service? ____ Yes ____ No Vending machines? ____ Yes ____ No

- 2.12 Do you carry an "accident" policy to cover your members/clients for injuries sustained while participating in your instruction? ____ Yes ____ No. If yes, indicate:

Insurer	Policy #	Limit of Liability	Policy Tenn
_____	_____	_____	_____

NOTE! This coverage will **be require** in most circumstances.

PART III. RISK MANAGEMENT

- 3.1 Describe any formal training/education requirements for employees. _____

- 3.2 Is the staff required to have CPR training? ____ Yes ____ No. First Aid? ____ Yes ____ No.
 Are instructors present during all sparring? ____ Yes ____ No.

- 3.3 Are Liability Release Forms** signed by members / clients? ____ Yes ____ No

- 3.4 Are Liability Release Forms** signed by the parents (both) or registered legal guardian of any minor (under 18 years of age) before being permitted to participate in any activity? ☐ Yes ☐ No

"ATTACH COPIES OF ALL OF LIABILITY RELEASE FORMS"

- 3.5 Do you enter into any contractual agreements (other than lease of premises agreements) in which you hold others harmless? ☐ Yes ☐ No If yes, attach copies of all such contracts.

- 3.6 Do you advertise" other than local telephone directory listing? ☐ Yes ☐ No

"ATTACH COPIES OF ALL ADVERTISING MATERIALS"

- 3.7 Indicate which apply to property: ☐ Sprinklered ☐ Fire Alarm ☐ Smoke Detectors
☐ # Exits Clearly Marked ☐ # Fire Extinguishers

- 3.8 Do you have a Written incident/occurrence reporting policy and procedures? ☐ Yes ☐ No

- 3.9 Have you or any of your employees:

- a) Ever been the subject of disciplinary or investigatory proceedings or reprimanded by an administrative or governmental agency, hospital or professional association? ☐ Yes ☐ No
- b) Had any certification or license refused, suspended, revoked, renewal refused or accepted only with special terms or has applicant or any of its employees voluntarily surrendered any certification or license? ☐ Yes ☐ No
- c) Been convicted for an act committed in violation of any law or ordinance other than traffic offenses? ☐ Yes ☐ No

IF THE ANSWER TO ANY OF 3.9 IS YES, PLEASE ATTACH A DETAILED EXPLANATION.

- 3.10 Please describe in detail any additional operations, business pursuits, joint ventures in which your facility is currently engaged which would fall outside the scope of typical martial arts/self-defense instruction.
☐ None ☐ Describe _____

PART IV. HISTORY

4. 1 List prior liability insurers for the past five years, starting with the most recent year. If none, so state.

Insurer	Policy	Limits of	Premium	Eff Date	Claims-Made	
	Number	Liability			Yes	No
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

If claims-made, what is the most recent retroactive date? _____

- 4.2 Have any of your members/clients been injured on your property or while participating in any activities under your direction or instruction during the last six years which resulted in medical costs exceeding \$500.00 9 ☐ Yes ☐ No If yes describe injury and cost: _____

4.3 Have any claims been made or occurrences reported during the past six years against any of the proposed insureds or against any entity in which any proposed insured has or has had an interest? ☐ Yes ☐ No If yes, please describe, indicate status of the claim or suit, and any amount(s) paid or reserved (attach an additional sheet if necessary). _____

4.4 Does any proposed insured have any knowledge of an event, circumstance or occurrence (other than any listed in 4.3 above) prior to the effective date of the proposed policy, or does any proposed insured foresee that a claim may be brought as a result of said event, circumstance or occurrence? ☐ Yes ☐ No
If yes, describe the event and indicate the reason for anticipation of a claim. _____

**The Reciprocal
Alliance**

Underwritten by

Risk Retention Group

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made here. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to *investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business *including authorization to every person or entity, public or private, to release to the company providing insurance coverage and Mid-Continent General Agency, Inc. any documents, records or other information bearing upon the foregoing.

I understand and agree these *investigations shall not be confined to information submitted in this application, but shall *include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the *insurance company in considering this application.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

Date

Applicant/Title