

SELF DEFENSE/MARTIAL ARTS

PLEASE ANSWER ALL QUESTIONS
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"

1. **Name of Applicant:** _____

2. **Mailing address:** _____

Website Address: _____ **Number of years in operation:** _____

Description of operations: _____

3. **Affiliations (World TKD Federation etc.)** _____

4. **Instructors:**

Name	Age	Experience & Length of Time Working for Applicant	Qualifications
_____ _____		_____ _____	_____ _____
_____ _____		_____ _____	_____ _____
_____ _____		_____ _____	_____ _____
_____ _____		_____ _____	_____ _____

5. Will any other person teach? Yes No
 If yes, state rank and experience: _____

6. Gross annual receipts: \$ _____ Total No. of employees: _____ Payroll: \$ _____

7. Are all employees covered under WSIB? Yes No
If no, please list numbers by job description and estimated payroll:

Total payroll : \$ _____ No. of Employees : _____

8. Total number of students: _____

Average size of class: _____ Number of classes weekly: _____

9. Does Applicant Own Lease Use with Owner's Permission, the premises?
Does Applicant share any part of premises with others? _____

10. If Insured does not own premises and has a lease or other contractual agreement which applies to their use.
Please provide details of contract. _____

11. Does applicant assume any other liabilities under contract? If so, please provide copy.

12. Is there a waiver/hold harmless agreement signed by each student (or parent or guardian if under age) Yes No
If yes, please attach a copy.

13. Describe work performed for Applicant by sub-contractors:

14. Is evidence of Liability Insurance obtained from all sub-contractors? Yes No
If "no", please explain: _____
If "yes", please advise what limits they are required to provide: _____

15. Details of any exhibitions or tournaments entered:

16. Are there written procedures in place in the event of emergencies or injury to students? Yes No
Are instructors required to have first aid qualifications? Yes No
If "yes", please describe: _____

17. Proximity to medical services:
Describe services: _____

18. Description of training area (i.e. area, floor covering, lighting, etc.):

19. Description of equipment (i.e. bags, weapons, weights, stretching equipment, etc.): _____

20. Full description of weapons training, if any:

21. Are students required to wear protective gear? Yes No

If yes, do they wear any of the following?

Saf-t-kicks Saf-t-punches Chest protectors Cups
 Eye protection Other – describe: _____

22. Age range of students – From: _____ To: _____

23. Are adults and children in separate classes? Yes No

24. Provide full details on the club environment. For example, do they have formal lessons. Are do-boks required? Is it organized and subject to posted club rules and discipline or do they have informal lessons and environment? Please describe:

25. Are classes open to all belts, or are they separated into levels? _____

26. Are there any sales of food or alcohol? Yes No
 If yes, please provide details. _____

27. Does applicant presently carry insurance? Yes No

If yes, who is present insurer? _____ Premium: _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

28. Claims History:

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? Yes No

If yes, give details: _____

29. Non-Owned Automobile

Number of employees using their cars on company business: Regularly _____
Occasionally _____
Estimated annual cost of hired cars: \$ _____
Estimated annual cost of cars operated under contract: \$ _____

30. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____
Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed: Yes No

31. Please indicate limit(s) of liability required: _____

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKER NAME: _____
ADDRESS: _____

PHONE NO.: _____
FAX NO.: _____

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