



MARTIAL ARTS SCHOOLS & PROGRAMS

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 1/1/17 through 12/31/17

Higher liability limits are available immediately online

PROGRAM DESCRIPTION

This program has been designed for U.S.-based martial arts schools and other organizations specializing in the instruction of martial arts. Coverage provided includes important liability protection for the school or organization, including its employees and volunteers, for liability claims arising out its operations. For eligible martial arts schools or programs, your covered operations consist of operations and activities at your locations involving registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; and off-site competitions, demonstrations, parades and fundraising activities, directly associated with the above that are under direct supervision, or organized by you; and ancillary events or activities at off-site locations involving registered members/participants under your direct supervision, or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid.

“Covered Operations” may also include: birthday/social parties at your premises that are under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; activities involving non-registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; tournaments or competitions hosted by you under your direct supervision or organized by you, that have been reported to and approved by the Company and for which the applicable premium has been paid.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to, the following:

- Boxing (contact/sparring)
- Training programs for law enforcement, public safety and military personnel
- Trampoline parks/facilities
- Wrestling

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.

ELIGIBLE OPERATIONS

Schools or organizations providing instruction, practice, demonstrations and exhibitions in the following styles of martial arts are eligible for this program.

Note: If your style of martial arts is not listed, contact us for proper classification.

- Aikido
- Brazilian jiu jitsu
- Capoeira
- Chi kun
- Dim mak *
- Fitness boxing (non-contact)
- Goju-ryu
- Haganah *
- Hapkido
- Jeet kune do
- Judo
- Jiu jitsu
- Kali/escrima *
- Karate
- Kenjitsu
- Kickboxing (cardio/fitness only)
- Kickboxing (contact/sparring)
- Krav maga
- Kung fu
- Mixed martial arts (Ultimate/extreme/cage fighting)*
- Savate *
- Sayoc kali *
- Shaolinquan
- Taekwondo
- Tai chi
- Taijiquan
- Tang soo do
- Thai boxing/muay thai *
- Wushu

Karate includes various styles such as: Chito-ryu, Goju-ryu, Isshin-ryu, Shuri-ryu, Kyokushinkai, Seido juku, Keichu do, Keichu-ryu, Shorin-ryu, Shotokan, Shito-ryu, Uechi-ryu, Wado-ryu and Yoshukai karate

***Note:** Coverage for these styles apply only to instruction/training type programs. Events/competitions/tournaments in which the insured's members participate with these styles are excluded and not covered under this program.

EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online at www.ascensionins.com/programs

OR

Submit this enrollment form, with payment, to us.



E-MAIL programs@ascensionins.com



FAX 1-913-327-0201



MAIL Regular:	Overnight:
Ascension Benefits & Insurance Solutions P.O. Box 25936 Overland Park, KS 66225	Ascension Benefits & Insurance Solutions 9225 Indian Creek Parkway, Suite 700 Overland Park, KS 66210



QUESTIONS Call 1-800-955-1991

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harassment, or sexual conduct
- Acupuncture and acupressure
- All operations listed as ineligible
- Amusement devices (eg: rides, slides, inflatables—unless reviewed and approved by us, bungees, dunk tanks)
- Asbestos
- Childcare/babysitting services
- Communicable diseases
- CrossFit Affiliate owners and/or CrossFit programs/activities
- Cryogenic chambers/therapy
- Distribution or sale of herbal, medicinal and/or nutritional products
- Employment-related practices
- Fireworks
- Massage therapy
- Non-registered participants at events/tournaments hosted by the named insured
- Parkour/free-running/tricking/urban gymnastics/ extreme tumbling or any similar type activities/ programs, unless reported, approved and the appropriate premium paid
- Tournaments or competitions involving the following styles: muay thai/thai boxing; kali/escrima; savate; sayoc kali; dim mak; haganah; and full contact mixed martial arts, including but not limited to: cage events, extreme and ultimate fighting
- Transportation of participants
- Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays
- Use of sharpened/bladed weapons
- Climbing walls exceeding ten (10) feet with no safety harness system, unless reported/approved by us

COVERAGES AND LIMITS

Coverages	Option 1	Option 2
Commercial General Liability	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000 (per owned location)	\$ 5,000,000 (per owned location)
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 500,000	\$ 500,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Medical Payments for Participants (excess) \$250 per claim deductible applies	\$ 150,000	\$ 150,000
Rates (per student/member)	\$ 18.00	\$ 23.00
Minimum Premiums	\$ 750.00	\$ 1,125.00

Higher liability limits are available immediately online

Coverage provided under this program includes:

Commercial General Liability with Broadening Endorsement – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury. Additional coverages added with broadening endorsement are:

- Expected or intended injury resulting from the use of reasonable force to protect persons or property
- Non-owned watercraft – extended to 58 feet
- Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings
- Knowledge or Notice of Occurrence
- Waiver of right of recovery
- Bodily injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease.
- Damage to Premises Rented to You – the term fire is replaced with fire, lightning, explosion, smoke and leaks from sprinklers
- Additional coverages:
 - Emergency Real Estate Consultant Fee - \$25,000
 - Identify Theft Exposure (for directors or officers) - \$25,000
 - Key Individual Replacement Cost - \$50,000
 - Lease Cancellation Moving Expense - \$2,500
 - Temporary Meeting Place - \$25,000
 - Terrorism Travel Reimbursement (for directors or officers)- \$25,000
 - Workplace Violence Counseling - \$25,000

COVERAGES AND LIMITS CONTINUED

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities of your martial arts school operations.

Professional Liability – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to the sports activity.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your covered martial arts school operations. “Participant” means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. The benefit period is two years from the date of the accident.

Hired Auto and Employers’ Nonownership Liability (not provided while in Hawaii) – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

OPTIONAL COVERAGES AVAILABLE

Non-Registered Member Activity Coverage

This coverage is available for events and/or activities you conduct at your facility that involve non-registered members of your martial arts school and are incidental to your martial arts operations. When reported and paid for, coverage is extended to provide liability and excess medical coverage for non-registered members while participating in an event/activity you are hosting and supervising. Examples of such events and activities are: basketball and/or volleyball programs or classes; camps or clinics; meetings and/or seminars, yoga and/or exercise classes.

Unless this option is purchased, coverage is excluded for non-registered members who participate in any activities referenced above.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with our Martial Arts Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.
3. A birthday party is not considered to be a subsidiary activity and a separate premium charge will apply.
4. Non-registered members are only to be counted once in your premium calculation, regardless of the number of times that they may participate in those activities. Also include members of your school if they are charged a separate registration fee to participate in the activity.

	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
Rate (per participant)	\$13.25	\$17.78

Birthday Party Coverage

Coverage can be extended to cover birthday parties held at your martial arts school or organization premises.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with our Martial Arts Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.

	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
Rate (per party)	\$16.50	\$22.00

OPTIONAL COVERAGES AVAILABLE CONTINUED

Sexual Abuse or Sexual Molestation Liability OR Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:

- Option 1: \$1,000,000 of liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse or sexual molestation. Limit is part of, and not in addition to, the general liability limit selection.
- Option 2: \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

Coverage Conditions:

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 10.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your school or organization with our Martial Arts Schools and Programs RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception.

Rates	
Options	Rates
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	See page 10 for rates (\$150.00 minimum premium)
Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00 (Flat rate)

Equipment and Contents Coverage (Inland Marine) with Additional Coverage Endorsement

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.

Additional coverages automatically included in the coverage form are

- Business Income with Extra Expense – Actual Loss Sustained (up to \$50,000)
- Money and Securities Coverage - \$5,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 at premises / \$2,500 away from premises
- Account Receivable Coverage - \$10,000 at premises / \$2,500 away from premises

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with our Martial Arts Schools & Programs RPG Insurance Program.
2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Martial Arts Schools & Programs RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for improvements or betterments.

Rates			
Total Value per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$.03	\$ 250	\$ 100.00
\$ 10,001 - \$ 100,000	\$.026	\$ 1,000	\$ 100.00
\$ 100,001 +	\$.026	\$ 2,500	\$ 100.00

OPTIONAL COVERAGES AVAILABLE CONTINUED

Hosted Tournament Coverage

Hosted tournaments are those you organize and operate that include participants who are not members of your school or organization. Coverage excludes liability claims by non-registered members/participants that participate in tournaments you host unless this optional coverage is purchased. The named insured and their registered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage. Please contact us for additional information and supplemental questionnaire on this available optional coverage.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with our Martial Arts Schools & Programs RPG Insurance Program.
2. Hosted tournament premiums are 100% fully earned and non-refundable once the tournament begins.
3. The same coverages and limits would apply to this optional coverage as purchased for your school or organization, EXCEPT for medical payments for participants coverage which is not extended to those non-registered members/participants of your hosted tournament (Note: You should require proof of medical payments for participants coverage being in place for all non-registered members/participants taking part in your hosted tournament).

FREQUENTLY ASKED QUESTIONS

1. How soon does coverage start? When will we receive proof of coverage?

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

2. I need to receive a quote from your company, how do I do this?

This program does not offer quotes, as the rates are provided for you within this brochure. Simply complete the premium calculations on pages 9-11 to determine your annual premium and then remit your completed enrollment form with payment to begin coverage. Please note, we cannot bind coverage until the day after we receive both your completed enrollment form and the appropriate payment.

3. We are a newly formed school and we are not sure how many students we will have, how should I report my student count?

You need to report the number of students you project to have within an annual term. You may add additional students at any time by using the martial arts supplemental form.

4. Do you provide coverage for mixed martial arts?

We are able to provide coverage for mixed martial arts, but only for your instructional and training programs. Mixed martial arts events, competitions and tournaments in which you or your members participate are not covered under this program. Refer to the exclusions section of this brochure for other styles that are excluded for tournaments and competitions.

5. Am I allowed to transport students to activities such as classes, tournaments or exhibitions?

This insurance program does not provide coverage for the transportation of students. Should the transportation of students be necessary for your operation, we suggest that you consult a licensed insurance agent in your area to provide you with commercial automobile coverage for this type of exposure.

6. How do I add another entity or organization as an additional insured to my policy?

You may add an entity as an additional insured under the certificate request section of the enrollment form. Please make sure to check the box in the certificate request area noted "additional insured", and provide their entire name, address and relationship to you.

7. Will we receive a policy after submitting the enrollment form?

Coverage offered under this program is exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member will receive their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: Ascension Benefits & Insurance Solutions, P.O. Box 25936, Overland Park, KS 66225 or programs@ascensionins.com.



Enrollment Form Martial Arts Schools & Programs

Valid for effective dates from 1/1/17 through 12/31/17

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 6 - 14) with payment

GENERAL INFORMATION	<input type="radio"/> I am a new account <input type="radio"/> I am renewing my coverage
	Full legal name of business: _____
	<small>Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.</small>
	Applicant is a: <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Liability Co. <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Other (describe): _____
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Contact name: _____ Phone: (____) _____
	Cell: (____) _____ Fax: (____) _____ E-mail: _____ Website: _____

LOCATIONS	Please list locations you own or operate on a 24 hour basis, if different than the mailing location above. <small>(Note: Temporary leased spaces or mobile program sites should not be listed here, only your owned/operated location sites. You can add temporary/mobile locations on the certificate request section if evidence of coverage or additional insured status is needed)</small>
	Location 1: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Street Address City State Zip </div>
	Location 2: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Street Address City State Zip </div>

DATES	Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy). <input type="radio"/> Start my coverage on this date: ____ / ____ / ____
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BUSINESS INFORMATION	Styles of martial arts offered and any other types of operations/activities provided by your operation. (check all that apply)
	<input type="radio"/> Aikido <input type="radio"/> Haganah* <input type="radio"/> Kickboxing (cardio/fitness only) <input type="radio"/> Shaolinquan <input type="radio"/> Brazilian jiu jitsu <input type="radio"/> Hapkido <input type="radio"/> Kickboxing (contact/sparring) <input type="radio"/> Taekwondo <input type="radio"/> Capoeira <input type="radio"/> Jeet kune do <input type="radio"/> Krav maga <input type="radio"/> Tai chi <input type="radio"/> Chi kun <input type="radio"/> Judo <input type="radio"/> Kung fu <input type="radio"/> Taijiquan <input type="radio"/> Dim mak* <input type="radio"/> Jiu jitsu <input type="radio"/> Mixed martial arts* <input type="radio"/> Tang soo do <input type="radio"/> Fitness boxing (non-contact) <input type="radio"/> Kali/escrima* (ultimate/extreme/cage fighting) <input type="radio"/> Thai boxing/muay thai* <input type="radio"/> Goju-ryu <input type="radio"/> Karate <input type="radio"/> Savate* <input type="radio"/> Wushu <input type="radio"/> Kenjitsu <input type="radio"/> Sayoc kali* <input type="radio"/> Other (please describe, subject to approval): _____
	<small>*Note: Coverage for these styles apply only to instruction/training type programs. Events/competitions/tournaments in which the insured's members participate with these styles are excluded and not covered under this program.</small>

1. Do you have any climbing devices exceeding 10 feet in height? Yes No
 If yes, please provide:
 a. The maximum height of the climbing device: _____
 b. A description of the device: _____
 c. Is a safety harness required? Yes No
 (If over 10 feet, please include pictures of the device with this submission for review. Prior approval is required for climbing walls exceeding 10 feet with no safety harness.)
2. Do you have any activities that occur away from the facility/premises other than competitions, demonstrations, parades or fundraising activities? Yes No
 a. If yes, please describe: _____
 (Activities held off-site must be reported prior to occurring and approved by us except for competitions, demonstrations, parades and fundraising activities.)
3. Do you have camps/clinics? Yes No
 a. If yes, do non-members attend? Yes No
 (Non-member campers (those that are not registered members of your school) are excluded from coverage under this policy, unless you purchase the optional non-registered member activity coverage.)
 b. Describe the type of camps or clinics you may have along with the activities/events taking place at the camps/clinics: _____
 (Coverage can only be extended for those types of operations/activities that coverage has been purchased for under this program. Ancillary activities are subject to approval)
4. Do you employ independent contractor instructors? Yes No
 (This program provides coverage for instructors and personnel who are employees of the named insured and does not extend to independent martial arts/self defense instructors. Coverage for independent martial arts/self defense instructors can be purchased by contacting us or through a separate application found at www.ascensionins.com/programs)
5. Do you have birthday parties? Yes No
6. Do you have child-care/babysitting services/pre-schools and/or accredited schools? Yes No
 (Child-care and/or babysitting services are excluded under this program.)
7. Do you utilize any inflatable devices? Yes No
 (This program contains an exclusion for amusement devices. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.) Limited coverage for inflatables may be available. Please contact us for additional information.
8. Do you instruct parkour, urban/extreme gymnastics, tricking, free-running and/or similar type programs/activities? Yes No
 (If yes, please contact us for additional information on coverage availability.)
9. Do you have any tumbling programs/activities? Yes No
 If yes:
 • Are all participants in your tumbling program under the age of 18? Yes No
 • Is this program for recreational training purposes only (no competitions)? Yes No
 • Do you utilize any gymnastic apparatuses? (such as trampolines, foam pits, bars, beams, etc.)? Yes No

(Please note, only \$1,000,000 of Commercial General Liability Coverage is available for martial arts schools with tumbling exposures (floor only, no apparatus). Schools with tumbling exposures are subject to underwriting approval.)

Ascension Benefits & Insurance Solutions • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991
E-mail = programs@ascensionins.com • Fax 1-913-327-0201 • www.ascensionins.com/programs

Ascension Benefits & Insurance Solutions conducts business as Ascension Benefits and Insurance Solutions; in AK, AZ, CA, DC, HI, KY, LA, MA, MT, NE, NV, NH, OK, SC, SD and WV as Ascension Benefits & Insurance Solutions Sports and Recreation; or in ND as Ascension Benefits Brokerage & Insurance Solutions; or in NY as Ascension Benefits Brokerage & Insurance Solutions Sports & Recreation. CA #0334819, TX #1657333

10. Do you have open gym/studio time? Yes No
- If yes,
- a. Please select the type of persons who can participate in your open gym/studio (check all that apply) Members only Members and public
 - b. Is open gym supervised by a staff member at all times? Yes No
 - c. Are participants of open gym only allowed to practice techniques for which they have been properly instructed? Yes No
 - d. Is your open gym time available to all ages at the same time? Yes No

(NOTE: Additional premium may apply for open gym/studio exposures)

11. Do you use weapons as part of your instruction? Yes No
- a. If yes, are they sharpened/bladed? Yes No
 - b. If yes, are the weapons replicas? Yes No
 - c. If yes, do they contain ammunition? Yes No
 - d. If yes, do you use tasers or defense sprays? Yes No

The use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays along with sharpened/bladed weapons are excluded from coverage under this policy.

12. FOR NEW ACCOUNTS ONLY

- a. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?
Name(s): _____ Expiration date(s): _____
- b. Is your current carrier non-renewing your coverage? Yes No
If yes, why? _____
- c. Please provide current loss runs with at least 4 years of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years.

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be issued to the same person. Please select only one option.

- E-mail to: _____ attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
- Fax to: _____ attn: _____
- Mail to: _____ attn: _____

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/contact name: _____

Agency telephone: (_____) _____ Agency fax: (_____) _____

Agent/contact e-mail address: _____ Tax ID #: _____

Program Rating

Premium is determined by applying the appropriate option and rate for your school or organization to the greatest number of students/registered members that your program could have during the year. **If the total program premium is less than the minimum premium, the total premium due is the minimum premium.**

Quotes for higher liability limits are available immediately online OR

Check here if a higher liability limit is needed. Limit requested: _____

Select one option:

Options	Rates/Premium Calculation	Program Premium
<input type="radio"/> Option 1 \$1,000,000 CGL Limit	\$ 18.00 x _____ = \$ _____ number of students	Minimum Premium = \$750.00 \$ _____
<input type="radio"/> Option 2 \$2,000,000 CGL Limit	\$ 23.00 x _____ = \$ _____ number of students	Minimum Premium = \$1,125.00 \$ _____

Non-registered Member Activity and Birthday Party Coverage

Check here and skip this section if you do not want this coverage option

Please select all of the activities and/or birthday parties you have at your school or organization and report the total number of non-registered or separately enrolled participants in each of the activities listed below along with the number of birthday parties. **Use the rate for the same limit selected above. These activities must be incidental to your martial arts operations.**

	Type of Activity	No. of Participants	X	\$1 Mil Rate	\$2 Mil Rate	=	Premium
<input type="radio"/>	Basketball and/or volleyball programs or classes		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Camps/Clinics		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Exercise and/or yoga classes		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Exhibitions, seminars or demonstrations (involving guest participation)		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Tumbling Programs or Classes (floor only) Please describe types of programs/classes offered along with age groups, level of training and apparatuses used (subject to approval): _____		X	\$13.25	N/A	=	\$
<input type="radio"/>	Other (please describe): _____ Note: This is subject to approval by us		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Birthday parties	No. of parties held annually	X	\$16.50	\$22.00	=	\$
Non-registered Activity and Birthday Parties Premium (add all lines above)							\$

Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation or Harassment or Sexual Conduct Defense Cost Reimbursement

Check here and skip this section if you do not want this coverage option

Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? Yes No
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No
 - a. Are you aware of any occurrences that could lead to a claim? Yes No
If yes to 2. or 2.a., please explain: _____
3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
 - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
 - b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member? Yes No
 - c. Do the written procedures establish and require adherence to the "three person rule"? ("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.) If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities? Yes No
4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.
 - Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

Please Complete All Questions	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers (Check Here if No Volunteers <input type="radio"/>)
The term "Volunteers" in the following questions means someone who exerts control over or supervises participants.		
Are written applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses to questions asked in #4: _____

Options	Activity Type	Rate (per participant)	X	Total # of Participants (see page 9)	=	Premium
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	Martial Arts	\$2.00	X		=	\$
	Non-Registered Member Activity(s) • Basketball and/or Volleyball • Camp/Clinic • Exercise and/or Yoga • Exhibitors, Seminars or Demos • Tumbling (floor only) • Other: _____	\$1.81	X		=	\$
	Birthday or Social Party	\$2.20 per party	X	_____ # parties	=	\$
	TOTAL Sexual Abuse/Sexual Molestation Liability Premium (add all lines above, \$150.00 minimum premium applies)					

<input type="radio"/> Option 2 - \$100,000 - Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00
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OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

Equipment and Contents Coverage (Inland Marine)

Check here and skip this section if you do not want this coverage option

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000

Value

	\$ _____
	\$ _____
	\$ _____

Provide values for categories below

(DO NOT include those values already shown above)

Supplies & Inventory (office supplies, items held for sale) \$ _____

Equipment & Contents (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, office contents, etc.) \$ _____

Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) \$ _____

Signs (indoor or outdoor) \$ _____

Misc. Equipment – please describe _____ \$ _____

Total replacement value for all location(s) (add all lines above) \$ _____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place: Yes No

a. If yes, please describe: _____

3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No

a. If yes, please describe: _____

4. Please attach a complete inventory list with values of each item

Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment and Contents Premium	
<input type="radio"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)	
$\$.03 \times \$$ _____ = \$ _____	\$ _____ Equipment and Contents Premium (\$100.00 minimum premium applies)
$\$.026 \times \$$ _____ = \$ _____	\$ _____ Equipment and Contents Premium (\$100.00 minimum premium applies)

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

TOTAL PREMIUM SUMMARY	Program Premium (from page 9)	\$
	Non-registered Member and/or Birthday Party Premium (from page 9) - optional coverage	\$
	Sexual Abuse/Sexual Molestation Premium: (from page 10) - optional coverage <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$
	Equipment and Contents Premium (from page 11) - optional coverage	\$
	Total Premium Due-subtotal (add all lines)	\$

CERTIFICATE REQUESTS

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.

This certificate is for our: Program coverage (commercial general liability) Equipment and contents coverage

Check the type of certificate you are requesting: Additional insured Evidence of coverage Loss payee

Certificate holder information:

Entity name: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Relationship to named insured: Owner/lessor of premises Sponsor Co-promoter Franchisor
 Lessor of equipment and contents Other (please identify/explain): _____

Date certificate needed by: ____ / ____ / ____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.**)

Form CG2026 Primary endorsement Waiver of subrogation
 Other (please explain): _____

If applicable:

For specific event:

Date(s) of event/activity: ____ / ____ / ____ to ____ / ____ / ____

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____

For equipment and contents/loss payee:

Type of equipment (please describe): _____

Limit: _____

FOR OFFICE USE ONLY

UW Rec: ____ / ____ / ____ Status: N R Broker: Y N Comm: ____ % OPS Rec: ____ / ____ / ____

GL Exp Policy #: ____ / CP #: ____ Exp Dates: ____ / ____ / ____ to ____ / ____ / ____

IM Exp Policy #: ____ Exp Dates: ____ / ____ / ____ to ____ / ____ / ____

SAM IM D&O GL Option: ____ Delivery: M F E Date: ____ / ____ / ____ Pay Plan: ____ Bill: AB AD CBG

Opt Form: 2026 2011 8016 8018 876 2404 Comments: _____

GL Policy #: ____ / CP #: ____ GL Prem: ____ Eff Date: ____ / ____ / ____ to ____ / ____ / ____

IM Policy #: ____ IM Prem: ____ IM Eff Dates: ____ / ____ / ____ to ____ / ____ / ____

D&O Policy #: ____ D&O Prem: ____ Insured #: _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application

for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Acupuncture and acupressure; Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device unless reviewed and approved by us, any bungee operation or equipment, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designated for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Childcare/babysitting services; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable diseases; CrossFit Affiliate owners and/or Crossfit programs/activities; Cryogenic chambers/therapy; Cycling (other than stationary); Employment-related practices; Fireworks; Fungi or bacteria; Gymnastic classes/programs (unless reported, approved and appropriate premium paid); Haunted attractions; Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean); Lead; Massage therapy; Medical, therapy or health care services; Nuclear energy liability; Non-registered participants at events/tournaments hosted by the named insured; Parkour/free-running/tricking/urban gymnastics/extreme tumbling, or any similar type programs, (unless reviewed, approved, and appropriate premium paid); Performers (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Rodeos; Saddle animals; Snowmobiles; Salon services or indoor tanning; Swimming pools, saunas, steam rooms, Jacuzzis, hot tubs, whirlpools or spas (unless reviewed, approved and appropriate premium paid); Sports/rehabilitation services/therapy; The sale or distribution of herbal, medicinal and/or nutritional products; Tournaments or competitions involving the following styles: Muay thai/Thai boxing; Kali/escrima; Savate; Sayoc kali; Dim mak; Haganah; Full contact and submission mixed martial arts, including but not limited to: cage events, extreme fighting and ultimate fighting; Transportation of athletes/participants; Use of projectile weapons including, but not limited to firearms and tasers, and defense sprays; Use of sharpened/bladed weapons; Climbing walls exceeding ten (10) feet with no safety harness system, unless reported/approved by us; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Boxing (contact/sparring); Training programs for law enforcement, military or public safety personnel; Trampoline parks/facilities; Wrestling

READ AND SIGN

WARRANTY STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant or agent signature: _____ Date: _____

Printed name: _____ Title: _____

If an agent: Check here to acknowledge you are signing on behalf of the named insured.

Applicant Business Name (from page 6): _____

**COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS*
COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT
UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

*See page 4. Sexual Abuse/Sexual Molestation options are 100% fully earned at inception.

PAYMENT INFORMATION

Step 1: Calculate Final Cos

Total Premium Due (from page 12)	\$ _____
Risk Purchasing Membership Fee (REQUIRED to be able to process enrollment)	\$ <u>15.00</u>
TOTAL COST DUE	\$ _____

Step 2: Select Payment Plan: Check one.

- 100% Plan** - 100% of the total premium is due to bind coverage
- 30% / 70% Plan**
 - 30% of the total premium + \$15 RPG fee is due to bind coverage
 - The balance of the premium (70%) will be due within 30 days of the effective date
- 25% + 3 Plan**
 - 25% of the total premium + \$15 RPG fee is due to bind coverage
 - The balance of the premium will be due in (3) consecutive monthly installments
- Check here if you prefer to be mailed an invoice for any future balances/installments.**

If paying by credit card, any outstanding balances or installments will be charged to the same card number provided below, unless you have checked the box above.

Step 3: Making your Payment:

- Check:** Please make check payable to Ascension Benefits & Insurance Solutions. Enclosed is check # _____ for \$ _____
- Credit Card:** If you are making your payment by credit/debit card, please complete the following:
 - VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize Ascension Benefits & Insurance Solutions to charge my payment to my credit card in the amount of \$ _____

Print name (as on card) _____

Cardholder signature: _____