



# MARTIAL ARTS/SELF DEFENSE INSTRUCTOR Insurance Program and Enrollment Form

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

## PROGRAM DESCRIPTION

This program has been designed for U.S.-based martial arts and/or self defense instructors who work on an independent contractor basis training individuals in martial arts and/or self defense. This could include self defense instructors, law enforcement/security defense tactic instructors or martial arts instructors. Coverage provided under this program includes important commercial general liability protection for the instructor for liability claims arising out of their operations while training.

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

**This program does not provide coverage for the operation, ownership or maintenance of a martial arts and/or self defense facility. For information regarding coverage for a facility, please call us.**

## ELIGIBLE OPERATIONS

A U.S.-based instructor age 18 or older conducting private or group instruction in any of the following is eligible to enroll in this program.

- Self defense instruction
- Law enforcement/security defense tactic instruction
- Martial arts instruction of:
 

Aikido	Judo	Savate
Brazilian jiu jitsu	Jiu jitsu	Sayoc kali
Capoeira	Kali	Taekwondo
Chi kun	Karate	Tai chi
Dim mak	Kenjitsu	Tang soo do
Escrima	Krav maga	Thai boxing
Goju-ryu	Kung fu	
Haganah	Mixed martial arts	
Hapkido	or ultimate fighting	
Jeet kune do	Muay thai	

## INELIGIBLE OPERATIONS

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

- Boxing (contact/sparring)
- Certified athletic trainers
- Coaching of organized competitive athletic teams
- Firearms training
- Instructors under the age of 18
- Military/paramilitary combat training
- Tournaments or competitions
- Your employment as an exempt or non-exempt employee of a school, college or university

## EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals
- Cryogenic chambers/therapy
- Cycling (other than stationary)
- Employment-related practices
- Fireworks
- Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean)
- Medical, therapy or health care services
- Operation, ownership or management of any facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal, medicinal and/or nutritional products
- Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays
- Use of sharpened/bladed weapons
- Violation of statutes that govern e-mails, faxes, phone calls, or other methods of sending materials or information

### EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online at [www.ascensionins.com/programs](http://www.ascensionins.com/programs)

OR

Submit this enrollment form, with payment, to us.



E-MAIL [programs@ascensionins.com](mailto: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

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.

## COVERAGES AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
<b>Commercial General Liability (CGL)</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
<b>Single Event Coverage</b> (not required if purchasing annual coverage)					
<b>Training Session only</b> - per instructor (training session must be 3 days or less)	\$ 109.00	\$ 164.00	\$ 414.00	\$ 664.00	\$ 914.00
<b>Annual Coverage</b>					
<b>Traditional Martial Arts Instructor</b> (per instructor)	\$ 345.00	\$ 518.00	\$ 768.00	\$ 1,018.00	\$ 1,268.00
<b>Self Defense/Law Enforcement Security Instructor</b> (per instructor)	\$ 546.00	\$ 819.00	\$ 1,069.00	\$ 1,319.00	\$ 1,569.00

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 and products and completed operations.

**Legal Liability to Participants** – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities.

**Professional Liability** – coverage which pays for wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of covered activities or operations) that occur as a result of your instruction.

## 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. When should I make my coverage effective?**

The effective date is the date you need your insurance to start. For many, this is the first day you begin instructing lessons. All coverages expire one year from the effective date.

**3. If I need to request another certificate of insurance for a training location that I am using, how do I do this?**

A written request is required from you, the individual instructor. The form may be acquired by contacting us.

**4. Will I receive a policy after submitting the enrollment form?**

You will receive a certificate of insurance as proof of coverage. Coverage is offered 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 receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member -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.



Please select one option based upon the desired coverage period, type of instructor and limit needed.

**Annual Coverage Option**

Type of Instructor	Options	Limits of Liability (CGL)	Annual Premium
Martial Arts Instructor	Option 1	\$ 1,000,000	<input type="radio"/> \$ 345.00
	Option 2	\$ 2,000,000	<input type="radio"/> \$ 518.00
	Option 3	\$ 3,000,000	<input type="radio"/> \$ 768.00
	Option 4	\$ 4,000,000	<input type="radio"/> \$ 1,018.00
	Option 5	\$ 5,000,000	<input type="radio"/> \$ 1,268.00
Type of Instructor	Options	Limits of Liability (CGL)	Annual Premium
Self Defense/Law Enforcement/Security Instructor	Option 1	\$ 1,000,000	<input type="radio"/> \$ 546.00
	Option 2	\$ 2,000,000	<input type="radio"/> \$ 819.00
	Option 3	\$ 3,000,000	<input type="radio"/> \$ 1,069.00
	Option 4	\$ 4,000,000	<input type="radio"/> \$ 1,319.00
	Option 5	\$ 5,000,000	<input type="radio"/> \$ 1,569.00

**Single Event Coverage Option: 1-3 day training session** (days do not need to be consecutive)

Rates	Option 1 \$ 1,000,000 CGL	Option 2 \$ 2,000,000 CGL	Option 3 \$ 3,000,000 CGL	Option 4 \$ 4,000,000 CGL	Option 5 \$ 5,000,000 CGL
<b>Training Session only</b> - per instructor (training session must be 3 days or less)	<input type="radio"/> \$ 109.00	<input type="radio"/> \$ 164.00	<input type="radio"/> \$ 414.00	<input type="radio"/> \$ 664.00	<input type="radio"/> \$ 914.00

Should you have more than "1" single event, please provide event information, as requested below, for each event on a separate piece of paper and attach with this enrollment form. Separate policies will be issued for each event.

Type of Instructor:

Martial Arts Instructor     Self Defense/Law Enforcement/Security Instructor

Name of event/activity: \_\_\_\_\_

Type of event/activity: \_\_\_\_\_

Date(s) of event/activity: \_\_\_\_\_

Location of event/activity: \_\_\_\_\_

Venue name                      Street address                      City                      State                      Zip

Limit requested: \$ \_\_\_\_\_

Premium calculation: \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Rate from above                      # of Events                      Premium Due

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

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.

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

Certificate holder information:

Entity name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to named insured:

Owner/lessor of premises  Sponsor  Co-promoter

Other (please identify/explain): \_\_\_\_\_

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): \_\_\_\_\_

Date certificate needed by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If applicable:

RE: Date(s) of event/activity: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hours of event/activity: \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.

Type of event/activity: \_\_\_\_\_

Name of event/activity: \_\_\_\_\_

Location of event/activity: \_\_\_\_\_

PAYMENT INFORMATION

**Step 1: Calculate Final Cost**

Total Premium Due (from page 4) \$ \_\_\_\_\_

Risk Purchasing Membership Fee \$ 15.00

(REQUIRED to be able to process enrollment)

**TOTAL COST DUE** \$ \_\_\_\_\_

**Step 2: Select Payment Method. Check one.**

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:** \_\_\_\_\_

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 #: \_\_\_\_\_

**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.

**COSTS ARE 100% 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.**

**COVERAGE EXCLUSIONS**

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation or sexual conduct; 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, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. 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); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic chambers/therapy; Cycling (other than stationary); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean) Lead; Medical, therapy or health care services; Nuclear energy liability; Operation, ownership or management of any facility; 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); Physicals/stress testing; Physical therapy, massage or salon services; Rodeos; Saddle animals; Sale or distribution of herbal, medicinal and/or nutritional products; Snowmobile; Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays; Use of sharpened/bladed weapons; 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); Certified athletic trainers; Coaching of organized competitive athletic teams; Firearms training; Instructors under the age of 18; Military/paramilitary combat training; Tournaments or competitions; Your operations related, in whole or in part, to your employment as an exempt or non-exempt employee of a public or private school, college or university.

**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 name (from page 3): \_\_\_\_\_

**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 #: \_\_\_\_\_