

INSURANCE APPLICATION

School Information

Name of School: _____

Mailing Address: _____ State: _____

City: _____ Zip: _____

School Owner: _____ Telephone: _____

Email Address: _____ School Website: _____

Number of Students: _____ How did you hear about us _____

Type of Business Individual Corporation Partnership L.L.C.

Information About You

What style(s) do you teach? Please be specific: _____

Has any prior insurance coverage been canceled or non-renewed? (circle one) Yes No If yes give details

Details _____

Have you had a liability loss in the past 3 years? If yes give details

Details _____

Does your organization currently use a waiver system? Yes No For a copy of a waiver please contact us.

Does your organization currently have a risk management plan? Yes No If no the insurance company can send you one.

Location Information (If more than 4 locations attach a separate list)

Location #1

Street Address: _____

City: _____

State: _____ Zip: _____

Location #2

Street Address: _____

City: _____

State: _____ Zip: _____

Location #3

Street Address: _____

City: _____

State: _____ Zip: _____

Location #4

Street Address _____

City: _____

State: _____ Zip: _____

Each school or studio must install a Release and Waiver of Liability and indemnity agreement for all students and staff members. An error on your part in securing waiver release forms shall void your coverage in the event of any occurrence to a student or staff member. A sample of these forms shall be available on request. Any person who with the intent to defraud or knowing that he or she is facilitating a false statement to an insurer with a submitted application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

I have read the above statement _____ (must be signed to process)

Complete this section if you need to provide evidence of insurance to a landlord, gym, municipality, school or other venue. If you have more than four (4) additional insureds, please contact us.

Certificate/Additional insured information. Please verify all information submitted due to a \$25.00 fee for any correction after endorsements are issued.

How many additional insured's do you need to add to your policy? _____ More than three are \$20 each.

Certificate Holder: _____ Certificate Holder: _____

Street Address: _____ Street Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Relation to Insured: _____ Relation to Insured: _____

Certificate Holder: _____ Certificate Holder: _____

Street Address: _____ Street Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Relation to Insured: _____ Relation to Insured: _____

Relation to Insured Choices: Landlord; Municipality; School District; Sanctioning Organization; Tournament Venue

What date would you like coverage to start? _____

Calculations

Liability Premium Amount (from rate guide) \$ _____

Membership Fee: \$69.00

Total: \$ _____

Once policy is issued, \$595.00 of the Premium is fully earned and **Non-Refundable**.

Payment Information

Premium Payment Must Be Made In Full
Credit Cards Accepted:
American Express, Discover, Mastercard, Visa

Credit Card Number: _____ Expires: _____ CVV# _____

Name on Card: _____

Address: _____ City: _____ State _____

Amount of Charge Authorized: \$ _____

Authorized Signature: _____

Email application to: info@igomag.com

MARTIAL ARTS INSURANCE APPLICATION

School Name:

Zip Code:

ELIGIBILITY INFORMATION

1. Does management have a minimum of 3 years of experience? Yes No
2. Has the facility had more than \$7,500 in claims within the past three years? Yes No
3. Do you have activities that occur away from the facility/premises other than competitions, demonstrations, parades or fundraising activities? Yes No
4. Does your facility include any of the following activities (if yes, please check)? Yes No
 - Acrobatic and/or circus silk training Muay Thai (full contact)
 - Boxing (contact/sparring) Ultimate Fighting/UFC
 - Cheerleading Parkour/Free Running
 - Climbing Walls Trampolines
 - Dim Mak Trapeze
 - Gymnastics Training Zip Lines
 - Kali/Esgrima
5. Does your facility include any of the following operations (if yes, please check)? Yes No
 - Acupuncture or Acupressure Sharpened or Bladed Weapons
 - Licensed Daycare Trampoline Parks/Facilities
 - Massage Therapy Transportation of Participants

CONCUSSION MANAGEMENT POLICY

If you suspect a participant has a concussion, do you have an action plan that includes:

- Immediately removing the athlete from play or practice? Yes No
- Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? Yes No

NOTE: Information for Coaches and Parents:

The Center for Disease Control and Prevention offers free information, as well as a free concussion training course on their website: www.cdc.gov/concussion

GENERAL LIABILITY AND ACCIDENT MEDICAL INFORMATION

1. Average monthly headcount for Martial Arts:
2. Average monthly headcount for Fitness/Exercise/Yoga/Aerobics Classes:
3. How many non-members (participants not enrolled in normal classes) attend camps/clinics each year?
4. Do you offer birthday parties at your school/studio? Yes No
If yes, how many individuals attend birthday parties per year?
5. Do you host any tournaments involving non-members (members of other schools)? Yes No
If yes, what is the total number of non-members attending (all tournaments combined)?
6. Number of Inflatables:
7. Number of Traverse Walls:

We have these optional additional coverages for an extra fee.

1. Contents property coverage (bags, mats, personal items in your school)
2. Hired Non-Owned Auto Coverage
3. Abuse and Molestation Coverage
4. Excess limits coverage. This policy has limits of \$1 million per occurrence and \$5 million aggregate. This would come into play if you needed higher limits.

If interested in these coverages call 800-207-6603 or email info@igomag.com us for a quote.

NOTICE TO RESIDENTS OF:

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 who 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.

Applicable in UT

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

EDITION 11/17

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC. for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL EVALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against

insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

I confirm that I have read and understand the individual state fraud notices which are a part of this American Specialty application for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Date

Signature of Insured or Authorized Representative
(Type name for Signature)

Title

You must 'Save As' and email it back to info@igomag.com

There is a save as icon to click on in the upper right corner next to the settings icon. If it is not there click on the 3 dots next to settings icon to find a save as option.

Martial Arts Group, Inc. - Insurance Rate Guide

1B

1 Million / 2 Million Aggregate

# Stud	Rate	# Stud	Rate	# Stud	Rate	# Stud	Rate	# Stud	Rate	# Stud	Rate
1	\$595.00	51	\$603.35	101	\$1,145.85	151	\$1,688.35	201	\$2,230.85	251	\$2,773.35
2	\$595.00	52	\$614.20	102	\$1,156.70	152	\$1,699.20	202	\$2,241.70	252	\$2,784.20
3	\$595.00	53	\$625.05	103	\$1,167.55	153	\$1,710.05	203	\$2,252.55	253	\$2,795.05
4	\$595.00	54	\$635.90	104	\$1,178.40	154	\$1,720.90	204	\$2,263.40	254	\$2,805.90
5	\$595.00	55	\$646.75	105	\$1,189.25	155	\$1,731.75	205	\$2,274.25	255	\$2,816.75
6	\$595.00	56	\$657.60	106	\$1,200.10	156	\$1,742.60	206	\$2,285.10	256	\$2,827.60
7	\$595.00	57	\$668.45	107	\$1,210.95	157	\$1,753.45	207	\$2,295.95	257	\$2,838.45
8	\$595.00	58	\$679.30	108	\$1,221.80	158	\$1,764.30	208	\$2,306.80	258	\$2,849.30
9	\$595.00	59	\$690.15	109	\$1,232.65	159	\$1,775.15	209	\$2,317.65	259	\$2,860.15
10	\$595.00	60	\$701.00	110	\$1,243.50	160	\$1,786.00	210	\$2,328.50	260	\$2,871.00
11	\$595.00	61	\$711.85	111	\$1,254.35	161	\$1,796.85	211	\$2,339.35	261	\$2,881.85
12	\$595.00	62	\$722.70	112	\$1,265.20	162	\$1,807.70	212	\$2,350.20	262	\$2,892.70
13	\$595.00	63	\$733.55	113	\$1,276.05	163	\$1,818.55	213	\$2,361.05	263	\$2,903.55
14	\$595.00	64	\$744.40	114	\$1,286.90	164	\$1,829.40	214	\$2,371.90	264	\$2,914.40
15	\$595.00	65	\$755.25	115	\$1,297.75	165	\$1,840.25	215	\$2,382.75	265	\$2,925.25
16	\$595.00	66	\$766.10	116	\$1,308.60	166	\$1,851.10	216	\$2,393.60	266	\$2,936.10
17	\$595.00	67	\$776.95	117	\$1,319.45	167	\$1,861.95	217	\$2,404.45	267	\$2,946.95
18	\$595.00	68	\$787.80	118	\$1,330.30	168	\$1,872.80	218	\$2,415.30	268	\$2,957.80
19	\$595.00	69	\$798.65	119	\$1,341.15	169	\$1,883.65	219	\$2,426.15	269	\$2,968.65
20	\$595.00	70	\$809.50	120	\$1,352.00	170	\$1,894.50	220	\$2,437.00	270	\$2,979.50
21	\$595.00	71	\$820.35	121	\$1,362.85	171	\$1,905.35	221	\$2,447.85	271	\$2,990.35
22	\$595.00	72	\$831.20	122	\$1,373.70	172	\$1,916.20	222	\$2,458.70	272	\$3,001.20
23	\$595.00	73	\$842.05	123	\$1,384.55	173	\$1,927.05	223	\$2,469.55	273	\$3,012.05
24	\$595.00	74	\$852.90	124	\$1,395.40	174	\$1,937.90	224	\$2,480.40	274	\$3,022.90
25	\$595.00	75	\$863.75	125	\$1,406.25	175	\$1,948.75	225	\$2,491.25	275	\$3,033.75
26	\$595.00	76	\$874.60	126	\$1,417.10	176	\$1,959.60	226	\$2,502.10	276	\$3,044.60
27	\$595.00	77	\$885.45	127	\$1,427.95	177	\$1,970.45	227	\$2,512.95	277	\$3,055.45
28	\$595.00	78	\$896.30	128	\$1,438.80	178	\$1,981.30	228	\$2,523.80	278	\$3,066.30
29	\$595.00	79	\$907.15	129	\$1,449.65	179	\$1,992.15	229	\$2,534.65	279	\$3,077.15
30	\$595.00	80	\$918.00	130	\$1,460.50	180	\$2,003.00	230	\$2,545.50	280	\$3,088.00
31	\$595.00	81	\$928.85	131	\$1,471.35	181	\$2,013.85	231	\$2,556.35	281	\$3,098.85
32	\$595.00	82	\$939.70	132	\$1,482.20	182	\$2,024.70	232	\$2,567.20	282	\$3,109.70
33	\$595.00	83	\$950.55	133	\$1,493.05	183	\$2,035.55	233	\$2,578.05	283	\$3,120.55
34	\$595.00	84	\$961.40	134	\$1,503.90	184	\$2,046.40	234	\$2,588.90	284	\$3,131.40
35	\$595.00	85	\$972.25	135	\$1,514.75	185	\$2,057.25	235	\$2,599.75	285	\$3,142.25
36	\$595.00	86	\$983.10	136	\$1,525.60	186	\$2,068.10	236	\$2,610.60	286	\$3,153.10
37	\$595.00	87	\$993.95	137	\$1,536.45	187	\$2,078.95	237	\$2,621.45	287	\$3,163.95
38	\$595.00	88	\$1,004.80	138	\$1,547.30	188	\$2,089.80	238	\$2,632.30	288	\$3,174.80
39	\$595.00	89	\$1,015.65	139	\$1,558.15	189	\$2,100.65	239	\$2,643.15	289	\$3,185.65
40	\$595.00	90	\$1,026.50	140	\$1,569.00	190	\$2,111.50	240	\$2,654.00	290	\$3,196.50
41	\$595.00	91	\$1,037.35	141	\$1,579.85	191	\$2,122.35	241	\$2,664.85	291	\$3,207.35
42	\$595.00	92	\$1,048.20	142	\$1,590.70	192	\$2,133.20	242	\$2,675.70	292	\$3,218.20
43	\$595.00	93	\$1,059.05	143	\$1,601.55	193	\$2,144.05	243	\$2,686.55	293	\$3,229.05
44	\$595.00	94	\$1,069.90	144	\$1,612.40	194	\$2,154.90	244	\$2,697.40	294	\$3,239.90
45	\$595.00	95	\$1,080.75	145	\$1,623.25	195	\$2,165.75	245	\$2,708.25	295	\$3,250.75
46	\$595.00	96	\$1,091.60	146	\$1,634.10	196	\$2,176.60	246	\$2,719.10	296	\$3,261.60
47	\$595.00	97	\$1,102.45	147	\$1,644.95	197	\$2,187.45	247	\$2,729.95	297	\$3,272.45
48	\$595.00	98	\$1,113.30	148	\$1,655.80	198	\$2,198.30	248	\$2,740.80	298	\$3,283.30
49	\$595.00	99	\$1,124.15	149	\$1,666.65	199	\$2,209.15	249	\$2,751.65	299	\$3,294.15
50	\$595.00	100	\$1,135.00	150	\$1,677.50	200	\$2,220.00	250	\$2,762.50	300	\$3,305.00

NOTE: Premiums in shaded area (1-50 students) are minimum and are fully earned, at time policy is issued. The insurance company will not refund or prorate any of these minimum premiums after policy issuance.

Above Rates Include a variable Processing Fee Call 1800-207-6603 for Exact Breakdown