

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 (circle one) 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? (circle one) 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, **\$490.00** 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 Group Insurance
Liability coverage questionnaire

School Name: _____ Zip Code: _____

PLEASE UPDATE YOUR RENEWAL INFORMATION IF THIS IS A RENEWAL!

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 need extra coverage for activities that occur away from the facility/premises other than competitions, demonstrations, parades or fundraising activities? YES ___ No ___
4. What style of Martial Arts do you teach? _____

5. Do you do activities outside of MARTIALARTS? YES ___ NO ___

IF YES please describe the activities _____

6. Does your facility specifically provide training of law enforcement, security personnel, or other public officials programs? YES ___ No ___

7. Does your facility include any of the following activities Yes ___ No ___

Acrobatic and/or circus silk training Yes ___ No ___ Kali/Escrima Yes ___ No ___

Full contact sparring Yes ___ No ___ Ultimate Fighting/UFC Yes ___ No ___

Cheerleading Yes ___ No ___ Parkour/Free Running Yes ___ No ___

Climbing Walls Yes ___ No ___ Trampolines Yes ___ No ___

Dim Mak Yes ___ No ___ Trapeze Yes ___ No ___

Gymnastics Training Yes ___ No ___ Zip Lines Yes ___ No ___

Boxing and/or Muay Thai class practice form work only with focus mitts (no sparring)? Yes ___ No ___

Boxing/muay Thai class full contact sparring? YES ___ No ___

8. Do you allow the use of any weapons? YES ___ No ___

If yes, describe weapons: _____

9. Does your facility include any of the following operations (if yes, please check)? Yes ___ No ___

Acupuncture or Acupressure YES ___ No ___ Sharpened or Bladed Weapons YES ___ No ___

Licensed Daycare YES ___ No ___ Trampoline Parks/Facilities YES ___ No ___

Massage Therapy YES ___ No ___ Transportation of Participants YES ___ No ___

CONCUSSION MANAGEMENT POLICY-PLEASE CONFIRM

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 ___

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:
 - A. How many parties a year? _____
 - B. How many participants not enrolled in normal classes attend per year?

5. Do you need immediate extra coverage for 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: _____
8. Does your facility have playground equipment? YES ___ NO ___
9. Does your facility have a cage? Yes ___ No ___
10. Does your facility have a boxing ring or cage? YES ___ NO ___
11. Does your facility offer CrossFit Training? YES ___ No ___

Date

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

Title

Average monthly student count per location: Location 1 _____ Location 2 _____ Location 3 _____ Location 4 _____ Location 5 _____
Location 6 _____ Location 7 _____ Location 8 _____ Location 9 _____ Location 10 _____

You must 'Save As' and email it back to info@igomag.com or mail 7050 W Palmetto Park RD 15-434 Boca Raton, FL 33433

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.

Cancelation notice – the insurance company that we place you with has a fully earned portion of the premium. Basically, this is a minimum portion of the premium that the insurance company will keep no matter the length of time your policy is in effect. If there is any premium that was paid above the fully earned amount the remaining premium will be prorated and that portion that has yet to be used will be returned to you. The fully earned premium varies by your State and activities of your school. Fully earned premium ranges between \$595 and \$714. Call us for an exact break down.