

# INSURANCE APPLICATION

This application is for business Liability and accident medical. This does NOT Include coverage for business personal property AKA Contents coverage (inland marine) for your mats, gear, business items inside the building.

Please advise if you would like the application to get a quote for your inside business items, Glass windows, business interruption or tenant betterments,\_\_\_\_\_

## 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 not we, the insurance company ,can send you one.

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

Location #1

Location #2

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

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

Location #3

Location #4

Street Address: \_\_\_\_\_ Street Address \_\_\_\_\_

City: \_\_\_\_\_ city: \_\_\_\_\_

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

**Average monthly student count per location:**

Location 1 \_\_\_\_\_ Location 2 \_\_\_\_\_ Location 3 \_\_\_\_\_ Location 4 \_\_\_\_\_

**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 before writing 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.**

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

Certificate Holder: \_\_\_\_\_ Certificate Holder: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

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

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

Relation to Insured: \_\_\_\_\_ Relation to Insured: \_\_\_\_\_

Certificate Holder: \_\_\_\_\_ Certificate Holder: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

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

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

Relation to Insured: \_\_\_\_\_ Relation to Insured: \_\_\_\_\_

What date would you like coverage to start? \_\_\_\_\_

Do any Additional insured's require special endorsements?

Waiver of subrogation (\$125.00)?

Primary Endorsements (\$125.00)?

Do you require any Independent contractors? (100.00 each) \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ city: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### LIMITS OF COVERAGE

All Policies are written with a **\$1 MILLION Per Occurrence** unless excess limits (umbrella coverage) is required. Do you require a quote for Excess Limits? \_\_\_\_\_

Policies have a \$2 Million - \$5 Million Aggregate ( total payout) total. The aggregate you get will depend on the carrier you are placed with or the requirements needed. Do you need a specific aggregate? \_\_\_\_\_

Are you required to have sexual Abuse and molestation on your policy? \_\_\_\_\_

### Liability coverage questionnaire

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 MARTIAL ARTS ( other programs )? 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 \_\_\_

Full contact sparring Yes \_\_\_ No \_\_\_

Cheerleading Yes \_\_\_ No \_\_\_

Climbing Walls Yes \_\_\_ No \_\_\_

Dim Mak Yes \_\_\_ No \_\_\_

Gymnastics Training Yes \_\_\_ No \_\_\_

Kali/Escrima Yes \_\_\_ No \_\_\_

Ultimate Fighting/UFC Yes \_\_\_ No \_\_\_

Parkour/Free Running Yes \_\_\_ No \_\_\_

Trampolines Yes \_\_\_ No \_\_\_

Trapeze 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 \_\_\_

Massage Therapy YES \_\_\_ No \_\_\_

Trampoline Parks/Facilities YES \_\_\_ No \_\_\_

Transportation of Participants YES \_\_\_ No \_\_\_

After school care yes\_\_\_ NO\_\_\_\_\_

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#### 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 \_\_\_

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**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

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Title

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(Type name for Signature)

**You must 'Save As' and email it back to [info@igomag.com](mailto: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 \$595.00 and \$714.00 Call us for an exact break down.**