

# Martial Arts School Coverage

## Sports General Liability Coverage:

**The Liability Coverage (\$1,000,000.00 each occurrence, \$2,000,000 aggregate)**

*Protects you in the event of a lawsuit.*

### Who Is Covered

This \$1,000,000 occurrence form general liability program provides protection for your martial arts school, owners, directors, instructors and employees against claims of bodily injury liability, property damage liability and the litigation costs to defend against such claims. There is no deductible amount. Coverage is offered through the Sports and Recreation Providers Purchasing Group, pursuant to the Federal Risk Retention Act of 1986.

### Coverage Includes Suits Arising Out Of:

- Injury or death of participants
- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Host liquor liability (non-profit)
- Incidental medical malpractice
- General negligence claims
- All activities necessary or incidental to conduct of activities
- Cost of investigation and defense of claims, even if groundless
- Ownership use or maintenance of gyms, fields or school areas

**Includes coverage for all hosted or non-hosted tournaments at no additional charge.**

**Additional insureds such as landlords can be added at no additional charge.**

### Exclusions & Ineligible Sports/Activities

Fraudulent or dishonest acts, asbestos liability, assault and battery, punitive or exemplary damages, sexual abuse and molestation, employment related practices, professional liability, total pollution, collapse of temporary structure, fireworks and pyrotechnics, nuclear energy liability, use of saunas, sale/manufacturing/distribution of any athletic equipment and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

Note: There is no liability coverage for claims arising out of any of the following activities: Gymnastics, Cheerleader Pyramiding, Trampolines or Inflatable Devices, Waterslides, White Water Rafting, Scuba Diving, Bungee Jumping, Rock Climbing, Repelling, Ballooning, Parachuting, Rodeo, or any other Saddle Animal Exposures.

## Medical Accident Coverage:

This coverage will provide excess medical accident coverage for your students and instructors while practicing for, competing in, or traveling directly to and from a covered activity of the policyholder during the covered year. If the first Eligible Expense is incurred within 30 days from the date of the covered Accident, we will pay up to the Maximum Benefit Amount as shown below:

MEDICAL EXPENSE BENEFIT	<b>\$25,000</b>
TOTAL PARALYSIS (Not available in all states)	<b>\$50,000</b>
ACCIDENTAL DEATH	<b>\$15,000</b>
DISMEMBERMENT (May vary by state)	<b>\$50,000</b>
DEDUCTIBLE	<b>\$0</b>

This coverage is excess over and above any other valid or collectable insurance.

## Insurance plan designed and offered by:

**The Allen J. Flood Companies, Inc.** Toll Free: **1-800-734-9326 ext. 266**  
**4614 Main Street, Suite 2**  
**Lisle, IL 60540**

Fax: **1-914-922-9295**

## ENROLLMENT INSTRUCTIONS

- 1) Determine your premium from the enclosed rate sheet.
- 2) Payment can be made by check or credit card. When paying by check or money order, make checks payable to **The Allen J. Flood Companies, Inc.**
- 3) The persons insured under this policy include the School designated in the Declarations as **named insured** and any person who will be **Directors, Officers, or Staff of the Named Insured**, during a martial arts activity.  
**Please do not list them as additional insureds.**
- 4) Before mailing, please make sure you have enclosed the following:
  - Martial Arts Application (**Completed & Signed**)
  - Sample of Hold Harmless Agreement - Wavier
  - Proper payment is enclosed.

ANY MISSING ITEMS OR UNANSWERED QUESTIONS WILL DELAY PROCESSING AND MAY RESULT IN THE RETURN OF YOUR APPLICATION

If you need coverage right away and are paying with a Credit Card, please email (pmolloy@ajfusa.com) or fax (914-922-9295) the information.

**Need Help?**

**Please call us toll-free at 1-800-734-9326 ext. 266**

# MARTIAL ARTS APPLICATION

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

Mailing Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

May we email all correspondence including policies/certificates?  Yes  No Website Address: \_\_\_\_\_

Requested Effective Date of Coverage: \_\_\_\_\_

**Premises Information:**

Location of premises where activities/operations are conducted, if different from mailing address: \_\_\_\_\_ Approx. Sq. Ft.


**Additional Insureds** (use separate page if necessary)

Name of Entity: \_\_\_\_\_ Address (Complete including City, State, Zip): \_\_\_\_\_ Reason for Adding

Name of Entity:	Address (Complete including City, State, Zip):	Reason for Adding

**Questions Concerning Activities / Operations / Exposures / Information:**

1) Are you a (circle one):

Corporation    Municipality    Partnership    Health Club    Park District    Individual    Other: \_\_\_\_\_

2) What Styles of Martial Arts are taught? Please be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Has your past liability coverage been canceled in any way in the last three years? If so, please be specific.

\_\_\_\_\_

\_\_\_\_\_

**Number of Participants – Total number of students in the busiest month of the year.**

Number of Youth (18 years and under)	
Number of Adult (19 & over)	

**Waiver Requirement:** Each School or studio must install a Release and Waiver of Liability and Indemnity Agreement for all students and staff members. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a student or staff member. However, your failure to maintain an adequate system to regularly secure Waiver and Release forms shall void your coverage in the event of an occurrence to a student or staff member. If you don't currently have a Waiver and Release form, one will be provided upon request.

**PLEASE PROVIDE A COPY OF YOUR CURRENT WAIVER WITH THIS APPLICATION.**

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statement may be guilty of insurance fraud.

<b>Applicants Signature:</b>	<b>Date:</b>
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# Martial Arts Insurance Price Guide

Number of Students	Annual Premium	Number of Students	Annual Premium	Number of Students	Annual Premium	Number of Students	Annual Premium
<b>1 to 35</b>	<b>\$595</b>						
36	\$601	76	\$943	116	\$1,423	156	\$1,903
37	\$607	77	\$955	117	\$1,435	157	\$1,915
38	\$613	78	\$967	118	\$1,447	158	\$1,927
39	\$619	79	\$979	119	\$1,459	159	\$1,939
40	\$625	80	\$991	120	\$1,471	160	\$1,951
41	\$631	81	\$1,003	121	\$1,483	161	\$1,963
42	\$637	82	\$1,015	122	\$1,495	162	\$1,975
43	\$643	83	\$1,027	123	\$1,507	163	\$1,987
44	\$649	84	\$1,039	124	\$1,519	164	\$1,999
45	\$655	85	\$1,051	125	\$1,531	165	\$2,011
46	\$661	86	\$1,063	126	\$1,543	166	\$2,023
47	\$667	87	\$1,075	127	\$1,555	167	\$2,035
48	\$673	88	\$1,087	128	\$1,567	168	\$2,047
49	\$679	89	\$1,099	129	\$1,579	169	\$2,059
50	\$685	90	\$1,111	130	\$1,591	170	\$2,071
51	\$691	91	\$1,123	131	\$1,603	171	\$2,083
52	\$697	92	\$1,135	132	\$1,615	172	\$2,095
53	\$703	93	\$1,147	133	\$1,627	173	\$2,107
54	\$709	94	\$1,159	134	\$1,639	174	\$2,119
55	\$715	95	\$1,171	135	\$1,651	175	\$2,131
56	\$721	96	\$1,183	136	\$1,663	176	\$2,143
57	\$727	97	\$1,195	137	\$1,675	177	\$2,155
58	\$733	98	\$1,207	138	\$1,687	178	\$2,167
59	\$739	99	\$1,219	139	\$1,699	179	\$2,179
60	\$751	100	\$1,231	140	\$1,711	180	\$2,191
61	\$763	101	\$1,243	141	\$1,723	181	\$2,203
62	\$775	102	\$1,255	142	\$1,735	182	\$2,215
63	\$787	103	\$1,267	143	\$1,747	183	\$2,227
64	\$799	104	\$1,279	144	\$1,759	184	\$2,239
65	\$811	105	\$1,291	145	\$1,771	185	\$2,251
66	\$823	106	\$1,303	146	\$1,783	186	\$2,263
67	\$835	107	\$1,315	147	\$1,795	187	\$2,275
68	\$847	108	\$1,327	148	\$1,807	188	\$2,287
69	\$859	109	\$1,339	149	\$1,819	189	\$2,299
70	\$871	110	\$1,351	150	\$1,831	190	\$2,311
71	\$883	111	\$1,363	151	\$1,843	191	\$2,323
72	\$895	112	\$1,375	152	\$1,855	192	\$2,335
73	\$907	113	\$1,387	153	\$1,867	193	\$2,347
74	\$919	114	\$1,399	154	\$1,879	194	\$2,359
75	\$931	115	\$1,411	155	\$1,891	195	\$2,371

**Pricing subject to company approval of your application and is subject to change without notice**  
Please call for pricing on schools with more than 195 students.

**The Allen J. Flood Companies, Inc.**  
4614 Main Street, Suite 2  
Lisle, IL 60532

**1-800-734-9326 ext. 266**

# Premium Calculation

Payment in full is required with this application

Your premium is based on the total number of students in the busiest month of the year.  
See enclosed Price Guide.

Total number of students: \_\_\_\_\_

Total Premium: \_\_\_\_\_ (See Enclosed Price Guide)

Method of Payment:  
(Please circle one)

Visa

Discover

Mastercard

Check

(\$20 fee for all returned checks)

Amount Enclosed or to be charged: \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Holder Name exactly as it appears on the card: \_\_\_\_\_

Billing Address of Card Holder: \_\_\_\_\_

Street

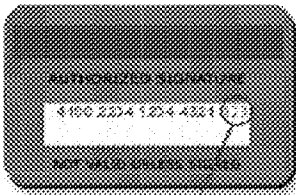
City

State Zip

V code: \_\_\_\_\_

## What is the V code?

The V code is a three-digit security code that is printed on the back of Visa and Mastercard credit cards. The number appears in reverse italic at the top of the signature panel at the end (see sample) for Visa and Mastercard.



Send application along with payment payable to:

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4614 Main Street, Suite 2  
Lisle, IL 60532

If you need further information or have any questions, please call toll-free 1-800-734-9326.