Specialty Insurance Coverage for

Martial Arts Schools and Studios

- Accident Insurance
- General Liability Insurance
- Professional Liability Insurance
- Abuse or Molestation Insurance
- Tournament, Seminar, Camp or Field Trip Supplemental Application

Francis L. Dean & Associates, LLC

FDL

The Leader in Sports, Leisure and Entertainment Insurance

Martial Arts allows students both young and old to learn self defense, discipline, enlightenment, coordination as well as many other qualities. Participation though, may also result in accident and injury. Many families have little or no medical insurance, and those who have coverage may be required to meet large deductibles before their insurance pays any benefits. In addition, studio owners run the risk of personal exposure to lawsuits through a participant's injury claim and liability insurance requirements mandated by lenders or landlords.

This Specialty Insurance Program for Martial Arts Schools and Studios is designed to help eliminate the financial and emotional burden one can incur as a result of a lawsuit or participant injury claim. Accident and liability insurance coverage is offered as a standard product with optional coverages also available such as equipment, hired and non-owned automobiles and additional higher liability insurance limits.

The Accident Coverage

$100,000 Benefit

Pays the medical bills of an injured student or staff member.

Medical Expense Benefit

If the Covered Person incurs eligible expenses as the direct result of a covered injury and independent of all other causes, the Company will pay the charges incurred for such expense within 365 days, beginning on the date of accident. Payment will be made for eligible expenses in excess of the applicable $250 Deductible Amount, not to exceed the Maximum Medical Benefit.

The first such expense must be incurred within 90 days after the date of the accident. “Eligible expense” means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semiprivate accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

Excess coverage: This plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Covered Person.

Accidental Death and Dismemberment Benefit

Principal Sum is $100,000 with a $500,000 aggregate. If a covered injury results in any of the losses specified below within 365 days of the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life, double dismemberment or quadriplegia
- Full Principal Sum for loss of sight, loss of hearing, or loss of speech that is irrecoverable by natural, surgical or artificial means.
- 50% of the Principal Sum for loss of one arm, one leg, one hand, or one foot. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight.
- 50% of the Principal Sum for paraplegia or hemiplegia
- 50% of the Principal Sum as a monthly benefit for Coma
- 25% of the Principal Sum for loss of index finger and thumb of same hand or four fingers of the same hand

We will not pay more than the Principal Sum for this benefit for all losses due to the same accident.

Exclusions and Limitations

This plan does not cover any loss to or resulting from:

- Suicide, self-destruction, attempted self-destruction or intentional selfinflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under Workers’ Compensation, Employer’s liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury caused by, contributed to or resulting from the Covered Person’s use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person’s Physician.
- Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, OsgoodSchlatter’s disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

Specialty Insurance Coverage for Martial Arts Schools and Studios

General Liability Coverage

$1,000,000 Coverage

Protects you in the event of bodily injury or property damage

Limits

Our General Liability, Professional Liability, and Abuse or Molestation coverages are separate limits. A claim under one coverage part will not reduce the coverage available for the two other coverage parts.

General Liability Coverage starting at $1,000,000/$1,000,000 limits
Professional Liability Coverage at $1,000,000/$1,000,000 limits
Abuse or Molestation starting at $100,000/$300,000 limits

Who Is Covered

This $1,000,000 occurrence form general liability program provides protection for your Martial Arts Studio, owners, directors, staff, and employees against claims of bodily injury liability, property damage liability, personal and advertising injury liability, and the litigation costs to defend against such claims. There is no deductible amount for this coverage. 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)
- Activities necessary or incidental to conduct of activities
- Ownership, use, or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims
- Professional liability (involves specialized education, knowledge, labor, judgement and skill that is predominately mental or intellectual).
- Abuse or molestation limits of $100,000 per occurrence, $300,000 general aggregate. Includes alleged physical and non-physical abuse (verbal, mental or emotional abuse).

Standard additional Insureds such as landlords or venues may be added at no additional charge. Tournaments, Seminars & Camps can be added to your policy. Please see our supplemental application.

Exclusions

Exclusions include but are not limited to the following:
Access or Disclosure of Confidential or Personal Information and data-Related Liability – With Limited Bodily Injury Exception, Coverage C – Medical Payments, Employment Related Practices Exclusion, Fungi or Bacteria, Exclusion of Other Acts of Terrorism Committed Outside the United States; CAP on Losses from Certified Acts of Terrorism, Exclusion of Punitive Damages Related to Terrorism, Liability Arising Out of Lead, Silica or Related Dust Exclusion, Nuclear, Biological, or Chemical Exclusion, Failure to Provide Waiver and Release Sublimit, Exclusion – Organic Pathogens.

Please note: *the following are ineligible for coverage and will be excluded under the policy: MMA Style & Boxing Competitions, Use of Live Edge Weapons, Mechanical Bucking Devices (Including Multi Ride Attachments), Inflatable Devices such as Jump Castles, Zip Lines, Rock Climbing Structures and All Terrain Vehicles.*

The Optional Coverages

Independent Contractors

Independent contractors working at your studio can be added as additional insured to cover them while performing duties related to the conduct of your business.

Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on martial arts school or studio business.

Increased General Liability Aggregates

This option increases the aggregate limit of liability insurance from $1,000,000 to larger amounts.

$1,000,000 Abuse Or Molestation

Abuse or Molestation coverage is provided for claims arising out of physical abuse, such as sexual or other bodily harm and non-physical abuse, such as verbal, emotional or mental abuse.

$10,000 Medical Payment

Medical Payments coverage is a Commercial General Liability coverage which is designed to pay reasonable medical expenses, regardless of fault, for bodily injury caused by an accident.

Equipment Coverage

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit. This option requires a separate application and further underwriting.

Excess Liability Coverage

This coverage provides additional liability limits increasing the per occurrence and aggregate limits. This option requires further underwriting.

Tournaments, Seminars & Camps

Tournaments, Seminars, & Camps, with up to 300 participants and 3 days or less in duration can be added to your policies with the completion of the supplemental application included in this brochure. For those events over 300 participants or of longer duration, please contract your agent for a quotation.

Note: *This brochure has been designed to illustrate the highlights of this program but is not a contract. Some exclusions and coverages may be modified to meet individual state requirements. For specific details, please request a sample policy.*

Specialty Insurance Coverage for Martial Arts Schools and Studios

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Proposed Policyholder Information *Please print or type*

Full Legal Name of Proposed Policyholder

Type of Operation

○ Corporation ○ Individual/Sole Proprietor ○ Partnership/Joint Venture ○ Limited Liability Company (LLC) ○ Other:

Are you operating under a doing business as name? If yes, please enter.

Full Mailing Address | **City** | **State** | **Zip**

Contact Name | **Phone Number** | **Email Address**

Website

Requested Effective Date

Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date. 12 months of coverage is provided.

Please list locations of your studio with complete addresses

Street | **City** | **State** | **Zip**

Street | **City** | **State** | **Zip**

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General Liability Questionnaire

Has your past liability coverage been canceled in any way in the last three years? ○ YES ○ NO

Does your organization currently utilize a waiver system? ○ YES ○ NO

Do you currently have a risk management plan? ○ YES ○ NO

Is your current insurer non-renewing coverage? ○ YES ○ NO

Have any liability claims been paid by your insurer during the last 3 years? ○ YES ○ NO

If yes, describe claims:

Do you train or prepare adult students for athletic competitions? ○ YES ○ NO

What is the highest level of contact allowed? ○ None ○ Light ○ Full

Do you allow the use of any weapons? ○ YES ○ NO

If yes, describe weapons:

Does your facility have a rock climbing device or wall? ○ YES ○ NO

Does your facility have an inflatable device? ○ YES ○ NO

Does your facility have playground equipment? ○ YES ○ NO

Does your facility have a cage? ○ YES ○ NO

Does your facility have a ring? ○ YES ○ NO

Does your facility offer CrossFit Training? ○ YES ○ NO

What kind of sport do you train? (select all that apply)

- ☐ Aikido
- ☐ Brazilian Jiu Jitsu
- ☐ Capoeira
- ☐ Cardio Kickboxing
- ☐ Choi Kwang Do
- ☐ Goju-Ryu
- ☐ Gracie Jiu Jitsu
- ☐ Grappling
- ☐ Hapkido
- ☐ Jeet Kune Do
- ☐ Judo
- ☐ Jujitsu
- ☐ Karate
- ☐ Kempo
- ☐ Kendo
- ☐ Kenpo
- ☐ Kickboxing
- ☐ Krav Maga
- ☐ Kung-Fu
- ☐ Kung-Fu San Soo
- ☐ Muay Thai
- ☐ Ninjitsu
- ☐ Savate
- ☐ Seizan Ryu Kempo Jujitsu
- ☐ Shito-Ryu
- ☐ Shotokan
- ☐ Tae Kwon Do
- ☐ Tai Chi
- ☐ Tang Soo Do
- ☐ Wado-Ryu
- ☐ Wrestling
- ☐ Other:

Does your facility provide training for conventional boxing? ○ YES ○ NO

Does your facility provide professional fight training? ○ YES ○ NO

Does your facility specifically provide training of law enforcement, security personnel, or other public officials programs? ○ YES ○ NO

Does your facility provide WWE/Entertainment style fight training? ○ YES ○ NO

Do you have any activities/operations taking place at a residential location? ○ YES ○ NO

Does the facility hold any MMA/Boxing competitions on site? ○ YES ○ NO

Do you offer ninja, parkour, or HEMA training? ○ YES ○ NO

Please enter your organization's Annual Gross Revenue: $

Specialty Insurance Coverage for Martial Arts Schools and Studios

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Automated Premium Rate Calculator *Minimum Premium is Fully Earned Upon Policy Inception.*

Rates Include $100,000 Accident Policy and $1,000,000 Limit Per Occurrence Liability Policy.

General Liability Aggregate

( ) $ 1,000,000 ( ) $ 2,000,000 ( ) $ 3,000,000 ( ) $ 4,000,000 ( ) $ 5,000,000

Please provide total number of participants in the busiest month of the year for all locations combined.

Number of Participants	Under 18		Over 18		Rate	Total Rate	Minimum Premium	Premium Rate
	(	+		) x	$ 0.0000 =	$ 0.00	$ 0.00	$ 0.00

Does your organization host birthday parties? ( ) Yes ( ) No $ 0.00

Optional Coverages *Premiums are fully earned.*

Hired and non-owned automobile liability coverage

12 or 15 plus passenger vans are ineligible for this program. = $ 0.00

( ) $250,000 for an additional $250.00 ( ) $500,000 for an additional $500.00 ( ) No, thank you.

Medical Payment

$ 0.00 x 0.05 = $ 0.00

( ) $10,000 for an additional 5% of Your Liability Premium ( ) No, thank you.

The following optional coverages are also available but subject to additional underwriting:
$1,000,000 Abuse or Molestation Liability Coverage, $1,000,000 Hired and Non-Owned Automobile Liability Coverage, Equipment Coverage up to $750,000, higher per occurrence limits of up to $4,000,000.
Please contact your agent. ***Download Abuse Questionnaire***

Your Premium Rate Subtotal = $ 0.00

Additional Insureds

Standard Additional insureds are included at no additional cost. Please include a separate sheet if needed.

Name, Address and Relationship of all additional insureds to be added to the policy:

Full Legal Name, Email Address	Full Mailing Address (including city, state, zip)	Relationship (see legend)	Endorsements
			( ) PRIMARY ( ) WAIVER
			( ) PRIMARY ( ) WAIVER
			( ) PRIMARY ( ) WAIVER

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, IC - Independent Contractor (Cost: $75)

Your Premium Rate Subtotal = $ 0.00

Additional Insureds requiring Primary Non-Contributory Endorsements 0 x $100.00 = $ 0.00

Additional Insureds requiring Waiver of Subrogation Endorsements 0 x $100.00 = $ 0.00

Independent Contractors 0 x $75.00 = $ 0.00

Total Premium = $ 0.00

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Tournaments, Seminars, Camp, Field Trip Event Information

If your organization hosts any martial arts tournaments, seminars, camps and/or field trip activities, please complete this section to have your policy endorsed to include these activities.

Event 1

Any Camps or Field Trips with more than 300 total participants must be reviewed by underwriting. ***Please contact your agent.***
Martial Arts Tournaments or Seminars more than 500 total participants are not provided.

Event Name

Event Type

Number of Participants

Event Start Date

Event End Date

Please note: *Camps or Field Trips may be up to one year long.*
Martial Arts Tournaments or Seminars may be up to 3 consecutive days only.

Location of Event

Location Address

Event Premium = $ 0.00

Event 2

Any Camps or Field Trips with more than 300 total participants must be reviewed by underwriting. ***Please contact your agent.***
Martial Arts Tournaments or Seminars more than 500 total participants are not provided.

Event Name

Event Type

Number of Participants

Event Start Date

Event End Date

Please note: *Camps or Field Trips may be up to one year long.*
Martial Arts Tournaments or Seminars may be up to 3 consecutive days only.

Location of Event

Location Address

Event Premium = $ 0.00

Event 3

Any Camps or Field Trips with more than 300 total participants must be reviewed by underwriting. ***Please contact your agent.***
Martial Arts Tournaments or Seminars more than 500 total participants are not provided.

Event Name

Event Type

Number of Participants

Event Start Date

Event End Date

Please note: *Camps or Field Trips may be up to one year long.*
Martial Arts Tournaments or Seminars may be up to 3 consecutive days only.

Location of Event

Location Address

Event Premium = $ 0.00

Events Premium Rate $ 0.00

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Excluded Activities

The ownership, operation, maintenance arising out of the use of inflatable recreational devices or inflatable amusement devices of any kind.
Any use, event or display arising out of fireworks, or any other use of pyrotechnics including any firework sales.
Any use, handling, training, or storage of any firearms, ammunition, or explosives.
Any operations involving bungee devices (except for indoor bungee fitness), carnival rides, corn cannons, pumpkin launching devices, horseback riding, organized equine racing contests, organized equine vaulting or jumping contests, leasing of horses, jumping pillows, knocker ball, bubble soccer, Zorb ball, paintball, airsoft, mechanical bucking devices including multi-ride attachments, aerial activities above 12 feet, rock climbing activities, activities involving permanent or mobile rock wall climbing structures, zip lines, amusement parks, zoos, rope challenge courses, water parks, water skiing, motorized water sports, surfing, white water rafting or kayaking, water slides, diving boards, lifeguarding services, tackle football, ATV/UTV, tracked or trackless train rides, trampolines, trampoline parks, open road cycling, bike related trick or stunt activities or contests, Zippy Pets, haunted houses, haunted trails or haunted boats or barges, independent security services other than a contracted public law enforcement officer.
Trail design, including trail construction and maintenance, participants of Mixed Martial Arts (MMA) competitions or tournaments, participants of boxing competitions or tournaments, participants of bare-knuckle boxing, any use of sharpened or live edged weapons, Security Officers Registration Act (SORA) training programs, WWE style fight training, professional fight training, professional fighting participants, operations of independent concessionaires or vendors in conjunction with your organization or event, operations of independent performers and artists in conjunction with your organization or event, use of gymnastics apparatuses, including balance beams, uneven bars, vaults, spring flooring, and rings, aerial activities and performances other than studio sponsored recitals with maximum heights of 12 feet, use of golf carts by 3rd parties and attendees.

Payment

Enclosed is: ○ my payment for the total premium ○ 20% of my total premium

FLD Broker Fee =	$ 0.00
Total Amount Due *Including FLD Broker Fee*	**$ 0.00**

Payment method: ○ ACH ○ Credit Card ○ Check

○ Visa ○ Master Card ○ Discover ○ American Express

Name on Card

Cardholder Phone Number

Cardholder Email Address

Cardholder Billing Address

Card Number

Expiration Date / CVV

A Credit Card Processing Fee will be added to all credit card orders, where applicable.

Acknowledgments and Signatures

a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
b. **Waiver Requirement** Each school or studio must implement 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. A sample waiver and release form is available upon request.
c. **Fraud Warning** 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 there to, commits a fraudulent insurance act, which may be a crime.
d. **Applicant's Acknowledgment** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that
   (e) this application will form part of any policy issued,
   (f) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application,
   (g) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and
   (h) only those persons eligible under the terms of an issued policy will be insured.

Agency Name

Agency License Number

Agent Phone Number

Agent Email Address

Agency Mailing Address

Signed for the Proposed Policyholder

Signed by Licensed Agent

Date

Licensed Agent Name

Print

Francis L. Dean & Associates, LLC

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