



**PART H. EXPOSURES**

2.1 Staff. Indicate numbers for each of the following categories of staff.  
 No. Employed (W-2) No. Contracted (1099)  
 Self-Defense / Fitness Instructor  
 Massage / Physical Therapy  
 Nutritionalist / Counselor  
 Others / describe:

2.2 Total number of Members/Clients: Maximum # on premises at one time?

2.3 Breakdown the number of members/clients by age group as follows:  
 Under 5 years of age 18 - 30 years old  
 5 - 12 years old 30 - 60 years old  
 12 - 18 years old Over 60 years old

2.4 Indicate Martial Arts/Self-defense styles instructed and check the appropriate contact types and safety equipment required.

STYLE INSTRUCTED	CONTACT					SAFETY EQUIPMENT				
	FULL	TOUCH	NON	HEAD	GROIN	MOUTH	HEAD	HAND	FOOT	GROIN

2.5 EQUIPMENT/ FACILITIES (a) Indicate the number of exposures & describe all exercise units now shown:

<b>Exposure</b>	<b>Number</b>	<b>Exposure</b>	<b>Number</b>
Free Weight Equipment (pounds)		Swimming Pool	
Machine Weight Equipment (# units)		Whirlpool / Hot Tub	
Cardio-Vascular Equipment (# units)		Sauna / Steam bath	
Stretching Equipment (# units)		Tennis/Racquetball Ct	
Kicking Bags			
Tanning Units *			

(\* Does UVB exceed 5% Yes No)

- (b) Are instructions & warnings posted concerning the proper use of all equipment & facilities? Yes No
- (c) Who inspects / maintains equipment? Is this by documented schedule 9 Yes No
- (d) Are all wet areas protected with Non-Slip surfaces 9 Yes No - Describe:
- (e) Do all heated elements have thermostats in place and tamperproof Yes No
- (f) Do all heat elements have guard rails? Yes No
- (g) All wiring & electrical equipment FDA approved and UL Listed? Yes No
- (h) Is any equipment loaned or rented to clients? Yes No - Written Agreement signed?-Yes-No

2.6 Describe in detail any instruction which involves the use of any weapons (other than non-functional props).



3.4 Are Liability Release Forms\*\* signed by the parents (both) or registered legal guardian of any minor (under 18 years of age) before being permitted to participate in any activity? Yes No

**"ATTACH COPIES OF ALL OF LIABILITY RELEASE FORMS"**

3.5 Do you enter into any contractual agreements (other than lease of premises agreements) in which you hold others harmless? Yes No If yes, attach copies of all such contracts.

3.6 Do you advertise" other than local telephone directory listing? Yes No

**"ATTACH COPIES OF ALL ADVERTISING MATERIALS"**

3.7 Indicate which apply to property: Sprinklered Fire Alarm Smoke Detectors # Exits Clearly Marked # Fire Extinguishers

3.8 Do you have a Written incident/occurrence reporting policy and procedures? Yes No

3.9 Have you or any of your employees:

- a) Ever been the subject of disciplinary or investigatory proceedings or reprimanded by an administrative or governmental agency, hospital or professional association? Yes No
- b) Had any certification or license refused, suspended, revoked, renewal refused or accepted only with special terms or has applicant or any of its employees voluntarily surrendered any certification or license? Yes No
- c) Been convicted for an act committed in violation of any law or ordinance other than traffic offenses? Yes No

IF THE ANSWER TO ANY OF 3.9 IS YES, PLEASE ATTACH A DETAILED EXPLANATION.

3.10 Please describe in detail any additional operations, business pursuits, joint ventures in which your facility is currently engaged which would fall outside the scope of typical martial arts/self-defense instruction.  
None Describe

**PART IV. HISTORY**

4. 1 List prior liability insurers for the past five years, starting with the most recent year. If none, so state.

Insurer	Policy Number	Limits of Liability	Premium	Eff Date	Claims-Made	
					Yes	No
1.						
2.						
3.						
4.						
5.						

If claims-made, what is the most recent retroactive date?

4.2 Have any of your members/clients been injured on your property or while participating in any activities under your direction or instruction during the last six years which resulted in medical costs exceeding \$500.00? Yes No If yes describe injury and cost:

- 4.3 Have any claims been made or occurrences reported during the past six years against any of the proposed insureds or against any entity in which any proposed insured has or has had an interest? Yes No If yes, please describe, indicate status of the claim or suit, and any amount(s) paid or reserved (attach an additional sheet if necessary).
- 4.4 Does any proposed insured have any knowledge of an event, circumstance or occurrence (other than any listed in 4.3 above) prior to the effective date of the proposed policy, or does any proposed insured foresee that a claim may be brought as a result of said event, circumstance or occurrence? Yes No If yes, describe the event and indicate the reason for anticipation of a claim.

**The Reciprocal Alliance**

Underwritten by

Risk Retention Group

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made here. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to \*investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business \*including authorization to every person or entity, public or private, to release to the company providing insurance coverage and Mid-Continent General Agency, Inc. any documents, records or other information bearing upon the foregoing.

I understand and agree these \*investigations shall not be confined to information submitted in this application, but shall \*include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the \*insurance company in considering this application.

**IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.**

Date

\_\_\_\_\_  
Applicant/Title

# Supplementary Page

Please reference the number of the question to which these responses apply.