



# Martial Arts Accident & Liability Insurance *Enrollment Form*

1. Name of School or Studio \_\_\_\_\_

2. Address \_\_\_\_\_  
Street City State Zip

3. Name of Owner(s) \_\_\_\_\_

4. Desired Effective Date of Coverage \_\_\_\_\_, 20\_\_\_\_\_.

5. Are you a  
 Corporation  Municipality  Partnership  Health Club  Park District  Individual

6. What styles of Martial Arts are taught? Please be specific. \_\_\_\_\_  
\_\_\_\_\_

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

8. 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. A full supply of Waiver and Release forms shall be shipped to your school or studio upon request.

9. Premium Computation (*minimum premium is \$450.00*)  
Total number of students in the busiest month of the year \_\_\_\_\_ x \$8.95 = \$ \_\_\_\_\_  
 Optional hired and non-owned automobile coverage (\$850.00) = \$ \_\_\_\_\_  
Optional additional \$1,000,000.00 of liability coverage (\$1,100.00) = \$ \_\_\_\_\_  
Optional additional \$2,000,000.00 of liability coverage (\$2,200.00) = \$ \_\_\_\_\_

10. Choose 1 of the following 3 options. Please initial your choice  
 Enclosed is my check for the Total Premium  
 Please bill my VISA/Mastercard Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Enclosed is 20% of my total premium. I would like to finance my premium.  
Please mail a finance agreement explaining the monthly payment system.

11. 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.

\_\_\_\_\_  
Signature of School or Studio Representative Telephone Number