



## MARTIAL ARTS STUDIO SUPPLEMENTAL APPLICATION

1. Named Insured: \_\_\_\_\_
2. Website Address: \_\_\_\_\_
3. Gross Sales: \_\_\_\_\_ Payroll \_\_\_\_\_ Area: \_\_\_\_\_
4. Number of students enrolled? \_\_\_\_\_ What age groups? \_\_\_\_\_
5. No. of employed instructors? \_\_\_\_\_ No of Volunteer instructor? \_\_\_\_\_ No. of contracted instructors? \_\_\_\_\_
6. Do all contractors providing services carry their own liability insurance?  Yes  No  
If yes, what limits? \_\_\_\_\_
7. List all styles and disciplines taught: \_\_\_\_\_
8. Is Boxing or Kickboxing taught?  Yes  No
9. Is gymnastics taught?  Yes  No  
If so, are spring floors, springboards, beams, trampolines, uneven bars, vaults, or any other type of jumping devices used?  Yes  No
10. Is cheerleading, skateboarding, snow and/or water skiing, diving, sky diving, or hand gliding taught?  Yes  No
11. Is there any cage fighting?  Yes  No
12. Are there any aerial activities?  Yes  No
13. Does the applicant offer specialized training programs for Law Enforcement, Public Safety or Military personnel?  Yes  No
14. Is there at least one employee on duty at all times that is CPR certified?  Yes  No  
Is emergency medical care readily accessible?  Yes  No  
Are exits properly marked and easily accessible?  Yes  No
15. Does the applicant use or sell authentic martial arts weapons (as opposed to "mock weapons")?  Yes  No  
If yes, list and describe: \_\_\_\_\_
16. Describe the applicants experience in teaching marital arts (include certifications and belt ranks of all instructors).  
\_\_\_\_\_
17. Are all students (or their parents/guardians for minors) required to sign a waiver of liability form (please attach copy) and get medical clearance?  Yes  No
18. Are all sparring participants required to wear headgear, mouthpieces, and padded kicking boots, groin cups for males and chest/breast protectors for females?  Yes  No
19. Does facility comply with all applicable laws and ordinances pertaining to licensing or codes and meet current industry standards for safety?  Yes  No
20. Does insured sell any vitamins or supplements?  Yes  No  
If yes, list and describe: \_\_\_\_\_
21. Does applicant's facility have equipment such as free weights or Nautilus type equipment?  Yes  No  
If yes, list and describe: \_\_\_\_\_
22. Is insured licensed by the state?  Yes  No  
Is insured's license under suspension or revocation?  Yes  No

23. Does the applicant sponsor or participate in any off site tournaments or competitions?  Yes  No  
If yes, describe: \_\_\_\_\_
24. Does your facility do background checks on all instructors?  Yes  No  
Describe type of checks performed (prior employer, police, etc.) \_\_\_\_\_
25. Are there any overnight exposures?  Yes  No
26. Are any classes or programs specifically for the developmentally disabled?  Yes  No
27. Any water related activities (pool, sauna, steam room, whirlpool, etc.)?  Yes  No
28. Is the facility open 24 hours a day?  Yes  No
29. Are there any tanning beds?  Yes  No

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_