



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C. No. Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	FAX (A/C. No.):				
CODE:		POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
AGENCY CUSTOMER ID:		INDICATE SECTIONS ATTACHED			
SUB CODE:		PROPERTY	EQUIPMENT FLOATER	GARAGE AND DEALERS	
		GLASS AND SIGN	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	ELECTRONIC DATA PROC	BOILER & MACHINERY	
		CRIME/MISCELLANEOUS CRIME	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	
		TRANSPORTATION/ MOTOR TRUCK CARGO	BUSINESS AUTO	UMBRELLA	
			TRUCKERS/MOTOR CARRIER		

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE		PROPOSED EXP DATE		BILLING PLAN		PAYMENT PLAN		AUDIT
CHANGE	DATE	TIME	<input type="checkbox"/>	AM		DIRECT BILL				
CANCEL			<input type="checkbox"/>	PM		AGENCY BILL				

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)									
E-MAIL ADDRESS(ES):		PHONE (A/C. No. Ext):		WEBSITE ADDRESS(ES):									
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>	LIMITED LIAB CORP	<input type="checkbox"/>	CR BUREAU NAME	<input type="checkbox"/>	ID NUMBER	<input type="checkbox"/>	DATE BUS STARTED
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS						
INSPECTION CONTACT		PHONE (A/C. No. Ext):		ACCOUNTING RECORDS CONTACT		PHONE (A/C. No. Ext):							

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST	YR BUILT	PART OCCUPIED
			<input type="checkbox"/>	INSIDE	OWNER		
			<input type="checkbox"/>	OUTSIDE	TENANT		
			<input type="checkbox"/>	INSIDE	OWNER		
			<input type="checkbox"/>	OUTSIDE	TENANT		
			<input type="checkbox"/>	INSIDE	OWNER		
			<input type="checkbox"/>	OUTSIDE	TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
4. ANY CATASTROPHE EXPOSURE?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)					

REMARKS/PROCESSING INSTRUCTIONS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
	STATE SUPPLEMENT(S) (If applicable)	

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	# PART-TIME STAFF:		

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
REMARKS							
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ACORD TM PROPERTY SECTION

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
	FAX (A/C, No):					
	CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL <small>AGENCY BILL</small>	PAYMENT PLAN
AGENCY CUSTOMER ID:		FOR COMPANY USE ONLY				

PREMISES INFORMATION		PREMISES #:	BUILDING #:	STREET ADDRESS:				
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE		
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____		POWER/HEAT \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	EXT PERIOD _____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____ DAYS	TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP		EXTRA EXPENSE _____ DAYS PERIOD REST
LIMIT LOSS PAY		_____ % _____ % _____ % _____ %

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS WIRING, YR: _____ PLUMBING, YR: _____ ROOFING, YR: _____ HEATING, YR: _____ OTHER: _____			BLDG CODE GRADE	TAX CODE	ROOF TYPE		OTHER OCCUPANCIES HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION
									LOCAL GONG

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	RANK:	NAME AND ADDRESS	EVIDENCE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
<input type="checkbox"/> INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION					
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS		PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE					

PREMISES INFORMATION

PREMISES #:	BUILDING #:	STREET ADDRESS:
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SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS \$ _____	POWER/HEAT \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	EXT PERIOD _____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____ DAYS	TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP	<input type="checkbox"/> EXTRA EXPENSE _____ DAYS PERIOD REST <input type="checkbox"/> LIMIT LOSS PAY _____% _____% _____% _____%
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____			BLDG CODE GRADE _____	TAX CODE _____	ROOF TYPE _____	OTHER OCCUPANCIES HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #	EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG

ADDITIONAL INTERESTS			
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

REMARKS

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CID Insurance Programs Inc. DBA CID Insurance Services

Martial Arts Programs Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. Type of school: Amateur Professional Semi-professional
Martial art taught: _____

2. Annual gross receipts from all operations: _____
(include tuition fees, food receipts, clothing and equipment sales, etc.)

3. Describe other operations on premises

(weight room, exercise equipment, boxing ring, heavy bags, tanning beds, pool, showers, locker room, climbing wall, etc.)

4. Describe protective equipment (mats, pads, gloves, headgear, etc.), if any, that is used:

5. Are students or their parents required to sign liability waivers? Yes No
If so, please attach a copy of the waiver wording that is used.

6. Describe any tournaments you sponsor. (A tournament for this purpose is an event sponsored by you, open to the public, where the participants are members of the club or school competing with members from another club or school.)

7. Describe any exhibitions you sponsor. (An exhibition for this purpose is an event sponsored by you, open to the public, where the participants are limited to members of the school or club.)

8. Describe any additional off-site activities:

9. Total number of students enrolled: _____
Students' ages range from _____ to _____

10. Are you involved with any Ultimate Fighting Championships? Yes No

APPLICABLE IN THE STATE OF NEW YORK

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 thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____  DATE: _____

APPLICANT'S SIGNATURE: _____  DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)