

**Martial Arts Studio Supplemental 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, gloves, head gear, etc.), if any 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 uses.

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

**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 subject such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

AGENT LICENSE NUMBER: \_\_\_\_\_

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