

Martial Arts Accident & Liability Insurance Enrollment Form

Please print or type

1. Name of School or Studio _____

2. Address _____
Street City State Zip

3. Name of Owner(s) _____

4. Desired Effective Date of Coverage _____ Termination Date _____

5. Are you a

- Corporation Municipality Partnership Health Club Park District Individual LLC

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

7. Has your past liability coverage been cancelled 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 or 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 Calculation

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) = \$ _____

Total Premium = \$ _____

Minimum Premium is \$450.00

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 a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of School or Studio Representative

Policy Holder Telephone Number

Agent Name & License Number

Agent Telephone Number

Agent Address

Francis L. Dean & Associates, Inc.



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Underwritten by:



Aegis Group
American Sentinel Insurance Company
Aegis Security Insurance Company