



Applicant Name: Phone:

Email: Website:

Mailing Address: City: State: Zip:

Location Address: (if not same as mailing address)
 City: State: Zip:

General Information

1. Years of business: years

2. Years of experience in the industry: years

3. States where the applicant operates:

4. Does the applicant currently have liability insurance? ☐ Yes ☐ No
If yes, please list carrier:
Current premium: \$

5. Has the applicant had any losses in the last three years? ☐ Yes ☐ No
If yes, please include loss runs.

6. Does the applicant own any buildings? ☐ Yes ☐ No
If yes, does the applicant lease or rent space to others?
Number of apartments:
Square footage of leased space (not including apartments):
Please list all tenant operations:

Liability Information

1. Liability coverages desired (check all that apply):

☐ General Liability – Excluding injury to participants	☐ Participants excess medical payments - \$1,000 each
☐ General Liability – Including injury to participants	☐ Participants excess medical payments - \$2,500 each
☐ Abuse and Molestation (Complete separate Abuse and Molestation Questionnaire)	

2. Is there an accident/medical policy in place? ☐ Yes ☐ No

If yes, please list carrier:

Limits of liability:

3. Are participants required to sign waivers? ☐ Yes ☐ No

4. Number of students:

5. Total annual receipts from membership fees/tuition:

6. What is the belt rank of the chief instructor:

7. Name of federation or association the school is affiliated with:

8. List all styles taught:

9. Are all styles taught "defense oriented"? ☐ Yes ☐ No

If no, please describe:

10. Does the school engage in sparring? ☐ Yes ☐ No

If yes, please provide copy of sparring rules.

11. Is there sparring with weapons? ☐ Yes ☐ No

If yes, type of weapons taught?

If yes, what protective gear is used?

If yes, what belt rank must a student obtain before learning weapons?

12. Do students participate in tournaments? ☐ Yes ☐ No

If yes, number of sponsored tournaments:

If yes, number of participants in sponsored tournaments:

13. Does the school engage in boxing or kickboxing? ☐ Yes ☐ No

If yes, are these activities done for training and exercise only, and without an opponent? ☐ Yes ☐ No

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. **(Not applicable in MN, NY, OR, or WA)**

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Insured's Signature: Date:

Agents's Signature: Date:

[PRINT](#)

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

Western National Insurance Group

Central Region

4700 West 77th Street, Edina, MN, 55435

Western Region

9706 4th Ave NE, Suite 200 Seattle, WA 98115

www.wnins.com

Umialik Insurance Company

725 E. Firewood Lane, Ste. 500
Anchorage AK 99503

www.umialik.com

Michigan Millers Insurance

2425 E. Grand River Avenue, Lansing, MI 48912

Specialty Insurance Solutions

1600 Aspen Commons Ste 520, Middleton, WI 53562

www.mimillers.com