Recreational Martial Arts Facilities Application
(Accidental Contact Only)

Cambrian Special Risks Insurance Services
130 Paris Street
Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866) 308-2784
Email: quotes@cambrianspecialrisks.com

SECTION 1: APPLICANT INFORMATION

1. Name of Insured :
2. Name of Principal(s):
3. Contact Name:
4. Postal Address:

   City: Province: Postal Code:
5. Legal Address:

   City: Province: Postal Code:
6. Phone: Fax:
7. Website address:
8. Will you require an Additional Insured to be added to the policy? ☐ Yes ☐ No
   If "Yes", please provide name, mailing address and reason to be added:

SECTION 2: INSURANCE INFORMATION

1. Policy period From: _____ To: _____
2. Are you aware of any incident which may result in a claim against you? ☐ Yes ☐ No
   If "Yes", please provide details:
3. 5 Year Loss History, please provide details below (attach additional page(s) if necessary):
4. Previous Carrier: Renewal Offered? ☐ Yes ☐ No
   If "No", please explain in detail the reason for non-renewal:

SECTION 3: UNDERWRITING INFORMATION

1. Describe the style of Martial Arts for which instruction is given by your facility:
2. Please describe your complete description of operations:
3. Total annual gross receipts from tuition/membership fees from all locations: $_____

4. Do you sell products? ☐ Yes ☐ No
If "Yes", please provide annual gross receipts per product from all locations: $_____

5. Do you have any of the following at any of your locations?
☐ Exhibitions/Demos ☐ Performances ☐ Classes ☐ Contests ☐ Fundraisers/Special Events

If "Yes", please provide how many annually.

6. Do you have After School Programs? ☐ Yes ☐ No

7. Do you have any other source of income, including other businesses or activities? ☐ Yes ☐ No

8. Are you a: ☐ Non Profit Organization ☐ Corporation ☐ Partnership

9. Is the premises where you operate from: ☐ Owned by you ☐ Rented from someone
☐ Sub-leased by you

10. Is your facility licensed for all activities that you conduct? ☐ Yes ☐ No
If "No", please explain:

11. Are all employees covered under WSIB? ☐ Yes ☐ No ☐ N/A
If "No", please list numbers by job description and estimated payroll:

Total payroll: $_____ Number of Employees: _____

12. Do all students/participants reside in Canada? ☐ Yes ☐ No

13. Do you provide services to other business as a sub-contractor? ☐ Yes ☐ No

14. Have you signed any agreements assuming liability including care custody or control of any premises? ☐ Yes ☐ No
If "Yes", please give details and provide copies:

15. Provide details on fundraising activities:

16. Total Number of Students: _____ (annually)

Provide approximate breakdown of students by ages:
a. Youth – ages to 13: _____
b. Youth – ages 13 to 18: _____
c. Senior – ages 19 to 34: _____
d. Senior – ages 35 to 65: _____
e. Participants over 65: _____
f. Any foreign or US participants? ☐ Yes ☐ No

17. Total Number of Coaches: _____

18. Total Number of Referees: _____

19. Total Number of Volunteers: _____

20. Total Number of Directors: _____

21. Do you have potential travel outside of Canada? ☐ Yes ☐ No

22. How many sanctioned events will be held during the policy term? Sanction in this case means number of classes during the year: _____

23. Are all practices, contests, exhibitions and other events sanctioned and supervised by the organization? ☐ Yes ☐ No

If "No", please explain:

24. Any boxing or kickboxing activities? ☐ Yes ☐ No

25. Describe sparing in terms of contact to different body sections. i.e.: light to body, none to head

26. Describe mandatory safety equipment:

27. List the equipment in the club available for student use. i.e.: bags, weights, stretching, sauna, whirlpool, weapons, mats

28. What is the average size class and student/teachers ration?

29. Do instructors give private lessons? ☐ Yes ☐ No

SECTION 4: PARTICIPANTS SAFETY

1. Is a disciplined policy in place and enforced? ☐ Yes ☐ No
2. Is an injury policy in effect? ☐ Yes ☐ No
3. Is an injury report form completed after any incident (attach sample)? ☐ Yes ☐ No
4. Is the chief instructor present at all classes? ☐ Yes ☐ No
5. Do you have a First-aid station at your premises? ☐ Yes ☐ No
6. Describe the precautions taken to avoid slips and falls at entrances in all weather conditions?
7. Are shower areas covered with non-slip floor covering materials? ☐ Yes ☐ No
8. Are the parking lots well-lit and patrolled? ☐ Yes ☐ No
9. What is the proximity to the closest medical facility?
10. Does the club have posted rules governing discipline and behaviour? ☐ Yes ☐ No
11. Are windows, door glass and mirrors made of safety glass? ☐ Yes ☐ No
12. Are shower areas covered with non-slip covering material? ☐ Yes ☐ No

SECTION 5: ABUSE DEFENCE COST QUESTIONAIRE

1. Please provide details in any previous abuse claims, including settlement amounts or reserves.

2. Are you aware, or been made aware, of any possible abuse claims that may arise over the next 12 months?

- Any pending abuse claims or possible pending claims known to the insured prior to the effective date of this policy are excluded

SECTION 6: PROPERTY UNDERWRITING INFORMATION

1. Building occupation: By Insured: _____ Others: _____

2. No. of years of ownership? _____

3. Wall Construction:
   - ☐ Reinforced Concrete
   - ☐ Hollow Concrete Block
   - ☐ Solid Brick Masonry
   - ☐ Brick Veneer
   - ☐ Glass Panel – Metal Frame
   - ☐ Metal Clad-Steel Frame
   - ☐ Metal/Vinyl/Clad Wood Frame
   - ☐ Frame/Stucco
   - ☐ Log, Rustic

4. Roof Construction:
   - ☐ Concrete Joist
   - ☐ Steel Deck
   - ☐ Wood Joist
   - ☐ Heavy Timbers
   - ☐ Open Steel System, Corrugated metal, Steel Trusses
   - ☐ Open Wood, Corrugated Metal

5. Floor Construction:
   - ☐ Reinforced Concrete (Fire Resistive)
   - ☐ Wood (Combustible)
   - ☐ Concrete Pad (Non-Combustible)

6. Total Area of Building (including Basement): _____

7. Total Area Occupied by Insured: _____

8. No. of stories (excluding basement): _____

9. Basement? ☐ Yes ☐ No

10. Type of Heating: _____ Secondary Heating: _____

11. Year Built: _____

12. Type of Electrical System: ☐ Circuit Breakers ☐ Fuses

13. Updates of building (if over 35 years old) : ☐ Heating ☐ Wiring ☐ Roof ☐ Plumbing

14. Distance to Hydrant: _____ ☐ metres ☐ feet

15. Distance to Firehall: _____ ☐ kms ☐ miles

16. Sprinklered? ☐ Yes ☐ No

17. Fire Alarm: ☐ None ☐ Local ☐ Monitoring ☐ ULC Certified (attach certificate)

18. Burglar Alarm: ☐ None ☐ Local ☐ Monitoring ☐ ULC Certified (attach certificate)

19. Extent of Protection: ☐ Perimeter ☐ Area

20. Details of physical protection (locks on doors, bars or windows):

21. Safe? ☐ Yes ☐ No
    If "Yes", please describe:

22. Number of Employees Handling Money: _____

23. Maximum cash on premises: $_____

SECTION 7: COVERAGE REQUIRED

Coverage	Coverage Required?	Limit
Building	☐ Yes ☐ No	
Contents	☐ Yes ☐ No	
Property Frills Package	☐ Yes ☐ No	
Crime	☐ Yes ☐ No	
Employee Dishonesty	☐ Yes ☐ No	
Boiler & Machinery (Equipment Breakdown)	☐ Yes ☐ No	
Commercial General Liability	☐ Yes ☐ No	☐ $1,000,000 ☐ $2,000,000 ☐ Other $

SECTION 8: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:

2. Please provide the following information with the application:
   a) Copy of any waiver/release forms in use
   b) Information sheet on your type of martial arts

SECTION 9: IMPORTANT NOTICE

PLEASE READ CAREFULLY:

1. It is understood and agreed that the insurance coverage will not apply from injuries resulting from intentional body contact. Violation of the rules and by-laws governing recreational (Non Contact) Martial Arts instituted by the owner/operator, association, provincial or national body.

2. It is understood and agreed that coverage does not apply to bodily injury to a participant unless you implement sufficient procedures to secure from each participant and deliver to us simultaneously with notice of a participant claim a valid release and waiver of liability and indemnity agreement form and made part of the policy dated and signed by the participant prior to the time of the occurrence in which said participant was injured.

SECTION 10: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name: Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	