



## PROPOSAL FORM FOR MARTIAL ARTS

1. Name of Insured.....  
 .....

2. Is the Insured Incorporated Yes ( )      No ( )

3. Contact Name.....

4. Phone..... Fax.....

5. Address.....  
 .....Postal code.....

6. Email.....

Website.....

7. Describe all activities undertaken at the Club including details of use of weapons .....

Are these activities (check all that apply):

Highly Physical ( )    Fighting Tournaments ( )    Full contact ( )    Light Contact ( )    No Contact ( )

8. Please indicate below details of each style undertaken, and the total number of students

Aikido____%	Karate____%	Muay Thai____%	Tang So Do____%	Tai Chi____%
Boxing____%	Kempo____%	Ninjitsu____%	Wrestling____%	Kung Fu____%
Hapkido____%	Kendo____%	Qi Gong____%	Yoga____%	Brazilian Jujitsu____%
Judo____%	Kickboxing____%	Taekwondo____%	Jujitsu____%	Other____% (Please detail below)

.....  
 .....  
 .....

Total # of Students: \_\_\_\_\_

12 + Under: \_\_\_\_\_

13-18: \_\_\_\_\_

19 + Over: \_\_\_\_\_

9. Do you have a fighting ring? Yes ( ) No ( )  
 Do you practice grappling? Yes ( ) No ( )  
 Do you use live blades? Yes ( ) No ( )  
 Do you use headgear? Yes ( ) No ( )  
 Do you use mouth guards? Yes ( ) No ( )  
 Is groin cup required? Yes ( ) No ( )  
 Do you use chest protectors? Yes ( ) No ( )  
 Do you have sleepovers? Yes ( ) No ( )  
 If yes – how many per year?.....  
 Do you offer children’s camps? Yes ( ) No ( )  
 If yes – how many per year?..... how many children per week?.....
10. Is there any potential for travel to the United States? Yes ( ) No ( )  
 If “Yes”, explain:.....  
 .....
11. Has the Insured entered into any Contractual agreements Yes ( ) No ( )  
 If yes please give details.....  
 .....
12. Do the participants sign a “Subrogation Waiver” or “Hold Harmless Agreement”?  
 (If “Yes”, please attach a copy) Yes ( ) No ( )
13. Please supply details of qualifications of all instructors.....  
 .....
14. Does the Insured have a written policy for the following:  
 (if “Yes”, please attach a copy)
- Risk Management Yes ( ) No ( )  
 Blood Spillage Yes ( ) No ( )  
 Discrimination Yes ( ) No ( )
15. Limit of Liability required by the Insured(check one):  
 \$2,000,000 ( ) \$5,000,000 ( ) \$10,000,000 ( )
16. Policy Period required from ...../...../..... to...../...../.....  
 (dd/mm/yy) (dd/mm/yy)

**PREVIOUS and PENDING CLAIMS**

17. a) Have any claims for Liability or Indemnity been made against the Applicants or anyone associated with the Applicants in the last five (5) years Yes ( ) No ( )
- b) Have there been any incidents in the last five (5) years that may result in claims against the applicants? (whether the applicants were insured or not) Yes ( ) No ( )

*If you have answered "Yes" to any of the above please complete the following*

Total Number of incidents ..... Total Number of Claims made .....

Total Amount Settled \$..... Total Amounts Outstanding \$.....

Description of Incident	Year	Amount Settled \$	Amount Outstanding \$

**PLEASE COMPLETE THIS SECTION FOR ACCIDENT COVERAGE**

18. Do you require accident coverage? Yes ( ) No ( )
19. Who is your Current Insurer (Name and address).....  
.....
20. Describe accident coverage currently in force:  
Accidental Death \$..... Medical \$.....

**PREVIOUS and PENDING CLAIMS**

21. a) Have any claims for accidents been made by the Insured in the last five (5) years Yes ( ) No ( )

*If you have answered "Yes" to the above please complete the following for each of the last 5 years*

Number of Claims	Year	Amount Settled \$	Amount Outstanding \$

- b) Have there been any incidents in the last five (5) years that may result in claims against the applicants?  
Yes ( ) No ( )

*If "Yes" please supply details.....  
.....*

# THIS DECLARATION MUST BE COMPLETED IN ALL CASES

## DECLARATION

For and on behalf of the Applicant I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Applicant's acceptance of the company's quotation and the company's acceptance of the applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Insured I:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorized officer of the Insured applying for insurance for the purpose of completing this application.
- have read and understood the information concerning the disclosure of material fact and understand that this is a contract of utmost good faith.
- agree on behalf of the applicant to Sutton Special Risk obtaining from the applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sutton Special Risk making enquiries from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- agree to Sutton Special Risk disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

### IMPORTANT – Proposal Information

1. **Disclosure of Material Fact** – Any material facts known to you must be disclosed. A material fact is one which could influence an underwriter in the assessment and acceptance of this proposal. Should you have any doubt as to whether a fact is material, it should be disclosed for your own protection as failure to disclose such fact may invalidate the policy. You are recommended to keep your own records (including copies of letters) of all information supplied to us in arranging this insurance. A copy of your completed proposal form is available on request.
2. **Utmost Good Faith** – The insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

Full Name .....

Position held.....

Signature .....

Date ...../...../.....  
(dd/mm/yy)

**Please return this form to your accredited Sutton Special Risk Broker**

### **SUTTON SPECIAL RISK**

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33 Yonge Street  
Toronto, ON M5E 1G4  
Tel: (416) 366-2223  
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