



# MARTIAL ARTS/SELF DEFENSE INSTRUCTOR Insurance Program and Enrollment Form

This brochure is valid for effective dates from 1/1/12 through 12/31/12

## PROGRAM DESCRIPTION

This program has been designed for U.S.-based martial arts and/or self defense instructors who work on an independent contractor basis training individuals in martial arts and/or self defense. This could include self defense instructors, law enforcement/security defense tactic instructors or martial arts instructors. Coverage provided under this program includes important commercial general liability protection for the instructor for liability claims arising out of their operations while training.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

**This program does not provide coverage for the operation, ownership or maintenance of a martial arts and/or self defense facility. For information regarding coverage for a facility, please call us.**

## INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to the following:

- Boxing (contact/sparring)
- Certified athletic trainers
- Coaching of competitive athletic teams
- Firearms training
- Instructors under the age of 18
- Instructors operating outside of U.S.
- Military/paramilitary combat training
- Tournaments or competitions
- Your employment as an exempt or non-exempt employee of a school, college or university

## WAYS TO ENROLL FOR COVERAGE

Submit this enrollment form, with payment, to K&K.



E-MAIL [info@martialartsinsurance-kk.com](mailto:info@martialartsinsurance-kk.com)



FAX 1-260-459-5940



MAIL Regular:	Overnight:
K&K Insurance	K&K Insurance
Martial Arts RPG	Martial Arts RPG
P.O. Box 2338	1712 Magnavox Way
Fort Wayne, IN	Fort Wayne, IN
46801-2338	46804



QUESTIONS Call 1-800-648-6406

## ELIGIBLE OPERATIONS

An instructor age 18 or older conducting private or group instruction in any of the following is eligible to enroll in this program.

- Self defense instruction
- Law enforcement/security defense tactic instruction
- Martial arts instruction of:
 

Aikido	Judo	Savate
Brazilian jiu jitsu	Jujitsu	Sayoc kali
Capoeria	Kali	Taekwondo
Chi kun	Karate	Tai chi
Dim mak	Kenjitsu	Tang soo do
Escrima	Krav maga	Thai boxing
Goju-ryu	Kung fu	
Haganah	Mixed martial arts	
Hapkido	or ultimate fighting	
Jeet kune do	Muay thai	

## EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals
- Dietician services
- Employment-related practices
- Fireworks
- Medical, therapy or health care services
- Operation, ownership or management of any facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal, medicinal and/or nutritional products
- Weight control programs

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.

## COVERAGES AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
<b>Commercial General Liability (CGL)</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (Other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
<b>Single Event Coverage</b> (not required if purchasing annual coverage)					
<b>Training Session only</b> - per instructor (training session must be 3 days or less)	\$ 109.00	\$ 164.00	\$ 414.00	\$ 664.00	\$ 914.00
<b>Annual Coverage</b>					
<b>Traditional Martial Arts Instructor</b> (per instructor)	\$ 345.00	\$ 518.00	\$ 768.00	\$ 1,018.00	\$ 1,268.00
<b>Self Defense/Law Enforcement Security Instructor</b> (per instructor)	\$ 546.00	\$ 819.00	\$ 1,069.00	\$ 1,319.00	\$ 1,569.00

Coverage provided under this program includes:

**Commercial General Liability** – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations and products and completed operations.

**Legal Liability to Participants** – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities.

**Professional Liability** – coverage which pays for wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of covered activities or operations) that occur as a result of your instruction.

## FREQUENTLY ASKED QUESTIONS

**1. How soon does coverage start? When will we receive proof of coverage?**

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

**2. When should I make my coverage effective?**

The effective date is the date you need your insurance to start. For many, this is the first day you begin instructing lessons. All coverages expire one year from the effective date.

**3. If I need to request another certificate of insurance for a training location that I am using, how do I do this?**

A written request is required from you, the individual instructor. The form may be acquired by contacting us.

**4. Will I receive a policy after submitting the enrollment form?**

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member -there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: K&K Insurance Group, 1712 Magnavox Way, Fort Wayne, IN 46804



# Enrollment Form Martial Arts/Self Defense Instructor

Valid for effective dates from 1/1/12 through 12/31/12

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. K&K reserves the right to decline any request for coverage.

### TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 3 - 7) with payment

<b>GENERAL INFORMATION</b>	<input type="radio"/> I am a new account <span style="margin-left: 150px;"><input type="radio"/> I am renewing my coverage</span>
	Instructor's name (as it should appear on the policy): _____
	Doing business as (DBA): _____ (additional name(s) under which the named insured operates)
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Contact name: _____ Phone: (_____) _____
	Cell: (_____) _____ Fax: (_____) _____
	E-mail: _____ Website: _____

<b>DATES</b>	Coverage will begin the day after the completed enrollment form and premium are received and approved by K&K, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy).
	<input type="radio"/> Start my coverage on this date: _____ / _____ / _____

<b>DOCUMENT DELIVERY</b>	You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be issued to the same person. Please select only one option.
	<input type="radio"/> E-mail to: _____ attn: _____ (selecting this option confirms your consent for coverage documents to be delivered via e-mail)
	<input type="radio"/> Fax to: _____ attn: _____
	<input type="radio"/> Mail to: _____ attn: _____

<b>BUSINESS INFORMATION</b>	Are you age 18 or older? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	Do you conduct operations outside the U.S.? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	Do you use weapons as part of your instruction? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	If yes, are they sharpened/bladed? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	If yes, are the weapons replicas and contain no ammunition? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	Do you own or operate your own facility? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
Type(s) of martial arts style(s) you teach? _____	
_____	

Please select one option based upon the desired coverage period, type of instructor and limit needed.

**Annual Coverage Option**

Type of Instructor	Options	Limits of Liability (CGL)	Annual Premium	Florida Applicant Annual Premium
Martial Arts Instructor	Option 1	\$ 1,000,000	<input type="radio"/> \$ 345.00	<input type="radio"/> \$ 349.49
	Option 2	\$ 2,000,000	<input type="radio"/> \$ 518.00	<input type="radio"/> \$ 524.73
	Option 3	\$ 3,000,000	<input type="radio"/> \$ 768.00	<input type="radio"/> \$ 777.98
	Option 4	\$ 4,000,000	<input type="radio"/> \$ 1,018.00	<input type="radio"/> \$ 1,031.23
	Option 5	\$ 5,000,000	<input type="radio"/> \$ 1,268.00	<input type="radio"/> \$ 1,284.48

Type of Instructor	Options	Limits of Liability (CGL)	Annual Premium	Florida Applicant Annual Premium
Self Defense/Law Enforcement/Security Instructor	Option 1	\$ 1,000,000	<input type="radio"/> \$ 546.00	<input type="radio"/> \$ 553.10
	Option 2	\$ 2,000,000	<input type="radio"/> \$ 819.00	<input type="radio"/> \$ 829.65
	Option 3	\$ 3,000,000	<input type="radio"/> \$ 1,069.00	<input type="radio"/> \$ 1,082.90
	Option 4	\$ 4,000,000	<input type="radio"/> \$ 1,319.00	<input type="radio"/> \$ 1,336.15
	Option 5	\$ 5,000,000	<input type="radio"/> \$ 1,569.00	<input type="radio"/> \$ 1,589.40

**Single Event Coverage Option: 1-3 day training session** (days do not need to be consecutive)

Rates	Option 1 \$ 1,000,000 CGL	Option 2 \$ 2,000,000 CGL	Option 3 \$ 3,000,000 CGL	Option 4 \$ 4,000,000 CGL	Option 5 \$ 5,000,000 CGL
<b>Training Session only</b> - per instructor (training session must be 3 days or less)	<input type="radio"/> \$ 109.00	<input type="radio"/> \$ 164.00	<input type="radio"/> \$ 414.00	<input type="radio"/> \$ 664.00	<input type="radio"/> \$ 914.00
<b>Florida Applicant Training Session only</b> - per instructor (training session must be 3 days or less)	<input type="radio"/> \$ 110.42	<input type="radio"/> \$ 166.13	<input type="radio"/> \$ 419.38	<input type="radio"/> \$ 672.63	<input type="radio"/> \$ 925.88

Should you have more than "1" single event, please provide event information, as requested below, for each event on a separate piece of paper and attach with this enrollment form. Separate policies will be issued for each event.

Type of Instructor:

Martial Arts Instructor     Self Defense/Law Enforcement/Security Instructor

Name of event/activity: \_\_\_\_\_

Type of event/activity: \_\_\_\_\_

Date(s) of event/activity: \_\_\_\_\_

Location of event/activity: \_\_\_\_\_

Venue name                      Street address                      City                      State                      Zip

Limit requested: \$ \_\_\_\_\_

Premium calculation: \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Rate from above                      # of Events                      Premium Due

TOTAL COST SUMMARY		
Program Premium (from above)	\$	
Annual Risk Purchasing Group Membership Fee (required)	\$	10.00
<b>Total Cost Due</b>	\$	

CERTIFICATE REQUESTS

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Check the type of certificate you are requesting:  Additional insured  Evidence of coverage

Certificate holder information:

Entity name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to named insured:

Owner/lessor of premises  Sponsor  Co-promoter  
 Other (please identify/explain): \_\_\_\_\_

Special certificate language needed (please explain/attach): \_\_\_\_\_

Date certificate needed by: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If applicable:

RE: Date(s) of event/activity: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Hours of event/activity: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.  
Type of event/activity: \_\_\_\_\_  
Name of event/activity: \_\_\_\_\_  
Location of event/activity: \_\_\_\_\_

AGENTS ONLY

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name: \_\_\_\_\_  
Agency mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Agent/contact name: \_\_\_\_\_  
Agency telephone: (\_\_\_\_) \_\_\_\_\_ Agency fax: (\_\_\_\_) \_\_\_\_\_  
Agent/contact e-mail address: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

**Note: There are no commissions included in this program. A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to K&K. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program.**

PAYMENT INFORMATION

**Check:** Please make check payable to K&K Insurance Group, Inc. Enclosed is check # \_\_\_\_\_ for \$ \_\_\_\_\_

**Credit Card:** If you are making your payment by credit/debit card, please complete the following:

VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Card number: \_\_\_\_\_

Reference number (last 3 digits on back of card): \_\_\_\_\_ Expiration date: \_\_\_\_\_

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ \_\_\_\_\_

Print name (as on card): \_\_\_\_\_

**Cardholder signature:** \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

**APPLICABLE IN COLORADO** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**APPLICABLE IN THE DISTRICT OF COLUMBIA**  
**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**APPLICABLE IN FLORIDA** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**APPLICABLE IN HAWAII** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**APPLICABLE IN KANSAS** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**APPLICABLE IN MINNESOTA** Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN OHIO** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

**APPLICABLE IN OKLAHOMA WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN 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.

**PREMIUMS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS**

**COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

**COVERAGE EXCLUSIONS**

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Dietician services; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Medical, therapy or health care services; Nuclear energy liability; Operation, ownership or management of any facility; Performers; Physicals/stress testing; Physical therapy, massage or salon services; Rodeos; Saddle animals; Sale or distribution of herbal, medicinal and/or nutritional products; Snowmobile; Weight control programs; Those operations listed as ineligible: Boxing (contact/sparring); Certified athletic trainers; Coaching of competitive athletic teams; Firearms training; Instructors under the age of 18; Instructors operating outside of the U.S.; Tournaments or competitions; Your operations related, in whole or in part, to your employment as an exempt or non-exempt employee of a public or private school, college or university.

**READ AND SIGN**

**WARRANTY AND DISCLOSURE STATEMENT**

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to: underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium. The total may also include an annual RPG membership fee up to ten dollars.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

**Applicant or agent signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

If an agent: Check here to acknowledge you are signing on behalf of the named insured.

**K&K USE ONLY**

UW Rec: \_\_\_/\_\_\_/\_\_\_ Status: N R Broker: Y N Comm: \_\_\_% OPS Rec: \_\_\_/\_\_\_/\_\_\_  
GL Exp Policy #: \_\_\_\_\_/CP #: \_\_\_\_\_ Exp Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
IM Exp Policy#: \_\_\_\_\_ Exp Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
SAM IM D&O GL Option: \_\_\_\_\_ Delivery: M F E Date: \_\_\_/\_\_\_/\_\_\_ Pay Plan: \_\_\_ Bill: AB AD CBG  
Opt Form: 2026 2011 8016 8018 876 2404 Comments: \_\_\_\_\_  
GL Policy #: \_\_\_\_\_/CP #: \_\_\_\_\_ GL Prem: \_\_\_\_\_ Eff Date: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
IM Policy #: \_\_\_\_\_ IM Prem: \_\_\_\_\_ SAM Policy #: \_\_\_\_\_ SAM Prem: \_\_\_\_\_  
D&O Policy #: \_\_\_\_\_ D&O Prem: \_\_\_\_\_ Insured #: \_\_\_\_\_