

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?			4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?		
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?			5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?		
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?			6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?		
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	# PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?			6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?			7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?			8. PRODUCTS UNDER LABEL OF OTHERS?		
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?			9. VENDORS COVERAGE REQUIRED?		
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?		
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION:
LOSS PAYEE					BUILDING:
MORTGAGEE					VEHICLE:
LIENHOLDER					BOAT:
EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			13. ANY DEMOLITION EXPOSURE CONTEMPLATED?		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?			15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?		
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		
7. ANY PARKING FACILITIES OWNED/RENTED?			18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?		
8. IS A FEE CHARGED FOR PARKING?			19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?		
9. RECREATION FACILITIES PROVIDED?			20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?		
10. IS THERE A SWIMMING POOL ON THE PREMISES?					
11. SPORTING OR SOCIAL EVENTS SPONSORED?					

REMARKS

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, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, Insurance benefits may also be denied).

ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
	FAX (A/C, No):					
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
				AGENCY BILL		
FOR COMPANY USE ONLY						
CODE:		SUB CODE:				
AGENCY CUSTOMER ID:						

PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:					
		BUILDING #:	BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ _____ DED	_____ DAYS	\$ _____ STUDENTS	<input type="checkbox"/> POWER		
<input type="checkbox"/> MFG	90 DAYS	ELEC MEDIA	MO PERIOD	\$ _____ OTHER ED SERVING	<input type="checkbox"/> WATER	CONT LOC	
<input type="checkbox"/> MINING	180 DAYS	_____ DAYS	_____ LIMIT		<input type="checkbox"/> COMM (DESCR BELOW)	REC LOC	
_____ % COINS	\$ _____	ORD OR LAW	MAX PERIOD			MFG LOC	
		_____ DAYS				LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE _____ DAYS PERIOD REST	
						LIMIT LOSS PAY	
						_____ % _____ % _____ % _____ %	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
	FT MI						
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES		
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	HEATING BOILER ON PREMISES?		YES NO		
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		YES NO		
<input type="checkbox"/> OTHER:							
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION	
						WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				# GUARDS/WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION
							LOCAL GONG

ADDITIONAL INTERESTS		RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					LOCATION: _____ BUILDING: _____	
						SCHEDULED ITEM NUMBER: _____	
						OTHER: _____	
						ITEM DESCRIPTION: _____	

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS					PREMISES/ BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE								

MARTIAL ARTS QUESTIONNAIRE

1) List all styles routinely taught at the school _____

Estimated number of students annually: _____

Total annual receipts from membership fees/tuition: _____

4) Belt rank of chief instructor: _____

5) Do you require a signed Hold Harmless agreement from students (or from parents, if a minor)?
* Please provide a copy Yes No

6) Does the school engage in sparring Yes No
*Please provide a copy of the sparring rules:

7) Does the school engage in: boxing? Yes No
kickboxing? Yes No
(these activities are not acceptable for coverage)

8) a. What type of weapons are taught (please be specific)? _____

b. Is there any sparring with weapons? (Contact with weapons unacceptable) Yes No

c. What belt rank must a student hold before learning the use of such weapons (if rank varies, furnish details)?

9) Does the school sponsor, stage, or host tournaments? Yes No
(If tournament coverage is desired for staging, hosting or sponsoring please complete page 2 of this questionnaire.)

10) Name of federation or association the school is affiliated with: _____

Applicant's Signature: _____ Date: _____

MARTIAL ARTS TOURNAMENT QUESTIONNAIRE

Annual number of tournaments sponsored (if more than six, please use additional applications):

Anticipated Date(s)	Location (Name, Street, City, State, Zip)	Anticipated # of participants
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

2) Does the school require a signed Hold Harmless agreement from participants? Yes No
(If "Yes", please attach a sample copy of the form used.)

3) Events contemplated at all Tournaments

- Free Sparring
- Forms (Kata, etc.)
- Weapons forms
- Breaking
- Demonstration
- Other _____
(describe)

* This policy does not provide coverage for any claim, suit or cause of action arising out of any injury to the head of a contestant actively engaged in free sparring, unless at the moment such injury takes place, the injured contestant and his/her opponent are wearing approved protective headgear, padded kicking boots, and dental protective devices (mouthpiece),

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THE QUESTIONNAIRE DOES NOT BIND THE INSURANCE COMPANY

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____