

MARTIAL ARTS INSTRUCTOR APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

This brochure is valid for effective dates from 1/1/16 through 12/31/16

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 marital arts and/or self defense. This could include self defense instructors, law enforcement/security defense tactic instructors or marital 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 martial arts and/or self defense facility. For information regarding coverage for a facility, please call us.

Four Easy Ways to Enroll for Coverage

- 1) Email to info@cossioinsurance.com
- 2) Fax to 864-603-2348
- 3) Mail to Cossio Insurance Agency at PO Box 5987, Greenville SC 29606
- 4) Go online to cossioinsurance.com for more info and to fill out an online application

Eligible Operations

A U.S.-based 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 instructions: Aikido, Brazilian, Capoeira, Chi kun, Dim mak, Escrima, Goju-ryu, Haganah, Hapkido, Jeet kune do, Judo, Jiu jitsu, Kali, Karate, Kenjitsu, Krav maga, Kung fu, Mixed martial arts or ultimate fighting, Muay thai, Savate, Sayoc kali, Taekwondo, Tai chi, Tang soo do, Thai boxing

Ineligible Operations

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

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

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 (eg: rides, slides, inflatables, bungees, climbing walls or devices, dunk tanks), Asbestos, Fireworks, Employment-related practices, Lead, Fungi or bacteria, Operations outside of the U.S. Outside concessionaires and vendors working in conjunction with your business, Nuclear energy liability, Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

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 Cossio Insurance Agency at PO BOX 5987, Greenville SC 29606 .



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DIRECTIONS:

1. Complete the application (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax it to 864-688-0138.

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Cyber Liability

Section 1: 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 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 on year from the effective date.

3. If I need to request another certificate of insurance for 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.

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 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 an other members.

Section 2: General Information

I am a new account I am renewing my coverage

1. Instructor's name (as it should appear on the policy):

2. Doing business as (DBA):

(additional name(s) under which the named insured operates)

3. Mailing Address:

4. Contact Name:

5. Phone:

6. Cell:

7. Fax:

8. E-mail

9. Website:



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Section 3: Dates

Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)

Start my coverage on this date:

Section 4: Business Information

1. Are you age 18 or older? Yes No

2. Do you use weapons as part of your instruction? Yes No

a. If yes, are they sharpened/bladed? Yes No

b. If yes, are the weapons replicas? Yes No

c. If yes, do they contain ammunition? Yes No

d. If yes, do you use tasers or defense sprays? Yes No

3. Do you own or operate your own facility? Yes No

If yes, this program only provides coverage for your operations as an instructor. It does not extend to your employees or anyone performing instruction or training on your behalf, nor does it apply to the operation of a studio/facility.

4. Do you teach any self-defense classes? Yes No

5. Type(s) of martial arts style(s) you teach?

Section 5: Program Options

Type of Instructor	Options	Limits of Liability (CGL)
Martial Arts Instructor	<input type="checkbox"/> Option 1	\$1,000,000
Martial Arts Instructor	<input type="checkbox"/> Option 2	\$2,000,000
Martial Arts Instructor	<input type="checkbox"/> Option 3	\$3,000,000
Martial Arts Instructor	<input type="checkbox"/> Option 4	\$4,000,000
Martial Arts Instructor	<input type="checkbox"/> Option 5	\$5,000,000
Self Defense/Law Enforcement/ Security Instructor	<input type="checkbox"/> Option 1	\$1,000,000
Self Defense/Law Enforcement/ Security Instructor	<input type="checkbox"/> Option 2	\$2,000,000



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Section 5: Program Options (continued)

Type of Instructor	Options	Limits of Liability (CGL)
Self Defense/Law Enforcement/ Security Instructor	<input type="checkbox"/> Option 3	\$3,000,000
Self Defense/Law Enforcement/ Security Instructor	<input type="checkbox"/> Option 4	\$4,000,000
Self Defense/Law Enforcement/ Security Instructor	<input type="checkbox"/> Option 5	\$5,000,000

Section 6: 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 04/13 edition); Cryogenic chambers/therapy; Cycling (other than stationary); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean) Lead; Medical, therapy or health care services; Nuclear energy liability; Operation, ownership or management of any facility; Performers (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Physicals/stress testing; Physical therapy, massage or salon services; Rodeos; Saddle animals; Sale or distribution of herbal, medicinal and/or nutritional products; Snowmobile; Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays; Use of sharpened/bladed weapons; Violation of statutes that govern e-mails, faxes, phone calls, or other methods of sending materials or information; Those operations listed as ineligible: Boxing (contact/sparring); Certified athletic trainers; Coaching of organized competitive athletic teams; Firearms training; Instructors under the age of 18; Military/paramilitary combat training; 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.



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CYBER LIABILITY

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



FRAUD NOTICE

GENERAL STATEMENT: 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 FLORDIA: 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.

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

Insured Signature:

Date: