MARTIAL ARTS STUDIO SUPPLEMENTAL

Covers martial arts schools and academies, including karate, taekwondo, jiu-jitsu, judo, MMA, boxing, and self-defense. Complete with ACORD 125 and 126 (and 127 if vans are used).

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STYLES TAUGHT	INSTRUCTORS (COUNT)

2 OPERATIONS

STUDENTS	STUDENTS UNDER 18 (%)	COMPETITION TEAM MEMBERS

2-1 Does the studio allow sparring or live grappling? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the studio run an after-school program that picks children up from school? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the studio teach weapons or hold MMA or fight events? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CONTACT TRAINING, CONCUSSIONS & YOUTH

Sparring and grappling put children in contact with each other, where concussions, chokes, and joint injuries happen — and most states require a child with a suspected concussion to be removed until cleared. Youth-protection policies apply to every child program.

3-1 Are all staff and volunteers who work with minors criminal-background and sex-offender-registry checked before starting? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Do staff complete abuse-prevention training (e.g., SafeSport or equivalent) before working with minors and yearly after? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is there a written policy banning unobserved one-on-one contact between adults and minors, including texting and social media? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are suspected abuse reports made to law enforcement and child protective services within 24 hours? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are children released only to parents or guardians listed on file? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-1, is sparring allowed only with required protective gear and instructor supervision? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-1, are students matched by size, age, and skill for sparring? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are instructors trained to remove students with suspected concussions until cleared by a medical professional? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Are chokes and joint locks restricted for children? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has a student suffered a concussion, fracture, or serious injury, or made an abuse allegation? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — AFTER-SCHOOL TRANSPORT, WEAPONS & EVENTS

4-1 If yes to 2-2, are pickup drivers' driving records checked yearly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-2, are pickup vans insured on a commercial auto policy? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-2, are children counted at pickup, arrival, and release? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 2-3, are weapons training limited to trained students using padded or blunt equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If yes to 2-3, are fight events sanctioned and staffed with medical personnel? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does every student (or parent) sign a waiver and medical release? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL & RECEIPTS

TOTAL ANNUAL PAYROLL ($)	TUITION RECEIPTS ($)	AFTER-SCHOOL PROGRAM RECEIPTS ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PROFESSIONAL CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT	COMMERCIAL AUTO (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Is an AED on site with CPR-certified staff present? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Are mats cleaned daily and inspected for tears? ☐ Yes ☐ No
IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE