This is a CALIFORNIA ONLY application.
You may tab through the fields or print it out to complete by elizabeth@cidinsurance.com, (619) 593-2008.

CID INSURANCE PROGRAMS, INC. • AGOSTINI WHOLESALE INSURANCE SERVICES

Martial Arts Programs Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. Type of school: ☐ Amateur ☐ Professional ☐ Semi-professional
   Martial art taught: _____
2. Annual gross receipts from all operations: _____
   (include tuition fees, food receipts, clothing and equipment sales, etc.)
3. Describe other operations on premises
   _____
   _____
   _____
   (weight room, exercise equipment, boxing ring, heavy bags, tanning beds, pool, showers, locker room, climbing wall, etc.)
4. Describe protective equipment (mats, pads, gloves, headgear, etc.), if any, that is used:
   _____
   _____
5. Are students or their parents required to sign liability waivers? ☐ Yes ☐ No
   If so, please attach a copy of the waiver wording that is used.
6. Describe any tournaments you sponsor. (A tournament for this purpose is an event sponsored by you, open to the public, where the participants are members of the club or school competing with members from another club or school.)
   _____
   _____
   _____
7. Describe any exhibitions you sponsor. (An exhibition for this purpose is an event sponsored by you, open to the public, where the participants are limited to members of the school or club.)
   _____
   _____
   _____
8. Describe any additional off-site activities:
   _____
   _____
   _____
9. Total number of students enrolled: _____
   Students' ages range from _____ to _____
10. Are you involved with any Ultimate Fighting Championships? ☐ Yes ☐ No

APPLICABLE IN THE STATE OF NEW YORK
Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING
Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)