



Martial Arts Application

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

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.

Section 1: Insured Information

How did you hear about us?		Projected Annual Gross Sales:	
Name of School or Studio:		# of Students:	
Name of Owner(s):	DOB:	FEIN/SS#:	
Mailing Address:			
City:	State:	Zip:	
Phone Number:		Email:	
Projected Annual Gross Sales:			
Total # of employees:		What styles of Martial Arts are taught? Please be specific.	

Section 2: General Information

1. Do you have any climbing devices exceeding 10 ft. high? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any activities that occur away from the facility/premises other than competitions, demonstrations, parades or fundraising activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have any camps/ clinics? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you employ independent contractor instructors? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have birthday parties? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have child-care/babysitting services/pre-schools and/or accredited schools? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you utilize any inflatable devices? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you instruct parkour, urban/extreme gymnastics, tricking, free-running and/or similar type programs/activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have open gym/studio time? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you use weapons as part of your instruction?(if yes, Explain) <input type="checkbox"/> Yes <input type="checkbox"/> No
11. What are the monthly membership fees?

Section 2: General Information

12. What is the level of contact? ☐ None ☐ Light ☐ Full

13. Belt Rank of owner or primary instructor?

14. Any Jacuzzis, Steam rooms, saunas, courts or tracks, climbing walls indoor or outdoor, swimming pools, diving boards, tanning beds, Boxing rings, trampolines, or gymnastics? ☐ Yes ☐ No
If yes, how many of each:

15. Are kicking motions to head permitted in sparring? ☐ Yes ☐ No (if yes, explain)

16. Is there free sparring? ☐ Yes ☐ No

17. Do you have conventional boxing? ☐ Yes ☐ No

18. Do you offer kickboxing? ☐ Yes ☐ No

19. Do you participate in tournaments? ☐ Yes ☐ No

20. Do you sponsor tournaments? ☐ Yes ☐ No

21. We need an updated copy of the enrollment form filled out for students (this should included a waiver or hold harmless statement that parents sign)

22. Are maintenance logs kept? ☐ Yes ☐ No

If no are you willing to keep maintenance logs? ☐ Yes ☐ No

23. Who repairs exercise equipment if any?

24. Is signage used throughout the facility to prevent injuries? ☐ Yes ☐ No

25. Do you have non-slip surfaces in all wet areas? (if any) ☐ Yes ☐ No

26. Do you sub-lease to others? ☐ Yes ☐ No

27. Any products manufactured or sold under your label? ☐ Yes ☐ No

28. Do you have a medical crisis plan? ☐ Yes ☐ No

29. Do you require health histories, intake questionnaires? ☐ Yes ☐ No

30. Do you produce videos, books, or other instructional media? ☐ Yes ☐ No

31. Does your staff (paid & volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? ☐ Yes ☐ No

32. Do you conduct background checks on your staff? ☐ Yes ☐ No

33. Do you verify employment- related references? ☐ Yes ☐ No



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Section 2: General Information (Continued)

34. Do you conduct personal interviews? ☐ Yes ☐ No

Do you have written procedures for dealing with sexual abuse? ☐ Yes ☐ No If yes attach a copy

35. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? ☐ Yes ☐ No

36. Has Applicant ever had an incident which resulted in an allegation of sexual abuse?
☐ Yes ☐ No

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature:

Date:



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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: