

# Martial Arts Accident & Liability Insurance Enrollment Form

Please print or type

1. Name of School or Studio \_\_\_\_\_

2. Address \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_

3. Name of Owner(s) \_\_\_\_\_

4. Desired Effective Date of Coverage \_\_\_\_\_ Termination Date \_\_\_\_\_

5. Are you a

Corporation  Municipality  Partnership  Health Club  Park District  Individual  LLC

6. What styles of Martial Arts are taught? Please be specific. \_\_\_\_\_  
\_\_\_\_\_

7. Has your past liability coverage been cancelled in any way in the last three years? If so, please be specific.  
\_\_\_\_\_  
\_\_\_\_\_

8. Waiver Requirement

Each school or studio must install a Release and Waiver or Liability and Indemnity Agreement for all students and staff members. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a student or staff member. However, your failure to maintain an adequate system to regularly secure Waiver and Release forms shall void your coverage in the event of an occurrence to a student or staff member. A full supply of Waiver and Release forms shall be shipped to your school or studio upon request.

Administration Fee: \$ 100.00

9. Premium Calculation (choose your Liability Aggregate)

(Please add an additional charge for administration fee to the total premium due.)

\$1,000,000.00 General Aggregate  
Total number of students in the busiest month of the year \_\_\_\_\_ X \$8.95 = \$ \_\_\_\_\_  
Minimum Premium is \$450.00

\$2,000,000.00 General Aggregate  
Total number of students in the busiest month of the year \_\_\_\_\_ X \$9.25 = \$ \_\_\_\_\_  
Minimum Premium is \$465.00

Optional hired and non-owned automobile coverage is ..... \$850.00 = \$ \_\_\_\_\_

Total Premium = \$ \_\_\_\_\_

10. Choose 1 of the following 3 options. Please initial your choice.

Enclosed is my check for the Total Premium  
 Please bill my VISA/MasterCard Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Enclosed is 20% of my total premium. I would like to finance my premium.  
Please mail a finance agreement explaining the monthly payment system.

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

Signature of School or Studio Representative  
Cole Insurance Agency

Policy Holder Telephone Number  
Phone: 214-823-2653

Agent Name & License Number

Agent Telephone Number

6060 N. Central Express Way, Suite 232 Dallas, TX 75206

Fax: 214-823-3805

Agent Address



**Francis L. Dean & Associates of Texas, LLC**

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