

# Westpoint Insurance Group

## The Martial Arts Accident & Liability Insurance Coverage

Participation in today's Martial Arts can provide physical fitness, discipline, self defense and entertainment...but can also result in accident and injury. In the past, accident and liability coverage for Martial Arts Schools or Studios was either too costly, too limited, or not available at all. Individuals were either forced to pay extremely high insurance premiums or to run programs without proper insurance protection, therefore running the risk of personal exposure to lawsuits or a participant's injury claim.

However, now a comprehensive program has been developed to specifically cover the inherent risks involved in running a Martial Arts School or Studio. This Martial Arts Accident and Liability Insurance Program is designed to help eliminate the financial and emotional burden one can incur as a result of a lawsuit or participant injury claim.

## The Accident Medical Plan

*Pays the medical bills of an injured student or staff member.*

### Who Is Covered

All youth and adult students and staff members of the Policyholder are covered while participating in sponsored activities. A member is also covered while traveling, directly and without interruption, to and from any Policyholder sponsored activity and his or her home or place of residence.

### Accidental Death & Dismemberment

If a covered injury results in any of the losses specified below within one year after the date of the accident, the Company will pay the applicable amount.

- Full Principal Sum for loss of life (\$50,000.00)
- Full Principal Sum for double dismemberment (\$50,000.00)
- 50% of the Principal Sum for loss of one hand, one foot or sight of one eye (\$12,500.00)
- 25% of the Principal Sum for loss of index finger and thumb of same hand (\$6,250.00)

If the Principal sum is payable, no indemnity will be paid for dismemberment. In any event, the double dismemberment indemnity is the maximum amount payable under this Benefit for all losses resulting from one accident.

### Maximum Medical Expense Benefit

If the Covered Person incurs eligible expenses as the result of a covered injury, the Company will pay the charges incurred for such expense within 52 weeks, beginning on the date of accident. Payment will be made for eligible expenses not to exceed the Maximum Medical Expense Benefit of \$100,000.00, subject to a deductible amount of \$250.00. The first such expense must be incurred within 60 days after the date of the accident.

### Exclusions and Limitations

This Plan does not cover any loss to or resulting from:

- Sickness or disease in any form, except pyogenic infections due to an accidental cut or wound.
- The use of drugs or narcotics, unless administered under the advice of a physician.
- War or any act of war, whether or not declared.
- Participation in any riot or civil commotion.
- Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
- Suicide or any attempt thereat or any self-inflicted injury.

Nor does the Plan cover:

- Service provided by any person or facility employed or retained by the Policyholder or member organization.
- Service provided by any member of the Insured Person's family or household.
- Dental treatment, except as the result of a covered injury.
- The repair or replacement of any artificial dental restoration.
- Expenses payable under any Workers Compensation Law or similar legislation.
- Injury sustained while riding in or on any two or three wheeled engine driven vehicle.

### Release and Waiver Requirement

Each school or studio must install a Release and Waiver of Liability and Indemnity Agreement for all students and staff members. Unintentional error on your part in securing a 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 a staff member. A full supply of Waiver and Release forms shall be shipped to your school or studio upon your request.

# Martial Arts Insurance



## Programs include:

The Accident Medical Plan

The Liability Plan

Representative:

**Westpoint Insurance Group**

P.O. Box 1495  
Bridgeview, IL 60455

(800) 318-7709

Fax: (708) 636-3915

E-mail: [sales@westpointinsurance.com](mailto:sales@westpointinsurance.com)

[www.westpointinsurance.com](http://www.westpointinsurance.com)

# The Liability Plan

Protects you in the event of a lawsuit or property damage.

## Who Is Covered

This program provides protection for your Martial Arts School or Studio, owners, directors, instructors and employees against claims of bodily injury liability, property damage liability and the litigation costs to defend against such claims. Coverage is provided up to \$1,000,000.00 per occurrence with a general aggregate amount of \$3,000,000, subject to a \$250.00 deductible amount.

Coverage Includes Suits Arising Out Of:

- Injury or death of participants, spectators, or volunteers
- Property damage liability
- Host liquor liability (non-profit)
- Incidental medical malpractice
- All activities necessary to conduct of activities
- Ownership use or maintenance of gyms, fields or school areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless

Includes coverage for all youth hosted or non-hosted tournaments at no additional charge. Additional insureds such as landlords can be added at no additional charge.

## Exclusions & Ineligible Sports/Activities

Abuse/Molestation, Assault & Battery, Employment Related Practices, Professional Liability, Total Pollution, Collapse of Temporary Structure, Fireworks/Pyrotechnics, Use of Trampolines, Gymnastics, Cheerleading Pyramids, Skin & Scuba Diving, Snow Skiing, Water Skiing, Motor Sports, Rodeo or any Equestrian Related Sports, Polo, Mountain Climbing, Rock Climbing, Climbing Walls, Waterslides, Ballooning, Parachuting, Sale/Manufacture/Distribution of Athletic Equipment, Use of Saunas or Tanning Devices.

## Premium Rates

Following is the combined Accident and Liability premium rate:  
\$8.95 Per Person Per Year - Minimum Premium: \$450.00 (Staff members are included for no extra charge)

## Optional Coverages

Hired and non-owned automobile liability coverage is available for an additional \$1000.00.

Note: Hired and non-owned automobile liability coverage provides liability protection for rented, borrowed, and other non-owned vehicles driven on studio or school business.

**This brochure highlights the benefits, exclusions & limitations of the program, but is not a contract. For specific contract details, please review the insurance policy.**

# Application – Martial Arts

1. This is an interactive form and can be completed online.
2. If paying by check or money order, make payable to Westpoint Insurance Group.
3. Completed applications paid by check or money order should be mailed to: **Westpoint Insurance Group  
P.O. Box 1495  
Bridgeview, IL 60455**
4. Completed applications paid by credit card can be saved & attached to an e-mail to sales@westpointinsurance.com or faxed to (708) 636-3915
5. Call Westpoint at (800) 318-7709 if you prefer to pay by phone.

Name of School or Studio	Phone		
E-mail	Web Address		
Address			
City	State	Zip	
Name of Owner			
Desired Effective Date of Coverage			
Are you a:			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Municipality	<input type="checkbox"/> Partnership	
<input type="checkbox"/> Health Club	<input type="checkbox"/> Park District	<input type="checkbox"/> Individual	
What styles of Martial Arts are taught? Please be specific.			
Has your past liability insurance been canceled in any way in the last three years? If so, please be specific.			

## Premium Computation (Minimum premium of \$450.00)

Total Number of students in the busiest month of the year	x Rate	= Total (\$450 Min.)	Optional Coverage: Hired & NonOwned Automobile Liability (+ \$1000 addl prem.)
	\$8.95		
<b>Certificate Issuance Fee</b>			<b>\$15.00</b>
<b>Grand Total</b>			

Name			
Address			
City	State	Zip	

This summary of coverage and exclusions is no substitute for reading the entire policy once received.

Any person who, with the intent to defraud or knowingly presents a false or fraudulent claim for payment of loss or benefit or false information on an application for insurance may be guilty of insurance fraud, and may be subject to civil fines and criminal penalties. Premium computation is subject to possible audit.

## Check the following acknowledgements:

- I understand that the premium is fully earned upon policy inception.
- I have read the Release and Waiver Requirement.
- I certify the information I've provided in the application is true and coverage is not applicable until accepted by the Company.

## Check one of the following Premium Payment Options:

- Call me for payment information
- Enclosed is my check/money order
- I authorize Westpoint Insurance Group to charge my premium payment to my credit card as follows:

Card Number (Visa, MC, Discover, AMEX)

Exp. Date CVS Number\*

Cardholder's Name Phone

Applicant/Cardholder's Signature Date

Note: Standard Processing upon receipt of your application takes approximately 7-10 business days. 24-48 Hour Expedited Service (Certificate Proof of Insurance) is available upon request and will be subjected to underwriting approval and an Expediting Fee of \$25.00.

- Please expedite my application and add the application Expediting Fee

Upon review and acceptance of your application, we will email (or mail) you a copy of your policy, certificate of insurance and receipt.

\* The CVS Number is an additional security measure printed on all credit cards. The CVS is found on the back of the card for VISA, MC & Discover and on the front of the card for AMEX accounts.

## Questions or Need Assistance?

**Phone:** (800) 318-7709

**Fax:** (708) 636-3915

**E-mail:** sales@westpointinsurance.com

**Website:** www.westpointinsurance.com