



# Martial Arts Schools & Programs Supplemental Request Form

Please retain a copy of this form for your records.

GENERAL INFORMATION

Named insured (as it appears on your certificate of insurance): \_\_\_\_\_  
 Policy number (as it appears on your certificate of insurance): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Cell: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

EXPOSURE INFORMATION

Check one:  Adding additional participants to existing coverage  Adding new coverage

Effective date needed: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Note:
- You must submit this request form prior to the effective date needed.
  - Coverage will be made effective the day after this request form and payment are received, or on a later date that you may specify.
  - All participants are required to be reported. TBD numbers cannot be accepted.
  - Should you have \$1,000,000 of Sexual Abuse or Sexual Molestation Liability coverage in place with us, you will need to rate for this additional exposure with any increments you may add on the next page.

If you carry limits of \$3,000,000 or above, please contact us for a quote.

	Type of Activity/ Programs/Classes	Number of Participants	X	\$1 Mil Rate	\$2 Mil Rate	=	Premium
<input type="radio"/>	Martial Arts Please describe: _____		X	\$18.00	\$23.00	=	\$
<input type="radio"/>	Dance Programs or Classes		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Camps/clinics		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Exercise and/or Yoga		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Exhibitions, Seminars or Demonstrations (involving guest participants)		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Tumbling/Gymnastic Programs or Classes (floor only) Please describe types of programs/classes offered along with age groups, level of training and apparatuses used (subject to approval): _____		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Other (please describe) _____ Note: This is subject to approval by us		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Birthday/Social Parties	Number of parties	X	\$16.50	\$22.00	=	\$
<b>Program Premium Due</b> (add all lines above)							\$

Relation Insurance Services - Specialty Risk, Inc. • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991  
 E-mail = [programs@relationinsurance.com](mailto:programs@relationinsurance.com) • Fax 1-913-327-0201 • [www.4RecSportsAndMore.com](http://www.4RecSportsAndMore.com)  
 CA #0H18178, TX #1657333

**Sexual Abuse or Sexual Molestation Liability** (optional coverage) **Check one:**

- I currently have Sexual Abuse or Sexual Molestation Liability Coverage in place and need to add the additional participants/parties reported on the prior page to my coverage.
- I would like to add this coverage to my policy.

\* **Note:** If you would like to add this coverage to your policy mid-term, please contact us for additional information on the proper form to complete for review and approval.

	Activity Type	Rate (per participant)	X	Total # of Participants (see prior page)	=	Premium
<input type="radio"/>	Martial Arts	\$ 2.00	X		=	\$
<input type="radio"/>	Non-registered Member Activity(s) • Dance • Camp/Clinic • Exercise and/or Yoga • Exhibitions, Seminars or Demonstrations • Tumbling (floor only) • Other	\$ 1.81	X		=	\$
<input type="radio"/>	Birthday or Social Party	\$ 2.20 per party	X	_____ # of parties	=	\$
<b>TOTAL Sexual Abuse or Sexual Molestation Liability Premium</b> (add all lines above)						\$

Program Premium	\$
Sexual Abuse or Sexual Molestation Liability Premium	\$
<b>Total Premium Due</b> (add lines above)	\$

**Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

- When is this certificate needed? : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- What is the additional insured's relationship to you?  Owner/manager/lessor of premises (facility or venue)  
 Sponsor  Co-promoter  Lessor of equipment/contents (liability)  Loss Payee (equipment/contents)  
 Other (please identify/explain): \_\_\_\_\_  
NOTE: The certificate holder will automatically be an additional insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship
- Certificate holder/additional insured name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Does the certificate holder/additional insured require any special wording or endorsements?  Yes  No  
If yes, check all that apply:  CG2026  Primary  Waiver of subrogation  
 Other (please explain): \_\_\_\_\_

**NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.**

**If applicable:**

- For specific events: Date(s) of event/activity: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Hours of event/activity: \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.  
Type of event/activity: \_\_\_\_\_ Name of event/activity: \_\_\_\_\_  
Location of event/activity: \_\_\_\_\_

**The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.**

## PAYMENT OPTIONS

Submit a completed enrollment (including signed Warranty Statement) and payment to:

Applicant Business name: \_\_\_\_\_ Effective date: \_\_\_\_\_

**PAY BY ACH (Bank Account):**

- **E-mail** programs@relationinsurance.com  
or

- **Fax** 1-913-327-0201

I (we) authorize Relation Insurance Services to initiate a single electronic debit from the account shown below:

Name on Bank Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Draft Amount : \$ \_\_\_\_\_  Checking, or  Savings

Bank Account Routing/Transit Number\* \_\_\_\_\_ Bank Account Number\* \_\_\_\_\_

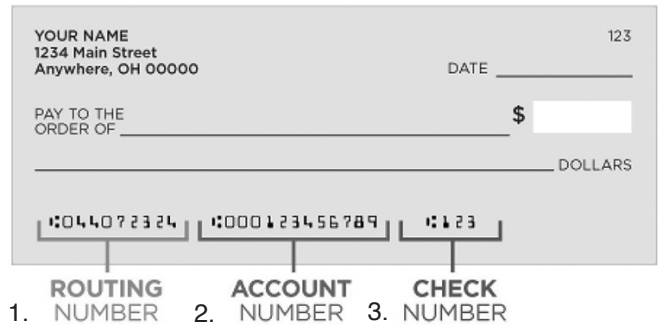
\*See below for an explanation of where to locate these two sets of numbers on your bank check.

\_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature(s) - (Not required if authorization by phone)

\_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature(s) - (Not required if authorization by phone)

**EXPLANATION OF CHECK NUMBERS**

1. Bank Routing/Transit Number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.



**PAY BY CHECK:** (Payable to Relation Insurance Services)

- **Mail**
  - Regular Mail  
Relation Insurance Services  
P.O. Box 25936  
Overland Park, KS 66225
  - Overnight Mail  
Relation Insurance Services  
9225 Indian Creek Parkway, Suite 700  
Overland Park, KS 66210

**PAY BY CREDIT CARD:**

- **Fax only** 1-913-327-0201

VISA  MASTERCARD  AMERICAN EXPRESS

Card number: \_\_\_\_\_

CSC # (card security) code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

I authorize Relation Insurance Services to charge my payment to my credit card in the amount of \$ \_\_\_\_\_

Print name (as on card): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Cardholder phone number: (\_\_\_\_) \_\_\_\_\_