



**Texas Specialty Underwriters, Inc.**

510 Turtle Cove Blvd., Suite 200

Rockwall, Texas 75087

Voice (972) 771-5653 Fax (972) 722-5392 Watts (800) 442-7050

**Martial Arts Studio Supplemental Application**  
**(Complete in addition to ACORD General Liability Application)**

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

PROSPECT NAME \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_