



PROFESSIONAL AND AMATEUR MARTIAL ARTS ACCIDENT INSURANCE

Underwritten by:



COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY

70 Genesee Street
Utica, New York 13502



APPLICATION FOR PROFESSIONAL AND AMATEUR MARTIAL ARTS ACCIDENT INSURANCE TO COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY UTICA, NY 13502

1. Name of Policyholder (Promoter): _____ Phone No. _____

2. Mailing Address: _____
Number Street City State Zip

3. Requested effective date of coverage: _____, 20 _____.

4. Date of First Event: _____, 20 _____ (Tournament Coverage Only)

Location: _____

5. Policy to Cover: All Martial Arts Participants of the Policyholder

6. Plan of benefits selected: Check One: OPTION I: School and Training Coverage (Annual Policy Term)
 OPTION II: Tournament Coverage (Per Event)

| AD&D Benefit (Principal Sum) | Maximum Medical Expense Benefit | Deductible Amount |
|-----------------------------------|------------------------------------|--------------------------------------|
| \$ _____ | \$ _____ | \$ _____ |
| _____ | x \$ _____ | = \$ _____ |
| <small>Number of Amateurs</small> | <small>Applicable Rate</small> | <small>Total Amateur Premium</small> |

Total Premium (subject to Minimum Policy Premium of \$400.00): \$ _____

7. I understand and agree that (a) if this application is accepted by the Company, coverage will begin on the date of acceptance or on the date requested in Question 3, whichever is later, subject to the payment of the required premium, and (b) no contribution to the premium will be made by an insured person. Premium computation is subject to audit.

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

Policyholder Signature Title Phone Date

Agent/Broker Name and Address

WHO IS COVERED

All Martial Arts Participants of the Policyholder.



COVERED ACTIVITY

OPTION I: Supervised Practice, Classes and Workouts of the Policyholder.

OPTION II: Participating in scheduled and supervised Martial Arts Tournaments.

MEDICAL EXPENSE BENEFIT

If the Insured Person incurs eligible expenses as the result of a covered injury, directly and independently of all other causes, 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 in excess of the applicable Deductible Amount, not to exceed the Medical Maximum Benefit. The first such expense must be incurred within 60 days after the date of the accident.

“Eligible expense” means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semi-private accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

Excess Coverage: this Plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Insured Person.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If a covered injury results in any of the losses specified below within 100 days after the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life
- Full Principal Sum for double dismemberment
- 50% of the Principal Sum for loss of one hand, one foot or sight of one eye

EXCLUSIONS AND LIMITATIONS

This Plan does not cover any loss contributed 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 on the advice of a physician; war or any act of war, whether or not declared, or 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 intentionally self-inflicted injury. Nor does this Plan cover: service provided by (a) any person or facility employed or retained by the Policyholder or member organization, or (b) any member of the Insured Person’s family or household; dental treatment, except as the result of a covered injury; examination for, prescription for, or the purchase of eyeglasses or contact lenses or hearing aids; the repair or replacement of any orthopedic appliance or 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 or motorized vehicle. Note: Certain of these exclusions or limitations may be modified to meet individual state requirements.

THE UNDERWRITING COMPANY

Commercial Travelers Life Insurance Company was established in 1883. Since our founding we have taken pride in our ability to develop and service products designed to meet specific needs. The Special Risk Insurance Plan described in this brochure is an example of our dedication to the development of quality insurance products.

RATE CLASSIFICATION

OPTION I: SCHOOL AND TRAINING COVERAGE—Designed to cover participants training in the Martial Arts while they workout or practice in the Policyholders school or gym facility. This is mandatory coverage and the School/Gym owner must purchase coverage on all the Martial Arts Student membership.

| Maximum Medical Expense Benefit | AD&D Benefit (Principal Sum) | Deductible Amount | Annual Rate Per Participant |
|---------------------------------|------------------------------|-------------------|-----------------------------|
| \$25,000.00 | \$10,000.00 | \$100.00 | \$7.95 |
| \$25,000.00 | \$10,000.00 | \$250.00 | \$6.35 |
| \$15,000.00 | \$10,000.00 | \$100.00 | \$6.60 |
| \$15,000.00 | \$10,000.00 | \$250.00 | \$5.25 |
| \$10,000.00 | \$10,000.00 | \$100.00 | \$6.20 |
| \$10,000.00 | \$10,000.00 | \$250.00 | \$5.90 |

Rates are subject to a \$150.00 Minimum Premium

OPTION II: TOURNAMENT COVERAGE—Designed for Promoters and Gym Owners who promote Martial Arts events. This is also mandatory coverage and the Promoter or Gym Owner must purchase coverage for all participants on the card, per event. If a tournament or bouts are cancelled, Commercial Travelers credit account for next card.

| Maximum Medical Expense Benefit | AD&D Benefit (Principal Sum) | Deductible Amount | Rate Per Participant AMATEUR |
|---------------------------------|------------------------------|-------------------|------------------------------|
| \$25,000.00 | \$10,000.00 | \$100.00 | \$28.00 |
| \$25,000.00 | \$10,000.00 | \$250.00 | \$25.00 |
| \$15,000.00 | \$10,000.00 | \$100.00 | \$22.00 |
| \$15,000.00 | \$10,000.00 | \$250.00 | \$20.00 |
| \$10,000.00 | \$10,000.00 | \$100.00 | \$17.00 |
| \$10,000.00 | \$10,000.00 | \$250.00 | \$15.00 |

Rates are subject to a \$400.00 Minimum Premium