



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: _____

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.

EXPOSURE INFORMATION

	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"/>	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 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	N/A	=	\$
<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	=	\$
Program Premium Due (add all lines above)							\$

Ascension Benefits & Insurance Solutions • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991
E-mail = programs@ascensionins.com • Fax 1-913-327-0201 • www.ascensionins.com/programs

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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) • Basketball and/or Volleyball • 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	=	\$
TOTAL Sexual Abuse or Sexual Molestation Liability Premium (add all lines above)						\$

PAYMENT DUE	Program Premium	\$
	Sexual Abuse or Sexual Molestation Liability Premium	\$
	Total Premium Due (add lines above)	\$

OFFICE USE ONLY	Rec: ____ / ____ / ____	Policy #: _____	Cert #: _____	Insured #: _____			
	Opt: _____	Premium: \$ _____	Eff/Exp: ____ / ____ / ____	to ____ / ____ / ____			
	Comments: _____						
	Opt Form: 2026	2011	2404	8016	8018	876	Delivery: M F E

CERTIFICATE REQUESTS

Complete this section to request a certificate. Provide separate requests for each additional certificate needed.

Date needed by: ____ / ____ / ____

Check the type of certificate you are requesting: Additional insured Evidence of coverage

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter Other: _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.**)

Form CG2026 Primary endorsement Waiver of subrogation

Other (please explain): _____

If applicable: RE: Date(s) of event/activity: ____ / ____ / ____ to ____ / ____ / ____

Hours of the event/activity: ____ A.M. / P.M. to ____ A.M. / P.M.

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____

MAILING INSTRUCTIONS

Submit completed supplemental form, with payment, to us.

- E-mail programs@ascensionins.com
- Fax 1-913-327-0201
- Mail Ascension Benefits and Insurance Solutions
P.O. Box 25936
Overland Park, KS 66225

PAYMENT INFORMATION

**100% of the premium is due upon receipt of this supplemental.
Payment plans are not available with supplemental requests.**

Check: Please make check payable to Ascension Benefits & Insurance Solutions.

Enclosed is check # ____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize Ascension Benefits & Insurance Solutions to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____