

HAWAII APPLICANTS

PROGRAM PREMIUM CALCULATION

Program Rating

Premium is determined by applying the appropriate option and rate for your school or organization to the greatest number of students/registered members that your program could have during the year. **If the total program premium is less than the minimum premium, the total premium due is the minimum premium.**

Quotes for higher liability limits are available immediately online OR

Check here if a higher liability limit is needed. Limit requested: _____

Select one option:

Options	Rates/Premium Calculation	Program Premium
<input type="radio"/> Option 1 \$1,000,000 CGL Limit	$\$ 18.90 \times \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ number of students	Minimum Premium = \$750.00 \$ _____
<input type="radio"/> Option 2 \$2,000,000 CGL Limit	$\$ 24.15 \times \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ number of students	Minimum Premium = \$1,125.00 \$ _____

OPTIONAL COVERAGES PREMIUM CALCULATION

Non-registered Member Activity and Birthday Party Coverage

Check here and skip this section if you do not want this coverage option

Please select all of the activities and/or birthday parties you have at your school or organization and report the total number of non-registered or separately enrolled participants in each of the activities listed below along with the number of birthday parties. **Use the rate for the same limit selected above. These activities must be incidental to your martial arts operations.**

	Type of Activity	No. of Participants	X	\$1 Mil Rate	\$2 Mil Rate	=	Premium
<input type="radio"/>	Dance programs or classes		X	\$14.50	\$19.15	=	\$
<input type="radio"/>	Camps/Clinics		X	\$14.50	\$19.15	=	\$
<input type="radio"/>	Exercise and/or yoga classes		X	\$14.50	\$19.15	=	\$
<input type="radio"/>	Exhibitions, seminars or demonstrations (involving guest participation)		X	\$14.50	\$19.15	=	\$
<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	\$14.50	\$19.15	=	\$
<input type="radio"/>	Other (please describe): _____ Note: This is subject to approval by us		X	\$14.50	\$19.15	=	\$
<input type="radio"/>	Birthday parties	No. of parties held annually	X	\$16.50	\$22.25	=	\$
Non-registered Activity and Birthday Parties Premium (add all lines above)							\$

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OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation, or Exploitation Defense Reimbursement

Coverage is contingent upon underwriting review and approval of the following questionnaire.

Check here and skip this section if you do not want this coverage option

1. Does your organization currently have employees, volunteers or independent contractors? Yes No
The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No
If yes, please explain: _____
3. Are you aware of any occurrences that could lead to a claim? Yes No
If yes please explain: _____
4. Do you, your organization or sanctioning/governing body have written procedures and training in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
If yes:
 - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
 - b. Are written procedures and training provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member? Yes No
 - c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances? Yes No
5. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.

Please Complete All Questions	Employees	Volunteers/Independent contractors
The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.		
Do you have employees and/or volunteers/independent contractors?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are employee/volunteer/independent contractor applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses to questions asked in #5: _____

6. Calculate premium:

Options	Activity Type	Rate (per participant)	X	Total # of Participants (see page 9)	=	Premium
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	Martial Arts	\$2.10	X		=	\$
	Non-Registered Member Activity(s); Dance, Camp/Clinic, Exercise and/ or Yoga, Exhibitors, Seminars or Demos, Tumbling (floor only) Other: _____	\$1.86	X		=	\$
	Birthday or Social Party	\$2.30 per party	X	_____ # parties	=	\$
	TOTAL Sexual Abuse/Sexual Molestation Liability Premium (add all lines above, \$150.00 minimum premium applies)					
<input type="radio"/> Option 2 - \$100,000 - Abuse, Molestation, or Exploitation Defense Reimbursement						\$100.00