

Capitol Indemnity Corporation

P.O. Box 5900
Madison, WI 53705

MARTIAL ARTS QUESTIONNAIRE

1) List all styles routinely taught at the school _____

Estimated number of students annually: _____

Total annual receipts from membership fees/tuition: _____

4) Belt rank of chief instructor: _____

5) Do you require a signed Hold Harmless agreement from students (or from parents, if a minor)?
* Please provide a copy Yes No

6) Does the school engage in sparring Yes No
*Please provide a copy of the sparring rules:

7) Does the school engage in: boxing? Yes No
kickboxing? Yes No
(these activities are not acceptable for coverage)

8) a. What type of weapons are taught (please be specific)? _____

b. Is there any sparring with weapons? (Contact with weapons unacceptable) Yes No

c. What belt rank must a student hold before learning the use of such weapons (if rank varies, furnish details)?

9) Does the school sponsor, stage, or host tournaments? Yes No
(If tournament coverage is desired for staging, hosting or sponsoring please complete page 2 of this questionnaire.)

10) Name of federation or association the school is affiliated with: _____

Applicant's Signature: _____ Date: _____

MARTIAL ARTS TOURNAMENT QUESTIONNAIRE

Annual number of tournaments sponsored (if more than six, please use additional applications):

Anticipated Date(s)	Location (Name, Street, City, State, Zip)	Anticipated # of participants
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

2) Does the school require a signed Hold Harmless agreement from participants? Yes No
(If "Yes", please attach a sample copy of the form used.)

3) Events contemplated at all Tournaments

- Free Sparring
- Forms (Kata, etc.)
- Weapons forms
- Breaking
- Demonstration
- Other _____
(describe)

* This policy does not provide coverage for any claim, suit or cause of action arising out of any injury to the head of a contestant actively engaged in free sparring, unless at the moment such injury takes place, the injured contestant and his/her opponent are wearing approved protective headgear, padded kicking boots, and dental protective devices (mouthpiece),

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THE QUESTIONNAIRE DOES NOT BIND THE INSURANCE COMPANY

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____