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## MARTIAL ARTS QUESTIONNAIRE

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Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

*If any of the questions in the section below are answered "YES," you are not eligible for coverage.*

1. Do you offer any boxing, kickboxing or ultimate fighting?  Yes  No
2. Do you allow the use of wood, metal or plastic weapons during contact sparring?  Yes  No
3. Have you incurred three or more losses in the past three years?  Yes  No

*If any of the questions in the section below are answered "NO," you are not eligible for coverage.*

4. Do you require participants to wear protective gear during contact sparring?  Yes  No
5. Do you require a signed hold harmless agreement for all students?  Yes  No
6. Are parents required to sign hold harmless agreements for minors?  Yes  No

### GENERAL INFORMATION

1. List all styles routinely taught at the school: \_\_\_\_\_
2. What is the estimated number of students annually? \_\_\_\_\_
3. Total annual receipts from membership or tuition? \_\_\_\_\_
4. Does the school engage in sparring?  Yes  No
5. Is the use of weapons taught?  Yes  No
  - a. What weapons are taught? \_\_\_\_\_

**MARTIAL ARTS TOURNAMENTS (IF APPLICABLE)**

1. Tournament information:

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

2. Events contemplated at all Tournaments:

- |   |  |
|---|--|
| <input type="checkbox"/> Free Sparring      | <input type="checkbox"/> Demonstration |
| <input type="checkbox"/> Forms (Kata, etc.) | <input type="checkbox"/> Breaking      |
| <input type="checkbox"/> Weapons forms      | <input type="checkbox"/> Other _____   |

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
Producer Signature		Date