NSI
A DIVISION OF
West Bend Mutual
INSURANCE COMPANY

Martial Arts Questionnaire

(Attach to an Acord application)

Applicant's name _____

Address _____
Street City State Zip

1) Belt rank of chief instructor _____

2) Number of students _____

3) List all styles taught: _____

4) Light contact? ☐ Yes ☐ No Full contact? ☐ Yes ☐ No

5) Does the school engage in sparring? ☐ Yes ☐ No

6) Is there any sparring with weapons? ☐ Yes ☐ No
(Contact with weapons unacceptable)

7) Type of weapons taught: _____

8) Any protective gear used? ☐ Yes ☐ No
If yes, please explain: _____

9) What belt rank must a student obtain before learning weapons? _____
If yes, please provide copy of sparring rules

10) Do students participate in tournaments? ☐ Yes ☐ No
If yes, number of sponsored tournaments _____
If yes, number of participants in sponsored tournaments _____

11) Do you require a signed Hold Harmless agreement from students? ☐ Yes ☐ No
(Or from parents, if a minor?)
If yes, please provide a copy

12) Does the school engage in: Boxing? ☐ Yes ☐ No Kickboxing? ☐ Yes ☐ No
(These activities are not acceptable for coverage)

13) Total annual receipts from membership fees/tuition _____

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

_____

(This can be included with a **Sports Tournament Questionnaire**)

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