



# Fairway Underwriters, Inc

Telephone 1-800-662-2141 Fax (978) 454-8740 Email info@fairwayunderwriters.com

## MARTIAL ARTS/GYMNASTICS QUESTIONNAIRE

for General Liability and Sports Accident Insurance



### GENERAL INFORMATION

Today's Date: \_\_\_\_\_

Named Insured(s) incl. DBA name: \_\_\_\_\_

(If more than one named insured, describe the relationship between each named insured on the reverse side)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location/Facility Address: (Check, if Same ) Otherwise: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Number of Years In Business at this Location: \_\_\_\_\_

Fed. Tax ID# \_\_\_\_\_ Web address: \_\_\_\_\_ Years in business: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Facility/manager: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Business type:  Corp.  LLC  Partnership  Individual  Other: \_\_\_\_\_

Sport or Activity: \_\_\_\_\_ Gross Annual Receipts: \_\_\_\_\_ For Profit?  Yes  No

Is Liability coverage currently in force?  Yes  No If Yes, name of Company: \_\_\_\_\_

Current annual premium\$ \_\_\_\_\_ Policy Period: From: \_\_\_\_\_ To \_\_\_\_\_

Have you had any insurance claims in the past 5 years?  Yes  No If yes, explain on reverse side

### LIABILITY INSURANCE

Are all participants required to wear proper Athletic Safety Equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you require Medical Waiver / Release forms from participant's/Parents or Guardians? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you require that accident insurance be in place for all participants? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the organization use or sell any merchandise? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the organization have a written code of conduct? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any trampolines, inflatables used in training? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you host birthday parties, or sleep over parties? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many per year? \_\_\_\_\_

Do you have camps, clinics or other activities off premises? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

Do you sell uniforms or equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, estimate total annual sales: \_\_\_\_\_

Do you operate a snack bar? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, estimate total annual sales: \_\_\_\_\_

Is student to Instructor ratio greater than 10:1? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is average ratio? \_\_\_\_\_

Do you host or sponsor tournaments or exhibitions at your facility? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many? \_\_\_\_\_

How are instructors' background checks conducted? \_\_\_\_\_

What is the Instructor's experience in this field: \_\_\_\_\_

Are all instructors and volunteers properly screened, including references checked? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the maximum number of students/participants at any one time? \_\_\_\_\_

Does each participant have prearranged transportation to and from your facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

