

Capitol Indemnity Corporation

P.O. Box 5900
Madison, WI 53705

FITNESS CLUB QUESTIONNAIRE

(to be attached to Accord Application)

Named Insured _____ Policy Number _____

Annual gross sales \$ _____ Membership \$ _____ Pro Shop \$ _____ Snack/Health Bar \$ _____

Club Operations and Activities:

| | | |
|-------------------------------------------------|-----|----|
| Restaurant and/or lounge (attach questionnaire) | Yes | No |
| Professional Trainers | Yes | No |
| Team sports | Yes | No |
| Dances | Yes | No |
| Run, walk or bike competitions | Yes | No |
| Massage therapy | Yes | No |
| Martial arts classes | Yes | No |
| Day Care (attach questionnaire) | Yes | No |
| Gymnastics | Yes | No |
| Other _____ | | |

Equipment & facilities:

| | | |
|-------------------------------------------|-----|----|
| Handball & squash courts # of courts ____ | Yes | No |
| Tennis courts # of courts ____ | Yes | No |
| Basketball courts # of courts ____ | Yes | No |
| Volleyball courts # of courts ____ | Yes | No |
| Swimming pools # of pools ____ | Yes | No |
| Weight machines | Yes | No |
| Free weights | Yes | No |
| Aerobic equipment | Yes | No |
| Saunas | Yes | No |
| Steam rooms | | |
| Tanning beds (attach questionnaire) | Yes | No |
| Whirlpool | Yes | No |

If there is a swimming pool:

| | | |
|--------------------------------------|-----|----|
| Is there a diving board Height _____ | Yes | No |
| Are depths marked | Yes | No |
| Is life guard present | Yes | No |
| Is life saving equipment present | Yes | No |

ATTACH ACTIVITY BROCHURE

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

Signature of Applicant Date