

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