



# Martial Arts & Combat Sports Questionnaire

(to be completed by the Insured)

**Policy Number:** \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(DD/MM/YYYY)

**1** What type of Martial Art or Combat Sport do you participate in? \_\_\_\_\_  
\_\_\_\_\_

**2** When did you start participating in this sport? (DD/MM/YYYY) \_\_\_\_\_

**3** How often do you compete in this sport? \_\_\_\_\_

**4** Is your participation in this sport:           Recreational           Competitive           Amateur           Professional

**5** Do you have any special certifications, rankings or titles in this sport? ..... Yes No  
If **“yes;”** please provide details and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6** Are you affiliated with any clubs or associations? ..... Yes No  
If **“yes;”** please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7** Do you participate or intend to participate in any competitions or exhibition events? ..... Yes No  
If **“yes;”** please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8** Do you compete professionally or for money? ..... Yes No  
If **“yes;”** please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9** Have you ever had an injury arising from this sport that required medical attention? ..... Yes No  
If **“yes;”** please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10** Describe your highest level of achievement in this sport and on what level do you participate most frequently?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**11** For Combat Sports: how many fights per year

Provide details below:

Date(s) (DD/MM/YYYY)	Location	Events contemplated/Tournaments
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to ivari.

Dated at (city) \_\_\_\_\_ in the province of \_\_\_\_\_ on \_\_\_\_\_  
(DD/MM/YYYY)

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Witness



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