

United States Judo Federation

DOJO INSURANCE QUESTIONNAIRE

Instructions

1. Complete Form Using Adobe Acrobat & Print Out
2. Mail To USJF, P. O. Box 338, Ontario, OR 97914-0338
3. **Deadline: October 15, 2005**

Name of Dojo: _____

Legal Name of Dojo: _____

Contact Name: _____

Mailing Address: _____

Physical Address of Dojo: _____

Telephone #: _____ Email: _____

Federal Employer ID Number: _____

Do you own or lease the premises your Dojo is located: own lease

Total replacement value of equipment and property in your Dojo: _____

Please describe: _____

Construction of your Dojo (i.e.-Frame/Stucco, Concrete, Brick, etc.)

_____ Year Built: _____

Sq. feet you occupy: _____ Number of stories: _____

Other occupants at Dojo premises: _____

Automatic Sprinklers? yes no Central Station Alarm? yes no

Current limit of liability coverage: _____

Current insurance provider: _____

Annual premium: _____