

MARTIAL ARTS INSURANCE PACKAGE

Insurance Cover for Clubs
Block Policy Proposal Form

These policies are available to registered clubs, who are affiliated to recognised Associations.

CLUB LIABILITY

This policy protects the club itself and the clubs officers and officials (committee members) against being sued for negligence by an injured third party. Whether the dojo is rented or owned, the club is responsible for keeping it in a safe condition, suitable for use. The club could also be sued for issuing written material e.g. newsletters which libel someone. The Civil Liability Section of the policy covers these issues.

The policy is provided on a Claims Made Basis, which means it provides cover for claims that are made against them in the period of insurance. All cover ceases if the policy is not renewed. If a claim is notified for an incident in the past after the policy has expired that claim will not be insured.

The Club Liability Policy is also extended under Section 2, to provide cover for Employers Liability. This cover is required by law should the club employ anybody.

N.B. All questions must be answered in full and insurance is not in force until insurers and an appropriate certificate have accepted this proposal form issued.

THIS PROPOSAL FORM SHOULD BE RETURNED TO YOUR ASSOCIATION WITH YOUR PAYMENT FOR CONFIRMATION.

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2.Name and Address of each Dojo (attach additional location details if required).

<u>Location 1.</u>	<u>Location 2.</u>	<u>Location 3.</u>	<u>Location 4.</u>

3.Name and address of the Association you are affiliated to. **Bushido Ju-jitsu Academy**

4.Which martial art do you instruct- **Ju-jitsu**

5.Do you own these premises Yes/No or lease these premises Yes/No
If no please provide name and address of owners.

Building belongs to: -

6.If you employ anyone in the capacities below please give details
(a) Clerical (b) Instructors (c) Others, please specify.

Numbers; Wage roll £

Club Liability – Number of Locations. -

Civil Liability £5,000,000.
Employers Liability £10,000,000

Declaration.

Please read and complete the following questions and declaration, sign at the bottom and return this form to your Association with the appropriate payment.

1. Are you aware of any incident or circumstance, which might result in a claim against your club?
Yes/No
2. Have you made a claim under this or similar insurance's within the past 5years? Yes/No
3. Has any insurer ever declined any proposal, terminated any insurance or required special terms of yourself. Yes/No
4. Have you ever been convicted of an offence involving dishonesty of any kind? e.g. Fraud/Robbery/Theft etc. Yes/No
5. If you answered YES to any of these questions, please provide full written details.

I declare that to the best of my knowledge and belief there are no known incidents or circumstances that might give rise to a claim made against me or which may otherwise affect the insurers consideration of this insurance and to the best of my knowledge and belief the above statements are true and complete and will form part of the contract between me and Royal Sun Alliance Insurance plc.

This proposal and the information provided therewith contains statements upon which Underwriters will rely in deciding to accept this insurance. The insurers will collect certain information about you in the course of considering your proposal and, if coverage is provided, in conducting their relationship with you. This information will be processed for the purposes of underwriting and managing any insurance provided to you and administering claims. Information may be passed to loss adjusters and reinsurers for these purposes. This may involve the transfer of your information to countries, which do not have data protection laws. You may have a right of access to, and correction of, information held about you. Please contact us if you would like to exercise either of these rights. By signing this proposal form you consent to the processing and transfer of information described in this notice. Without this consent your proposal could not be considered.

Name.....

Signed Date.....

We will allow you a "cooling off" period of at least 14days from the time you receive your policy information. If you do not want to continue with the insurance, you may cancel your cover within this period and get all your money back. (As long as you have not made any claims).

<u>ASSOCIATION CONFIRMATION – TO BE COMPLETED BY ASSOC. OFFICIAL ONLY</u>	
I confirm that the Club is affiliated to the Association noted above.	
Name.....	Position in Assoc.....
Signed.....	Date.....