

Perkins Slade Limited
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MARTIAL ARTS INSURANCE PACKAGE

BLOCK INSURANCE FOR MARTIAL ARTS INSTRUCTORS

ALL QUESTIONS to be completed **FULLY** and form returned to The Association **WITH** appropriate cheque.

PLEASE NOTE – Insurance will not commence until a correctly completed and signed proposal and a correct cheque is received by The Association.

ALL QUESTIONS to be completed in **INK** and **BLOCK CAPITALS**

1) YOUR FULL NAME Date of Birth

2) YOUR FULL ADDRESS
.....
.....

3) YOUR TELEPHONE NO: HOME WORK

4) **YOUR ASSOCIATION LICENCE NO:** (VERY IMPORTANT)

5) NAME OF ASSOCIATION

LIMIT OF INDEMNITY - £2,000,000
- £5,000,000 [Please tick as appropriate]

All cover is subject to the Terms, Conditions and Exceptions of the Master Policy.

Please **READ** the following declaration, sign at the bottom and return this form to **The Association** with the appropriate cheque.

DECLARATION

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 and that I am a current member of the **ABOVE ASSOCIATION**.

Signed Dated