



## BJJA Coaches Insurance Application Form

<b>Member Name:</b>	<b>Membership No:</b>
<b>Address:</b>	
<b>Postcode:</b>	
<b>Tel:</b>	<b>Mobile No:</b>
<b>Email:</b>	
<b>Grade:</b>	<b>Expiry date:</b>
<b>Number of years experience:</b>	<b>Date you require cover from:</b>
<b>Any previous claims (including costs / damages):</b>	

### Cover Provided

**Insured Activities:** Martial Arts Coaching

**Cover:** Combined Liability for compensation and legal costs arising out of a claim for injury to a third party or damage to third party property occurring during the period of cover.  
An abuse extension is also included.

### **Limits:**

Public Liability -	£10,000,000 any one claim.
Products Liability	£10,000,000 any one period.
Professional Indemnity	£10,000,000 any one time.
Abuse	£2,500,000 any one period of insurance.
Excess	£250.00 any one claim.

### **Cover Includes:**

- Liability for damage to leased & rented premises
- Libel / slander & defamation
- Legal defence & court costs
- Liability arising from the provision of goods sold or supplied including refreshments
- Member to member liability.

**Cost: £~~XXX~~ per annum inclusive of Insurance Premium Tax @ 9.5%.**

### **Principal Exclusions**

- Criminal Acts
- Damage to own property.

For full details of the cover, terms, conditions and exclusions, please refer to the policy wording. A copy of which is available upon request.



**Incident Reporting Guidelines**

It is a condition under the terms of your policy that any circumstance that may give rise to a claim is reported to your insurers. In order to ensure you are complying fully with your policy terms and conditions, you must declare:

- You are not aware, after enquiry of any circumstances which might give rise to a claim.
- You are not aware, after enquiry, of any material fact or matters which would be likely to affect the Insurers consideration of granting cover.

**Declaration:**

I declare to the best of my knowledge and belief that the above statements are true and complete and will form part of the contract between me and the insurer.

I declare there are no known incidents or circumstance that might give rise to a claim and there are no material facts that should be disclosed to insurers. If you are in any doubt about whether facts are material, you must tell us. Failure to do so could affect the validity of your policy.

I confirm that I adhere to the BJJ Child Protection Policy

I can confirm that I have read and understand the above details, and agree to be bound by the terms contained therein.

Signed.....

Full name (block capitals).....

Date: .....

**Method of Payment** - Please circle the method you wish to use.

**Cheque**

Please attached your cheque made payable to [REDACTED]

[REDACTED]

[REDACTED] Sort Code = 40-08-11 Account number 11328565

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]