

# Proposal

Please return fully completed Proposal Form, with payment, to:

Martin Gatter Classic Coaching The Old Chapel Chatham Kent ME5 7BB  
Please note to apply for a MartialGuard Instructors Policy you must be over 18, hold a Black Belt or teaching qualification and belong to a Martial Arts Club, Association or Organisation.

You may choose any of the following covers. Please tick the appropriate box(es) for the cover(s) you wish to insure.

Public and Products Liability (see cover summary on page 1)



Personal Accident (see cover summary on page 1)



On the pages that follow, please complete Your Details, each section you wish to insure, the General Questions and the Declaration.

Please answer all the questions, tick the appropriate boxes and use block capitals

## Your Details

1 Title: Ms  Miss  Mrs  Mr  Other (please specify)

Your full name

2 Date of Birth

3 Your contact details,

Your postal address

Postcode

Your telephone number

Your email address

4 Your martial arts qualifications

MASA Level 1 Coaching Qualification

5 Details of styles and disciplines of all martial arts practiced

6 List all weapons used

a For demonstration

b For contact

c Details of safety measures including risk assessments and safety clothing for use of such weapons

7 Please state required start date, or renewal date of existing Policy (The policy is renewable annually)

Please note cover cannot be backdated and cannot commence until this signed

proposal form and payment have been received and accepted by TL Risk Solutions Ltd

1<sup>st</sup> January 2012

8 The full name and address of the martial arts club, association or organisation to which you belong (initials are not sufficient)

Please refer to the 'Instructor Insurance Cost Summary' document for full premium details (details can be found at [www.trisksolutions.com/martialguard](http://www.trisksolutions.com/martialguard))

### Instructors Public and Products Liability

1 Please tick the box for the indemnity limit you want

£2,000,000  £5,000,000  £10,000,000

2 Is all equipment properly maintained and kept in a good state of repair?

Yes  No

If 'No' please give full details

3 Please give detail of goods sold, supplied, delivered or used for promotional purposes, including their intended function

Please note cover excludes products exported directly or indirectly to the United States of America or Canada.

### Personal Accident (only complete if Personal Accident cover selected)

Not Applicable

### Payment Options

Cheque (payable to Classic Coaching)

PayPal via [www.shikon.com](http://www.shikon.com)

Please note cover cannot commence until this signed proposal form and payment have been received and accepted by TL Risk Solutions.

# General Questions

1 Has any Insurer ever

a) declined to insure you?

Yes  No

b) cancelled or declined to renew any of your insurances?

Yes  No

c) imposed special terms?

Yes  No

If 'Yes', to a, b or c please give details

2 Have you, in connection with this or any other activity in which you have been trading, ever been

a) convicted of or charged (but not yet tried) with any criminal offence other than road traffic offences?

Yes  No

b) declared bankrupt or insolvent?

Yes  No

If 'Yes', to either of the above please give details

3 Have you, in connection with this or any other activity in which you have been trading, suffered any loss, made any claims or been involved in any accidents which have or could have resulted in a claim in respect of the risks proposed within the last five years?

Yes  No

If 'Yes', please give details

**Important: You must give details of all claims, even if they were declined by your previous insurers.**

Year	Type of Loss	Details of Loss	Amount Paid £	Amount Outstanding £

# Declaration

- 1 I/We declare that to the best of my/our knowledge and belief:
- a) the above statements and particulars, whether written by me/us or by others on my/our behalf, are true and complete;
  - b) any statement or particulars which have been given separately by me/us or by others on my/our behalf are true and complete;
  - c) I/we have not withheld any material fact\*
  - d) no insurer has declined my/our proposal, cancelled or refused to renew my/our policy or increased the premium or required special terms or conditions in respect of any of the risks proposed; and
  - e) all sums insured stated above represent the full value of the property to be insured.

2 I wish to modify the above statements in the following respects:

- 3 I/We agree that this proposal and declaration and any information given separately shall be the basis of the contract between Allianz Insurance plc and myself/ourselves.
- 4 I/We agree to accept the Allianz standard form of policy for this type of insurance.
- 5 I/We understand that Allianz reserves the right to decline any proposal.
- 6 I/We understand that Insurer's share information with each other, credit reference agencies and other information agencies with regard to credit agreements, policies and claims, primarily to assess risks, handle claims and prevent fraud. I/We consent to this.

Authorised Signature

Date

Please return fully completed Proposal Form, with payment, to:  
MartialGuard, TL Risk Solutions Ltd, Lombard House, Great Charles Street, Birmingham, B3 3LP.

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## Important:

### Your Records

You should keep a record (including copies of letters) of all information you supply to Allianz about this proposal.

### Data Protection Act

We may use the personal and business details you have given us or which are supplied by third parties including any details of directors, officers, partners and employees to provide you with a quotation; deal with your policy; to search credit reference and fraud agencies who may keep a record of the search; to share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud; to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews which may be carried out by third parties acting on our behalf. You agreed when you applied for the policy that your directors, officers, partners, and employees have consented to our using their details in this way.

We may need to collect data relating to Insured Persons, which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the insured persons to such information being processed by us and that this fact is made known to the insured persons.

We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you by telephone, email or post of products and services which we think may be of interest to you. If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB to let us know. Your details will not be kept for longer than is necessary.

Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager at the address above.

Personal details may be transferred to countries outside the EEA and/or India. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

\* Material facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt about whether a fact is material, you should disclose it, since failure to do so could invalidate your policy.