



**Shi Kon Martial Arts Professional Indemnity Insurance
Insurance Cover for Individuals
Block Policy Proposal Form**

NB. You must be a member of the Martial Arts Standards Agency to be eligible for this policy.

All questions must be answered in full and insurance is not in force until this proposal form has been accepted by insurers and an appropriate certificate issued.

Civil Liability £5,000,000

1	Your Full Name	
2	Your Full Address	
3	Home Telephone	
4	Work Telephone	
5	Date of Birth Are You	 / / Between 18 and 21 Yes / No 21 or over Yes / No
6	Licence Number	
7	Which Martial Arts Do You Teach	
8	Coaching Qualifications (Please attach evidence)	
9	How Many Years Have You Been Teaching	

10	What is Your Club (or Trading) Name	
11	Please Provide Details of the Addresses Where You Teach (Use a separate sheet if necessary)	
12	Do You Either Own or Lease These Premises	Yes / No
13	If No, Please Provide the Names and Addresses of Owners (Use a separate sheet if necessary)	
14	What are Your Procedures for New Students	MASA Standards
15	What is the Minimum Age of Your Students	
16	Do You Require Employers Liability If Yes, Please Give the Following Details	<p>Yes / No</p> <p>Total Number of Employees</p> <p>Total Wageroll</p> <p>Employee Type (Tick) Clerical Instructors Other (Please specify)</p>

DECLARATION

Please READ and COMPLETE the following questions and declaration, sign at the bottom

Are you aware of any incident or circumstance which might result in a claim against you YES / NO

Have you made a claim under this or similar insurance's within the past five years YES / NO

Has any Insurer ever declined any proposal, terminated any insurance or required special terms of yourself? YES / NO

Have you ever been convicted of an offence involving dishonesty of any kind, e.g. fraud, robbery, theft etc.? YES/NO

If you have 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 Insurer's 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.

DATA PROTECTION

I/We declare that I/we have received a copy of the Perkins Slade Status Disclosure, Terms of Business and Insurers Policy Summary.

All personal information supplied by you will be treated as confidential by Perkins Slade Ltd and the Insurer and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of Perkins Slade Ltd and the Insurer.

The parties to the Policy have the right to choose the law applicable to the Policy. Unless the parties agree otherwise English law shall apply.

We would remind you that you are required to inform us immediately of any facts or changes which the Insurers would take into account in their assessment or acceptance of this insurance. Failure to do so may invalidate your Policy or result in certain covers not operating fully. If you are in any doubt as to whether a fact is material or not, please contact Perkins Slade Ltd.

Signed:

Date:

PLEASE RETURN THIS COMPLETED PROPOSAL FORM ALONG WITH YOUR PAYMENT TO

MARTIN GATTER, CLASSIC COACHING (SHI KON MARTIAL ARTS)
The Old Chapel, Chatham Hill, Chatham, Kent ME5 7BB
0208 860 0602 07795 103336

Perkins Slade is authorised and regulated by the Financial Services Authority

ASSOCIATION CONFIRMATION –TO BE COMPLETD BY MASA OFFICAL ONLY

I confirm that the individual is an affiliated member of the Martial Arts Standards Agency

Name:

Position in Association: Director

Signed:

Date:

Policy Start Date: