

**Instructors Professional Indemnity
Insurance Form #2**



ENGLISH KARATE FEDERATION

Public Liability: £10,000,000

INSTRUCTORS INSURANCE QUESTIONNAIRE

- 1. Name of Instructor:
- 2. Address:Post Code:
- 3. Contact Tel: Mobile: Email:
- 4. EKF Registration No:..... Association:.....Date joined Federation:.....
- 5. Period of Cover: 12 Months with effect from.....
- 6. Detail Current Qualifications.....
- 7. Please give details of the following:
 - a) Maximum Number of Classes per week:
 - b) Maximum Time Period per Class:
 - c) Maximum Number of students per Class:
- 8. Describe all activities undertaken including the use of weapons if any.
.....
.....

Percentage of Activities:

FULL CONTACT% SEMI CONTACT% LIGHT CONTACT% NON-CONTACT%

9. Please indicate where your Karate activities take place:

- Local Authority Facility
- Schools
- Leisure Centre
- Other – please specify

10. Have you ever had a claim made against you resulting from your Karate activities?

- No Yes if yes please provide full details:.....
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.....

I declare that the information given above is true and correct.

Name: Signature:

Date:

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All correspondence should be addressed to:
EKF, PO Box 4372, Hornchurch, Essex, RM12 9BN