

**E K F I N S T R U C T O R
P R O P O S A L F O R M**

It is essential you provide us with ALL MATERIAL FACTS. Failure to disclose all material facts may invalidate your insurance or may result in the insurance not operating fully.

DETAILS:	PLEASE PRINT CLEARLY
Name of EKF Instructor	
Name of Instructors Registered Association	
Address:	
Post Code:	
Contact Telephone No:	
Contact Email Address:	
Full details of Qualifications:	
EKF Membership Number:	
Start date of Insurance: (no cover is in force until acceptance is confirmed by us)	
Public Liability Limit of Indemnity Required:	£5,000,000 or £10,000,000 (Delete as appropriate)
Maximum Number of Classes Per Week: Maximum Time Period Per Class:	
Name all Disciplines Coached:	
Describe Use of Weapons if any: (Use of Any Live Weapons is Excluded)	
Percentage of Activities:- Full Contact:	%
Do you sell goods to the public: If yes please note cover is limited to:	Yes/No (please select) Products limited to Food & Drink &/or Associated Sports Equipment &/or Accessories sold or supplied

CLAIMS HISTORY:		
Date of Incident	Reserve/Settlement	Details of Incident/s
	£	
	£	

DECLARATION:

To the best of my knowledge and belief the information provided in connection with this declaration, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misinterpretation of a material fact may entitle insurers to void the insurance. (N.B. a Material fact is one likely to influence acceptance or assessment of the risk by Insurers. If you are in doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or Insurers to accept, this insurance.

Instructors must have: a valid DBS if required, min Level 1 Coaching qualification (EFK or equivalent), a qualified 1st Aider present at all times, failure to adhere may invalidate your insurance

SIGNATURE OF PROPOSER:

DATE :

Please pay by Bank Transfer or deposit to Lloyds Bank, EKF Ltd, 30-18-88, 44753268

Return form to EKF Registrations, 59 Halstead Close, Forest Town, Notts. NG190RR
or mailto: registration@englishkaratefederation.com