

1st Floor Herbert House, Lower Station Approach, Temple Meads, Bristol, BS1 6QS

Application for BAB Professional Indemnity Insurance

Please note: Completion of this whole form must be in **BLOCK CAPITALS** and **INK**

Club: _____

Full Name: _____

Address: _____

Post Code: _____

Phone (Home): _____

Date of Birth: _____

B.A.B. Membership

Cert. N^o _____ Expiry Date: _____

Please note Responsibility of renewal is that of the applicants and Association – renewal notices are no longer issued by the board

Coaching Details

Please note that insurance is only valid to coaches with a current B.A.B. Coaching Certificate. Coaches must abide by the guidelines for that award as issued by the Awarding body.

Current Coaching Award

Date Awarded

Please enclose a copy of your B.A.B. Coaching Certificate

All cover is subject to the Terms, Conditions and Exceptions of the Master Policy held by the British Aikido Board, and is available for inspection upon request.

Declaration

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 and that I am a current member of the B.A.B. I acknowledge that I have the authority of my Association to instruct classes and that I am over 18 years of age.

Sign: _____ Date: _____

Instructors leaving the Association and membership of the Board during the policy period are advised this is a material change in circumstances that the insurers should be made aware of directly by the instructor via their brokers Perkins Slade of Birmingham.

For Association use:

Cert number issued: _____

Expiry date: _____

Application received: _____

Amount paid _____

Cheque details _____