



BRITISH TAEKWONDO COUNCIL

Yiewsley Leisure Centre, Otterfield Road, West Drayton, Middx. UB7 8PE
Tel: 01895 420722 ~ Fax: 01895 420822 ~ Email: btc@tkd.co.uk

INDEMNITY INSURANCE FORM

Please complete in **BLOCK CAPITALS**

PERSONAL INFORMATION

Name:	GRADE:	
Association:	DATE OF BIRTH:	
Address:		
	Post Code:	
Phone:	Fax:	Mobile:
Email:		

INSURANCE INFORMATION

Please circle group:	Group1	Group 2	Group 3
INDEMNITY:	£2,000,000	£5,000,000	£2,000,000
PUBLIC LIABILITY:	£5,000,000	£5,000,000	£10,000,000

REGISTERED INSTRUCTOR INFORMATION

BTC Licence No:	Expiry Date:
Registered Instructor No:	Expiry Date:

PLEASE READ AND SIGN

I would like to apply for Instructors Indemnity Insurance for the amounts circled above, I can also confirm I am a registered BTC Instructor have attended a BTC recognised Instructor course and that I accept and agree to implement the BTC Polices.

I also declare that to the best of my knowledge there are no known incidents or circumstances that might give rise to a claim, or lead to my application being refused either by the British TaeKwon Do Council or the Criminal Records Bureau, I further acknowledge that all cover is subject to the terms, conditions and exceptions of the master policy held by the BTC.

Your Signature	Date	Authorised Association Signature	Date
----------------	------	----------------------------------	------

We can only accept original forms. Photocopies, Incomplete or Incorrect forms will be discarded