



# British Tae Kwon Do Council Ltd

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## INDEMNITY INSURANCE APPLICATION FORM

Please complete in BLOCK CAPITALS

Name	Grade
Association	Date Of Birth
Home Address	Club Name
Town	Address
County	Town
Post Code	County
Tel No	E mail
Mobile	

### Insurance Information

Please circle group required	Group 1	Group 2
INDEMNITY	5,000,000	5,000,000
PUBLIC LIABILITY	5,000,000	10,000,000

INSTRUCTOR STATUS please mark with X	NEW APPLICATION	RENEWAL

Please sign and return to your Associations

I would like to apply for Indemnity Insurance for the amount circled above. 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 by the British Taekwondo Council.

Signature .....

Date.....