



British Taekwondo Council Ltd

Northern Office

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INDEMNITY INSURANCE APPLICATION FORM

Please complete in BLOCK CAPITALS

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

Insurance Information

INDEMNITY	£10,000,000
PUBLIC LIABILITY	£10,000,000

INSTRUCTOR STATUS please mark with X	NEW APPLICATION <input type="checkbox"/>	RENEWAL <input type="checkbox"/>
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Please sign and return to your Association

I wish to apply for Indemnity Insurance as available to NGB instructors. I 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: