



AUSTRALIAN KARATE FEDERATION INCORPORATED

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AKF NATIONAL INSURANCE PROGRAM

INSURANCE APPLICATION FORM

1. Please advise what insurance you wish to apply for (*Please tick one or both*):

- Public Liability & Professional Indemnity
 Personal Accident

2. Period of Insurance

From: ____/____/2017 To: ____/____/2018

3. Full name of Association or Member School:

4. AKF Membership Number (*if known*): _____

5. If you are an Association, please list all Member School/s (i.e. all club locations) that you wish to be insured:

6. Name of Head of Style:

7. Venue Address (NOT PO Box):

8. Contact Person/Position:

9. Contact Email & Phone Number:

EXCELLENCE

ETHICS

EQUITY



10. Number of Students/Instructors to be Insured:

Juniors (17 years and under): _____

Seniors (18 years and over): _____

Instructors: _____

TOTAL: _____

11. Claims Information

Has any insurer ever declined, refused to renew or imposed special terms and conditions to any application, renewal or policy held or made by you?

Yes (If Yes, please supply details below)

No

Have any claims for Liability or Indemnity been made against you in the last five (5) years?

Yes (If Yes, please supply details below)

No

Have any claims for Sports Injury/Personal Accident been made against you in the last five (5) years?

Yes (If Yes, please supply details below)

No

Do you require your members to sign a waiver upon joining?
(Please note a waiver is required by the underwriters of the AKF insurance policy as a condition of coverage)

Yes

No

Is there any other information Underwriters should be made aware of, i.e. material facts that may cause an Underwriter to request an increased premium or decline to quote on any of your insurance?

Yes (If Yes, please supply details below)

No

EXCELLENCE

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12. Risk Classification

Would you like to include any other martial arts in your insurance premium?

- Yes (If Yes, please supply details below)
 No
-

If you undertake any of the following, please indicate %

Greco (Roman Wrestling):

Indian Wrestling:

Pankratan:

Brazilian Jujutsu:

13. Options

Would you like to increase the limit of Public Liability/Professional Indemnity from \$10M to \$20M?

- Yes
 No

Would you like to reduce your Public Liability/Professional Indemnity Excess fee from \$1000 to nil?

- Yes
 No

Would you like to increase your coverage for Non-Medicare Benefits from \$1200 to \$2000 and Loss of Income Benefits from \$250 to \$350 per week?

- Yes
 No

Would you like to increase you weekly benefit period from 52 weeks (1 year) to 104 weeks (2 years)?

- Yes
 No

Do you require cover for promotions of professional tournaments?

**Note: "Professional tournaments" refers to events where prize-money is awarded. Inter-club tournaments do not fit into this category.*

- Yes
 No

If Yes, approx how many professional tournaments over the next 12 months? _____

14. Name of Interested Party to be noted on policy (e.g. head instructors of different venues):

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14. Declaration

This declaration must be completed and signed by or on behalf of all parties applying for insurance.

Your attention is drawn to the fact that professional indemnity in these policies provide indemnity on a "claims made" basis, which means that claims first advised to you (or made against you) during the period of insurance are covered, irrespective of when the incident causing the claim occurred, subject to any clauses relating to retroactive date.

You should also note that, in terms of the provisions of Section 40(3) of the Insurance Contracts Act – 1984, where you give notice in writing to the Insurer of facts that might give rise to a claim against you as soon as is reasonably practicable after you become aware of those facts (but the insurance cover provided by the contract expires) then the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it is made after the expiration of the period of the insurance cover provided by the contract. In order to ensure that any entitlement to indemnity under the policy is protected, you must report all incidents that may give rise to a claim against you to your insurer without delay after such incidents come to your attention and prior to the expiration of the current policy period.

"I declare that the information in this application is true and correct and I have not withheld any relevant information."

Signature of Applicant

Signature of Applicant

Signature of Witness

Date

Supplementary Information:

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