



BRITISH TAEKWONDO COUNCIL

TKD Centre, 192 High Street (1st Floor), West Drayton, Middx. UB7 7BE
Tel: 01895 459949 ~ Fax: 01895 430257 ~ Email: admin@tkdcouncil.com

INDEMNITY INSURANCE FORM (*Referee / Umpire*)

Please complete in **BLOCK CAPITALS**

PERSONAL INFORMATION

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

INSURANCE INFORMATION

Please circle group:	Group 1	Group 2	Group 3
INDEMNITY:	N/A	£5,000,000	N/A
PUBLIC LIABILITY:	N/A	£5,000,000	N/A

BTC INSURANCE INFORMATION

BTC Licence No:	Expiry Date:
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PLEASE READ AND SIGN

I would like to apply for Referee / Official Indemnity Insurance for the amounts 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 TaeKwon Do Council. I further acknowledge that all cover is subject to the terms, conditions and exceptions of the master policy held by the BTC.

Officiating Under the influence of Alcohol / Drugs will invalidate your cover!

Your Signature	Date	Authorised Association Signature	Date
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We can only accept original forms. Photocopies, Incomplete or Incorrect forms will be discarded