



INSURANCE APPLICATION FORM (BJJ Australasia Insurance Scheme)

Administrating Body - International Martial Arts Alliance (IMA)

10 mil Public Liability / 10 mil Product Liability / 5 mil Professional Indemnity



1. Full name of School:
2. Name of Instructor:
3. Mailing Address:.....Suburb:
- Postcode: State: Phones:
4. Students/Instructors to be Insured: 18 years+ Under 18 years Instructors: Total :
5. Premium as quoted: \$ (C style category, state stamp duty & GST)

Please refer to your IMA Representative for agreed total premium payable (including all fee's and charges).
Payment method either by Cheque/Money Order to be made payable to 'International Martial Arts Alliance'
or via Credit Card. Premium to be paid in full. Monthly payments can be arranged for large premiums.

Card Type:	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>				
Card Expiry Date:	/				
Card Number:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
Card Holder Name:					
Signature:					

Your insurance package also includes a special membership to the **International Martial Arts Alliance (IMA)**.
Benefits: Networking, Certification, DVD, Free Business / Coaching Seminars and discounts to numerous products. Please include separate documents: Copies of your latest qualifications (First Aid, MA grades, coaching etc).
IMA Working to Expand the Industry

6. Claims Information

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

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

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

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

Has any claims for Sports Injury/Personal Accident been made against you in the last five years?

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

Declaration

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

I/We a) Declare that:

- i) The answers and information given by me/us in this questionnaire and any addendum are true and correct in all respects;*
- ii) I/we have read and understood the clauses detailed under the Important Notices section at the back of this questionnaire;*
- iii) If there was insufficient space to fully answer any questions, we have attached _____ supplementary pages providing the additional information required.*

..... / / 2009
Signature Witness (Inception date of cover)

All correspondence to:

International Martial Arts Alliance (Peak Industry Body)

Postal Address: P.O. Box 1170 Box Hill Victoria 3128 **Phone:** 03 9897 3213 **Email:** chairman@martialartalliance.



*Horsell International Sports Risks
Leading Insurance Broker for International Martial Arts Alliance*

