

GRAPPLING ARTS Association CLUB MEMBERSHIP

includes Public Liability and Personal Accident Insurance Cover for up to 50 MEMBERS



Proposal Form

NB: All questions must be answered in full.

1. Proposers Full Name	
1. Club NAME and Address inc. Post Code 2. eMail Address	
1. Proposer's telephone No.	Club / Mobile
1. Are you insured with GAA	1. YES <input type="checkbox"/> NO <input type="checkbox"/>
1. Please give details of your head instructor/s and contact details. 2. 3. 4. 5. Are they insured with the GAA?	YES <input type="checkbox"/> NO <input type="checkbox"/> SOME <input type="checkbox"/>
1. Which Martial Arts does your club practice?	
What arrangements would you like us to support you with, with regard to insuring your students. Call if you'd like us to assist.	Individual directly online <input type="checkbox"/> Included in Club Membership <input type="checkbox"/> Other <input type="checkbox"/>
1. Would you like us to send you instructor insurance forms?	
1. Questions you may have?	

DECLARATION

HAVE YOU?

YES

NO

- (a) Ever been refused cover
- (b) Had special terms imposed upon you
- (c) Been convicted or have a prosecution pending. For any offence involving dishonesty of any kind
- (d) Been made aware of any circumstance which might give rise to a claim against the proposer
- (e) Have you ever had a claim made against you in the last 5 years?

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If "yes" to any of the above, please provide details.

I declare to the best of my/our knowledge and belief that the above statements are true and complete and will form part of the contract between me and the Insurer.

NAME (BLOCK CAPITALS)

Signed **Date**

Club Membership Cost: £50.p/a

Membership or Insurance is not in force until this proposal form has been accepted by the GAA or it's representative and confirmation issued.

ASSOCIATION CONFIRMATION –TO BE COMPLETED BY ASSOCIATION OFFICIAL ONLY



I confirm that the individual is / is not an affiliated member of the Grappling Arts Association

Name _____ Position in Association _____

Signed _____ Date _____