

GRAPPLING ARTS Association TOURNAMENT COVER



Proposal Form

Part A .. about you.

Part B about your tournament / competition.

Part A

1. Your Full Name		
1. Your Full Address including Post Code <i>This is where your certificate will be sent</i>		
2. eMail Address		
1. Telephone No.	Home / Mobile	Work / Mobile
1. Date of Birth		
1. Are you a member of the GAA <i>To obtain insurance with the GAA you must be a member. If you answer NO we can not supply insurance until we have your membership application form.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Do you wish for us to send you a membership form?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
1. Which Grappling Art do you wish to have cover for?		
1. Details of Your Qualifications (<u>you may be asked for evidence of qualifications</u>)		
1. What is the name of your club? 2. Are you insured through this club/another organisation or the GAA? <i>To obtain insurance through the GAA you must be insured yourself.</i>	Other Club/Organisation <input type="checkbox"/>	GAA <input type="checkbox"/>
1. Licence Number / Proof of Insurance		
1. IF YOU CURRENTLY HAVE INSURANCE, but would like to be notified to renew with the GAA please provide us with your approximate expiry date and we will contact you before the time.		

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Part B

1. What is the date(s) of your competition?	
1. What is the address of the venue of your competition?	
1. What limit of cover has the venue stipulated (if any?) This will determine your cost see table below.	
1. Have you organised first aid or paramedics to be in attendance?	
1. Please supply a copy of your waiver with this form. If you do not have one, would you like a guide sent to you?	Included <input type="checkbox"/> Please send guide <input type="checkbox"/>
1. Please advise which rules and regulations you will be advising competitors will be in use?	IBJJF <input type="checkbox"/> ADCC <input type="checkbox"/> Urban Gorillaz <input type="checkbox"/>

DECLARATION

HAVE YOU? YES NO

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

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

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COST

Extensions of cover for Open tournaments (those involving persons not licenced by The Grappling Arts Association) are charged as follows.

£1,000,000 ----> £45.00*
£2,000,000 ----> £50.00
£5,000,000 ----> £65.00
£10,000,000 ----> £100.00

In the absence of a requirement from the venue the limit of indemnity will usually be the same as the normal limit of the individual GAA membership*. This is £1,000,000

PAYMENT MUST BE MADE IN ADVANCE OF COVER. Cheques made payable to the GRAPPLING ARTS ASSOCIATION

CHECK LIST

YES NO

- I
- (a) .. am a member of the GAA
 - (b) ...am insured.
 - (c) ...have included a cheque made out the the Grappling Arts Association for the correct amount.
 - (d) ...have included a copy of the waiver we are using .. or have ticked that we wish this to sent.
 - (e) ...have booked a first aid/paramedic for the event.
 - (f) ...have filled out this form in full.

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**

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 _____