



BRITISH TAEKWONDO COUNCIL

Yiewsley Leisure Centre, Otterfield Road, West Drayton, Middx. UB7 8PE
Tel: 01895 427359 ~ Fax: 01895 420822 ~ Email:btc@tkd.co.uk

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:	Group1	Group 2	Group 3
INDEMNITY:	£2,000,000	N/A	N/A
PUBLIC LIABILITY:	£5,000,000	N/A	N/A

BTC INSURANCE INFORMATION

BTC Licence No:	Expiry Date:
-----------------	--------------

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
----------------	------	----------------------------------	------

We can only accept original forms. Photocopies, Incomplete or Incorrect forms will be discarded