

**Instructors Professional Indemnity  
Insurance Form #2**



**ENGLISH KARATE FEDERATION**

**Public Liability: £10,000,000**

**INSTRUCTORS INSURANCE QUESTIONNAIRE**

1. Name of Instructor: .....

2. Address: .....Post Code: .....

3. Contact Tel: ..... Mobile: ..... Email: .....

4. EKF Registration No:..... Association:.....Date joined Federation:.....

5. Period of Cover: 12 Months with effect from.....

6. Detail Current Qualifications.....

7. Please give details of the following:

a) Maximum Number of Classes per week: .....

b) Maximum Time Period per Class: .....

c) Maximum Number of students per Class: .....

8. Describe all activities undertaken including the use of weapons if any.

.....  
.....

Percentage of Activities:

FULL CONTACT .....% SEMI CONTACT .....% LIGHT CONTACT .....% NON-CONTACT .....%

9. Please indicate where your Karate activities take place:

Local Authority Facility

Schools

Leisure Centre

Other – please specify .....

10. Have you ever had a claim made against you resulting from your Karate activities?

No  Yes  if yes please provide full details:.....

.....  
.....

*I declare that the information given above is true and correct.*

Name: ..... Signature: .....

Date: .....

**SPORTSCOVER Europe LTD.**

Registered in England and Wales No. 3726678

All correspondence should be addressed to:

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Cheques payable to "English Karate Federation Ltd"