

TAI CHI UNION FOR GREAT BRITAIN

INSTRUCTOR INSURANCE PROPOSAL FORM ___ Malpractice, Public & Products Liability Insurance

Mr/Mrs/Ms/Miss Full Name: _____

(please print)

Address: _____

Postcode: _____

Occupation(s) _____

How long have you been a member of TCUGB? ____

Do you belong to any other Tai Chi organisation?

Please provide details: _____

How long have you been practising Tai Chi? _____

How long have you been teaching? _____

How many students? (Average per class) _____

Are you involved with the training of Tai Chi instructors? Please provide details:

Are you still attending classes as a student? Yes/No ____

Who is your teacher? _____

Do you attend seminars, workshops and In Service Training days to keep up to date with Teacher Training Methods?

Please tick routines you use for teaching to determine which cover level you require:

Cover Level (A) - Standard Tai Chi Form Work Slowly Structured Routines Weapons Forms Pushing Hands	<input type="checkbox"/>	Cover Level (B) - More Vigorous Routines Contact Work Xingyiquan Baguazhang Competitions	<input type="checkbox"/>
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Can you supply references from any of the following if required?_

- 1 . Principal or Debt. Head of Local Authority ___
2. Tai Chi Instructor from TCUGB ___
3. Other qualified Senior Instructor___

Have you had any claims made against you during the last 5 years as a result of any injury, injury to or death, disease or error or omission arising out of your business? YES/ NO **If YES please provide details**

Has any company declined your proposal, cancelled or refused to renew your_policy or required special terms or conditions? YES/ NO **If YES please provide full details**

Have you ever been convicted of, or charged, but not yet tried with a criminal_offence other than a motoring offence? YES/ NO **If YES please provide details**

DECLARATION

I declare that to the best of my knowledge and belief the answers given are true and complete. I agree that the information provided on this proposal form and any information supplied by me shall be incorporated in and form part of the insurance contract. Signature of Proposer:

Date:_____

Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance.

Please reply, to:
The Membership Secretary
The Tai Chi Union for Great Britain
18 Branziert Road North
Killearn Stirlingshire
G63 9RF