



MartialGuard Instructors

Cover Summary and Proposal

Allianz Insurance plc | Commercial

Allianz 

 TL Risk Solutions



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Thank you for choosing Allianz Insurance plc. We are one of the largest general insurers in the UK and part of the Allianz Group, one of the world's foremost financial services providers.

With Allianz Insurance plc, you can be confident that you're insured by a company which is relentless in its commitment to protecting and serving you. You can trust us to insure your business, as we have been providing leading insurance solutions in the UK for over 100 years.

We work in partnership with TL Risk Solutions for your MartialGuard cover to ensure you receive the highest levels of product and service excellence. Our technical experts understand how best to protect you against the risks your business faces.

If you need to make a claim you will be in safe hands. Our professionally trained staff aim to treat you, as you would expect, both promptly and fairly. By listening to you, and understanding your needs we will provide you with the most appropriate solutions to get your business trading again as quickly as possible.

Important

This document provides an overview of your policy. Please read it carefully and keep it in a safe place.

Should you need any further details or have any questions TL Risk Solutions will be delighted to help.

Please contact them or visit their website: www.trisksolutions.com/martialguard

Address: TL Risk Solutions, Lombard House, 145 Great Charles Street, Birmingham, B3 3LP

Telephone: 0844 873 0182

Fax: 0121 214 6088

Email: martialguard@trisksolutions.com

Introduction

This document provides an overview of your policy. For full details please refer to the policy document, a copy of which is available on request. TL Risk Solutions or your local Allianz office will be pleased to explain the policy cover in more detail.

Please read the Policy

Please read the policy and the policy schedule carefully to make sure that it meets your needs and that you understand its terms, conditions, limits and exclusions. If you wish to change anything or if there is anything you do not understand, please notify TL Risk Solutions or the Allianz office that issued your policy. If you fail to notify us your policy may not operate or not operate fully.

What is the MartialGuard Instructors Policy?

The MartialGuard Instructors Policy will cover you for 12 months and is annually renewable. It is designed to cover the main insurance needs of an instructor, provided you are over 18, hold a black belt or a teaching qualification and belong to a Martial Arts Club, Association or Organisation. Both covers are optional for your selection and are detailed below. The policy is underwritten by Allianz.

Covers available:

Instructors Public and Products Liability

Public liability insures your legal liability to pay compensation to members of the public if they are injured or their property is damaged as a result of an accident caused by you, or caused by advice or instruction given by you. Cover also includes financial loss resulting from trespass, obstruction or interference with any right of way, light, air or water.

Cover applies in the United Kingdom and any other member country of the European Union. It also applies elsewhere in the world when you are temporarily abroad on business.

Products Liability cover insures your legal liability to pay compensation to members of the public if they are injured or their property is damaged as a result of an accident caused by your products.

A key feature of the Instructors Public and Products Liability Section is that cover is arranged on a claims occurrence basis and not a claims made basis. This means that this section will respond to a claim for an incident occurring during the period of insurance even if the claim is made against you at a later date. This is important as liability claims can be notified long after an alleged incident has taken place, especially if children are involved.

You may select the limit of indemnity.

Personal Accident

The cover provides a fixed payment for an accident which results in death or disablement, and a range of capital sums and weekly benefits are included, as shown. A wide range of extensions are also added to the standard cover.

Cover is operative 24 hours a day when an accident results in the following:

Accidental Death	£5,000
Loss of one Limb	£100,000
Loss of two or more Limbs	£100,000
Loss of Sight	£100,000
Loss of Hearing in one Ear	£50,000
Loss of Hearing in both Ears	£100,000
Loss of Internal Organ	£50,000
Loss of Speech	£100,000
Permanent Total Disablement	£100,000

The following extensions are also included

Temporary Total Disablement	£500 a week up to 52 weeks (excluding the first 28 days)
Additional Travel Expenses	up to £25 per week in the event of Temporary Total Disablement (maximum 52 weeks)
Broken Bones	legs, arms, collar or cheek bones £125 (maximum per person £1,000)
	finger, thumb or toe £30 (maximum per person £500)
Emergency Dental (pain relief) Expenses	up to £200
Hospitalisation	£ 50 per day (maximum payment £1,000)
Legal Advice Helpline	24 hours a day, 365 days a year
Physiotherapy Sessions	Up to 10 sessions in the event of Temporary Total Disablement (maximum payment £350)
Rehabilitation and Retraining Expenses	up to £ 5,000 retraining expenses in the event of Permanent Total Disablement

For a summary of the main benefits, terms, conditions and exclusions under this policy, you may wish to read our "Important Information about Your Policy" document or contact TL Risk Solutions

Proposal

Please return fully completed Proposal Form, with payment, to:

MartialGuard, TL Risk Solutions Ltd, Lombard House, Great Charles Street, Birmingham, B3 3LP

Please note to apply for a MartialGuard Instructors Policy, you must be over 18, hold a black belt or a teaching qualification and belong to a Martial Arts Club, Association or Organisation.

You may choose any of the following covers. Please tick the appropriate box(es) for the cover(s) you wish to insure.

Public and Products Liability (see cover summary on page 1)

Personal Accident (see cover summary on page 1)

On the pages that follow, please complete Your Details, each section you wish to insure, the General Questions and the Declaration.

Please answer all the questions, tick the appropriate boxes and use block capitals

Your Details

1 Title: Ms Miss Mrs Mr Other (please specify)

Your full name

2 Date of Birth

3 Your contact details,

Your postal address

Postcode

Your telephone number

Your email address

4 Your martial arts qualifications

5 Details of styles and disciplines of all martial arts practiced

6 List all weapons used

a For demonstration

b For contact

c Details of safety measures including risk assessments and safety clothing for use of such weapons

7 Please state required start date, or renewal date of existing Policy (The policy is renewable annually)

Please note cover cannot be backdated and cannot commence until this signed

proposal form and payment have been received and accepted by TL Risk Solutions Ltd

8 The full name and address of the martial arts club, association or organisation to which you belong (initials are not sufficient)

Please refer to the 'Instructor Insurance Cost Summary' document for full premium details (details can be found at www.tlrisksolutions.com/martialguard)

Instructors Public and Products Liability

1 Please tick the box for the indemnity limit you want

£2,000,000 £5,000,000 £10,000,000

2 Is all equipment properly maintained and kept in a good state of repair?

Yes No

If 'No' please give full details

3 Please give detail of goods sold, supplied, delivered or used for promotional purposes, including their intended function

Please note cover excludes products exported directly or indirectly to the United States of America or Canada.

Personal Accident (only complete if Personal Accident cover selected)

1 Do you have any pre-existing medical conditions?

Yes No

If 'Yes' please give full details

Payment Options

Cheque (payable to TL Risk Solutions)

Pay by Credit / Debit card

Cardholder's name (as it appears on the card)

Card Billing Address

Please charge my Debit / Credit card the total of £

16 digit Card Number

Card Expiry Date / / Valid from Date (if applicable) / / Issue number (if applicable)

3 digit Security Code (back of card, next to signature strip)

Date / /

Please note cover cannot commence until this signed proposal form and payment have been received and accepted by TL Risk Solutions.

General Questions

1 Has any Insurer ever

a) declined to insure you?

Yes No

b) cancelled or declined to renew any of your insurances?

Yes No

c) imposed special terms?

Yes No

If 'Yes', to a, b or c please give details

2 Have you, in connection with this or any other activity in which you have been trading, ever been

a) convicted of or charged (but not yet tried) with any criminal offence other than road traffic offences?

Yes No

b) declared bankrupt or insolvent?

Yes No

If 'Yes', to either of the above please give details

3 Have you, in connection with this or any other activity in which you have been trading, suffered any loss, made any claims or been involved in any accidents which have or could have resulted in a claim in respect of the risks proposed within the last five years?

Yes No

If 'Yes', please give details

Important: You must give details of all claims, even if they were declined by your previous insurers.

Year	Type of Loss	Details of Loss	Amount Paid £	Amount Outstanding £
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Declaration

- 1 I/We declare that to the best of my/our knowledge and belief:
 - a) the above statements and particulars, whether written by me/us or by others on my/our behalf, are true and complete;
 - b) any statement or particulars which have been given separately by me/us or by others on my/our behalf are true and complete;
 - c) I/we have not withheld any material fact*
 - d) no insurer has declined my/our proposal, cancelled or refused to renew my/our policy or increased the premium or required special terms or conditions in respect of any of the risks proposed; and
 - e) all sums insured stated above represent the full value of the property to be insured.

- 2 I wish to modify the above statements in the following respects:

- 3 I/We agree that this proposal and declaration and any information given separately shall be the basis of the contract between Allianz Insurance plc and myself/ourselves.
- 4 I/We agree to accept the Allianz standard form of policy for this type of insurance.
- 5 I/We understand that Allianz reserves the right to decline any proposal.
- 6 I/We understand that Insurer's share information with each other, credit reference agencies and other information agencies with regard to credit agreements, policies and claims, primarily to assess risks, handle claims and prevent fraud.
I/We consent to this.

Authorised Signature

Date

Please return fully completed Proposal Form, with payment, to:

MartialGuard, TL Risk Solutions Ltd, Lombard House, Great Charles Street, Birmingham, B3 3LP.

Please note to apply for a MartialGuard Instructors Policy, you must be over 18, hold a black belt or a teaching qualification and belong to a Martial Arts Club, Association or Organisation.

Important:

Your Records

You should keep a record (including copies of letters) of all information you supply to Allianz about this proposal.

Data Protection Act

We may use the personal and business details you have given us or which are supplied by third parties including any details of directors, officers, partners and employees to provide you with a quotation; deal with your policy; to search credit reference and fraud agencies who may keep a record of the search; to share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud; to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews which may be carried out by third parties acting on our behalf. You agreed when you applied for the policy that your directors, officers, partners, and employees have consented to our using their details in this way.

We may need to collect data relating to Insured Persons, which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the insured persons to such information being processed by us and that this fact is made known to the insured persons.

We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you by telephone, email or post of products and services which we think may be of interest you. If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB to let us know. Your details will not be kept for longer than is necessary.

Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager at the address above.

Personal details may be transferred to countries outside the EEA and/or India. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

* Material facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt about whether a fact is material, you should disclose it, since failure to do so could invalidate your policy.

www.allianz.co.uk

Allianz Insurance plc. Registered in England number 84638.
Registered office. 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.

Allianz Insurance plc is a member of the Association of British Insurers.
Allianz Insurance plc is authorised and regulated by the Financial Services Authority. Our registration number is 121849.
This can be checked by visiting the FSA website at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.