



Professional Liability Insurance Scheme for members of the UK Strength and Conditioning Association

Full name of Proposer	<input style="width: 100%;" type="text"/>		
Membership Category	<input type="checkbox"/>	Associate	<input type="checkbox"/>
		Accredited	<input type="checkbox"/>
			Tutor <input type="checkbox"/>
IMPORTANT NOTE: It is a condition of this insurance that activities of Associate members are supervised by an Accredited member in accordance with the UK SCA Code of Practice			
UK SCA Membership Number	<input style="width: 100%;" type="text"/>		
Business Name (if any)	<input style="width: 100%;" type="text"/>		
<i>Note: If you offer services through a corporate entity or partnership, with a turnover exceeding £50,000 per annum, the individual rates quoted overleaf do not apply and a separate quotation will be provided.</i>			
Address for correspondence	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
			Postcode: <input style="width: 100px;" type="text"/>
Telephone Number	<input style="width: 150px;" type="text"/>	E-mail:	<input style="width: 150px;" type="text"/>
Mobile Number	<input style="width: 150px;" type="text"/>	Fax	<input style="width: 150px;" type="text"/>

If you trade as a Limited Company, please provide the following information:			
Estimated Annual Turnover	£	Number of Directors	<input style="width: 100%;" type="text"/>
Do you offer training to others?			
		Yes	<input style="width: 100px;" type="text"/>
		No	<input style="width: 100px;" type="text"/>
If Yes, please state details of the training courses provided.			
<input style="width: 100%; height: 100%;" type="text"/>			

The policy provides cover for civil liability arising whilst you are working temporarily anywhere in the World, provided you are ordinarily resident in the United Kingdom and work within the Scope of your competency and the UK SCA Code of Practice. No claims are covered for any work you are not qualified to perform or undertaken in the U.S.A. or Canada if you have premises or representation in those countries.

First Aid and Related Activities			
a) Do you attend outside events to offer Sports Massage, which may include ancillary First Aid?	Yes	<input style="width: 100%;" type="text"/>	No <input style="width: 100%;" type="text"/>
b) Do you attend to offer First Aid ONLY?	Yes	<input style="width: 100%;" type="text"/>	No <input style="width: 100%;" type="text"/>
If you have answered Yes to either of the above, please state:	Types of event attended		
	Frequency		
	First Aid qualification (please attach copy certificate)		

Do you offer

a) Wound Management	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Suturing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Sports Trauma Management	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, please note that the policy is only intended to cover all the above activities as 'First Response' only, and you must provide copies of your qualification(s) certificate(s) as evidence of competency. If you provide services beyond First Response, please give details below:

The Policy provides cover for strength and conditioning activities and includes the role of Assessor where carried out by Accredited Members or Tutors in accordance with UKSCA code of practice. Please specify any additional activities or therapies which you are qualified to perform and for which cover is required; attach copies of your qualification(s) certificate(s). Please note an additional premium may be required to include these.

Other Information

a) To the best of your knowledge and belief have there been any claims made against you in respect of any of the covers now proposed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Are you aware of any existing circumstances which could give rise to a claim?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Do you undertake any work in the USA or its territories and possessions or in Canada?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Has any Insurer declined a proposal or refused to renew insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered "Yes" to any of the above questions, please provide details on a separate sheet.

The insurers reserve the right to vary the terms of the insurance in the light of the answers given.

Please indicate the date from which you would like your insurance to start:

Please note that cover will not commence until this form has been received and accepted by LFC Graybrook Ltd (unless specifically agreed).

Options and Limits of Indemnity

Limit of Indemnity	Associate Member	Accredited Member	Tutor
£2 million	£65.00	£85.00	£120.00
£5 million	£85.00	£105.00	£145.00

If additional activities/therapies are to be insured, a separate quotation will be issued.

The above rates are the yearly charges for annual certificates issued during the period to 31.03.2010 and include insurance tax, brokerage and administration fees.

Please indicate level of Indemnity required

£2 million	<input type="checkbox"/>	£5 million	<input type="checkbox"/>	Other (please state)	<input type="text"/>
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Employers Liability cover please tick the appropriate box

To indicate the number of employees including directors

(Please note this cover cannot be taken in isolation)

<input type="checkbox"/>
<input type="checkbox"/>

1-3 employees £ 121.00

4-6 employees £ 158.00

Total Amount Payable

£

The amount payable is inclusive of 5% insurance premium tax, brokerage and all administration fees, details of which are available on request.

Declaration

I declare that to the best of my knowledge or belief the particulars and statements given in this proposal and any other information provided in connection with this proposal are true and complete and this proposal, declaration and information shall be the basis of the contract between myself and the insurer. I agree to accept the insurer's standard form of policy and endorsements for this insurance.

Signature

Date

Important – It is necessary for you to inform us of all facts which are likely to influence us in the acceptance of your insurance. Failure to do so could invalidate this insurance. If you are in any doubt whether a fact may influence us you should disclose it.

Ways to pay your premium

We accept payment using the following methods:

By Cheque

Cheques should be made payable to: LFC Graybrook Limited
and should be sent to LFC Graybrook Limited, MKM House, Baron Road,
South Woodham Ferrers, Essex. CM3 5XQ

By Debit Card *



We accept the following Debit Cards:
Solo, Visa Debit (Electron) or Maestro (Switch)

If you wish to pay by Debit Card please enter your details below

Card Number		Cardholders Signature						
Card Holder		Policy Number	T P R A X A 0 8 0 5 U K S C A					
Start Date (MMYY)		Expiry Date (MMYY)		Issue Number (if shown)		Premium Amount	£	
House Number		Postcode		Security Code (On back of card)				

Card Type

For Office Use Only

Date Processed:

Authorisation Code:

Client Code:

* We **DO NOT** accept Credit Cards

This scheme is administered by:

LFC Graybrook Ltd, MKM House, Baron Road, South Woodham Ferrers, Essex CM3 5XQ
Tel: 01245 321185 Fax: 01245 322240 www.lfcgraybrook.co.uk

LFC Graybrook Ltd is an Appointed Representative of LFC Insurance Brokers Ltd who are authorised and regulated by the Financial Services Authority. Registered no. 301666

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