

INTRODUCTION TO MARTIAL ARTS INSURANCE

Dear Instructor,

Thank you for considering our group martial arts insurance packages and other services. This page gives you a quick overview of the types of insurance and how they can be obtained. We have **member and non-member rates** however 99% of instructors see the value in becoming a member. This document is both an insurance application and has a MAA Member form included. It is important for instructors to meet the industry standards qualifications to make sure their insurance is valid.

Top 5 Benefits of getting your INSURANCE:

- 1 It covers your club/business in all the right areas (sparring / demos / fight shows etc)
- 2 You get the cheapest price in the industry and the most extensive cover.
 - 3 You know you are in safe hands because we know martial arts and insurance
- 4 You get Risk Management & other Business Manuals / Policies for free
- 5 We can guide you through the process of any incident before you have to make a claim

Top 5 Benefits of MAA / IMA Membership:

- 1 Instructor Certification brings greater creditability
- 2 Cheapest Prices on Insurance (other group deals available)
 - 3 Access to Government Recognised Instructor Qualifications (subsidised prices)
- 4 Lead generation club directory listing 5 - Business Resource Pack - (Risk Management / Marketing manuals / videos)

PLEASE READ THIS LEGAL DOCUMENT

Provide information that is accurate and truthful to the best of your knowledge as you would for any other insurance (financial services application). It is your responsibility to fill this form (all pages) correctly and makes sure it gets to us with payment before cover can be put in place. Insufficient information or missing pages or non-payment will delay the process and applications pending for more than 28 days are cancelled.

WE DON'T JUST DO INSURANCE – WE HELP CLUB OWNERS IN MANY WAYS!

Arranging your insurance through **Martial Arts Australia** (**Graham Slater** - Licensed AR) means you have the best of both worlds, the experience in both martial arts (44 years) and insurance (17 years). **Longivity** and **experience** brings **creditability and confidence** so you know you are dealing with people that know your business and how to protect it.

Once again thank you for considering Martial Arts Australia Financial Services Group for your insurance needs

Graham Slater

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MARTIAL ARTS AUSTRALIA

Martial Arts Australia ACN 104 329 482 – (ABN 89 714 845 016) Graham Slater Australian Financial Services Authorised Representative – No: 419921 Working under licence of PSC Insurance Brokers – No: 342385

INSURANCE APPLICATION FORM

SELECT THE TYPE OF INSURANCE YOU REQUIRE MATCHED TO YOUR QUOTATION

YES/N0

STANDARD PACKAGE 1

10mil Public Liability (PL) 5mil Professional Indemnity (PI)

STANDARD PACKAGE 2	20mil Public Liability (PL) 5mil Professional Indemnity (PI)	
PREMIUM PACKAGE 1	10mil (PL) & (PI) + Player Accident & Income Protection	
PREMIUM PACKAGE 2	20mil (PL) & (PI) + Player Accident & Income Protection	
BUSINESS PACK INFO	Property / Contents / Business Interruption / Glass Breakage REQUEST	

Name School/Association/Trading Entity:							
If using more entities add them:							
Instructor Name / Owner:		D.O.B					
POSTAL address:		Suburb:					
State:	Post Code:	Contact Person:					
Phone:	Mobile:	Email:					
Number of Students/Members/Instructors	s to be covered- min 25	TOTAL					
Please place price quoted via phone / email if available PRICE \$							
					TICK		
Bank Deposit: Westpac – A/C Name:	Martial Arts Australia	n – BSB: 033 135	A/C No: 342 551				
Payment via Cheque made out to: 'M	artial Arts Australia	,					
Credit card payment in full – (Please	note a 1.5% transaction	n fee applies)					
Monthly instalments (via third party I	Premium Funding Con	npany) additional c	costs apply				
ANSWER THE FOLLOWING	QUESTIONS WIT	H A YES / NO		•			
Has any insurer ever declined, refused	d to renew or imposed	special conditions	to any				
application, renewal or policy held or	application, renewal or policy held or made by you.						
Have any claims of Public Liability o	r Professional Indemn	ity been made agai	inst you in the last				
five years							
Has any claims been made for Sports Injury / Personal Accident in the past five years, if so							
please attach details of all claims to the	please attach details of all claims to this form.						

Special Notice: If yes to any of the above questions please supply separate information with this application

	YES	NO	Standard Proc	DATE STARTS		
MARK URGENT Start my cover from						
Office use only below						
Date Received	Date Processed	Member No:	Confirmation Sent	Renewal / New	Payment	MAA Pack Sent

CHECK LIST

Have sent all the necessary pages? Minimum pages required -2-4 pages Send all correspondence to: *Martial Arts Australia*

Postal: P.O Box 1170 Box Hill VIC 3128

P: 03 8601 1124 E: support@martialartsaustralia.com.au

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* INSURANCE * STATUTORY NOTICE

A: YOUR DUTY OF DISCLOSURE - CONTRACTS OF GENERAL INSURANCE

Before you enter into a contact of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:-

- that diminishes the risk to be undertaken by the Insurer;

- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of their business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

B: UTMOST GOOD FAITH

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by the Insurer.

C: CLAIMS MADE DURING THE PERIOD OF INSURANCE

This policy provides cover on a "claims made" basis, which means that claims first advised to you (or made against you) during the period of Insurance are covered, irrespective of when the incident causing the claim occurred.

D: NOT A RENEWABLE CONTRACT

Cover under this policy will terminate at expiry of the Period of Insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of the current policy so that terms of Insurance and quotation/s can then be developed for your consideration.

E: CHANGE OF RISK OR CIRCUMSTANCES

It is vital that you should advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to the Insurer). For example, acquisitions, changes in location or new overseas activities.

F: SUBROGATION

You may prejudice your rights with regard to a claim if, without prior agreement from the Insurer, you make agreement with a third party that will prevent the Insurer from recovering the loss from that, or another party. Your policy contains provisions that either exclude the Insurer from liability, or reduce their liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under this policy.

Declaration

This declaration must be completed and signed by or on behalf of all parties applying for insurance.

I/We a) Declare that:

- iii) The answers and information given by me/us in this questionnaire and any addendum are true and correct in all respects;
- ii) I/We have read and understood the clauses detailed under the Important Notices section at the back of this questionnaire; iii) If there was insufficient space to fully answer any questions, we have attached supplementary pages providing the additional information required.

PLEASE DATE AND SIGN BELOW:

Signature Witness Date

Additional Information Can Be Attached -

Instructor Qualifications – locations – club listing - interested parties etc

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Instructor Name:	Membership starts:	New Applicant :	Renewal Member:
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Club Name:	Street:
Type of Martial Arts:	Suburb:
Phone: Mobile:	State: Post Code:
Email:	Website:

Qualifications— This section below gives us a better idea on how to help you meet current industry standards for instructor

qualifications. Your details are kept confidential, please ask for a copy of our privacy policy.

Years Training	Years of school operation	Instructor rank	Instructor	
			Title	
Do you have	Have you done a NCAS	Have you done an	other coaching	
current First Aid	coaching course	AMACS coaching	course, please	
Certificate		course	list /attach	
Do you have a	Do you have a Working	Do you use an	Do you use a	
weapons licence	with Children Check /	Accident Register if	waiver for your	
	Permit / Blue Card	a member gets hurt	students	

LET US KNOW WHAT WE CAN HELP YOU WITH

We have negotiated group deals on numerous products/services that are available to you as a member.

Insurance	School Recognition	Advertise Your Events	
IT – Web Design	Instructor Certification	Advertise Your Club	
Mobile APPs	Dan Grades – up-skill	Video Production	
Cash Back Card	Business Mentoring	Accountancy Support	
Student Fee Collection	Instructor Qualifications	Risk Mgr Consultancy	

Membership Type – Please select the type of membership you would like as each level has additional benefits.

\$100.00 \$195.00 \$295.00 **Bronze - Membership Gold - Membership** Silver - Membership *Access to Subsidised Services *Access to Subsidised Services *Access to Subsidised Services *Access to GROUP BUYING FACILITY *Access to GROUP BUYING FACILITY *Access to GROUP BUYING FACILITY *Access to MAA Mobile APP *Access to MAA Mobile APP *Access to MAA Mobile APP *Best Price on Insurance *Best Price on Insurance *Best Price on Insurance *Membership Certificate-PDF *Downloadable Business Pack *Downloadable Business Pack *Downloadable Business Pack *Regular Newsletter *Regular Newsletter *Regular Newsletter *Club Directory Listing - Mini Site *Club Directory Listing – Mini Site *Club Directory Listing with additional suburbs - value \$150 with additional suburbs -value \$150 *Invites To Business Webinars *Membership Certificate/Card Pack * 5 Page Website – value \$297 *CASHBACK REWARDS CARD Business Pack - DVD *Membership Certificate/Card Pack **BIZ PACK - ONLINE VERSION ONLY** *School Management Software Business Pack - DVD Extra Instructor Certifications \$20.00 *Qualify for Sponsorship *School Management Software *Bookkeeping Consultancy *Qualify for Sponsorship *Invites To Business Webinars *Bookkeeping Consultancy CASHBACK REWARDS CARD *Business Mentoring Session Extra Instructor Certifications \$25.00 *Invites To Business Webinars MOBLIE CLUB APP - Value \$2000.00 *Feature Club Listings *CASHBACK REWARDS CARD Extra Instructor Certifications \$20.00 MOBLIE CLUB APP – Value \$2000.00

PLEASE PUT YES OF NO IN THE APPROPRIATE BOX BELOW FOR MEMBER TYPE



ADD ALL YOUR INSTRUCTORS TO CERTIFIED - OPTIONAL

Name	Rank	Name	Rank	Name	Rank

Martial Arts Certified Instructors (CPI Status) List above if required -

Reward your Instructors for supporting you by issuing them with their own *Certificate / Card Fill in the space above with Instructor Name / Rank with prices as per membership level.*

If you need more space to list all your instructors please add a separate sheet with names typed out. Your assistant instructors are registered with us under your membership number so please supply:

Name – Rank with years of training (min 2 years qualified by the Chief Instructor)

MAKE A PAYMENT

Card Type:	Visa:		MasterCard:				
Card Expiry Date:	/	CSV No:	. –				
Card Number:							
Card Holder Name:							
Signature:							
BANK DEPOSIT REFERENCE: (please use you name if possible)							
PROVE Y	OU ARE Q	UALIFIED TO TE	ACH				
Fill MAA Member form and enclose co	Provide a brief resume of your qualifications and						
relevant certificates to substantiate	experience that you feel deems you qualified to						
qualifications. If you need support in	this area	teach in the eyes of the Insurer. Include copies of					
please discuss with a Team Men	your risk management - coaching policies /						

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procedures.

SEND FORMS TO:

Martial Arts Australia – ABN: 84275 786 518 **Postal:** P.O Box 1170 Box Hill VICTORIA 3128 **DISCUSS APPLICATION -** P: **03 8601 1124**

E: support@martialartsaustralia.com.au

Our Office: Level 1 / 390 St Kilda Road Melbourne Victoria, AUSTRALIA