

YOGA-LINK APPLICATION FORM

Malpractice, Public & Products Liability Insurance

Full Name : (Mr/Mrs/Miss/Ms/Other) <i>(Please print)</i>
Address :
Tel No :

Occupations	
Main :	Part-Time :
For which cover required :	

<u>Yoga Experience</u>	
How long have you been practising Yoga? How long have you been teaching? Have you any teaching qualifications? <i>Please give details</i>	
Where are your classes held? <i>eg Local Authority, Private</i>	
Are you involved with the training of Yoga teachers? <i>Please give details of your courses</i>	
Are you still attending class/es as a student? If so, who is your teacher? Does he/she belong to any organisation?	
Do you attend seminars, workshops and in-service training days to keep up-to-date with Teacher Training methods?	
Have you undertaken any formal training? Who conducted this? What form did it take? <i>eg no. of tutorial hours - Written assessments - Teaching practices - Teaching/Theoretical/Professional breakdown - Other : please specify</i>	

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Have you had any claims made against you or incidents that would give rise to a claim under this policy during the last 5 years as a result of any negligence or error or omission arising out of your business or are you aware of any circumstances that may result in any such claim being made against you? <i>If Yes, please provide details</i>	YES / NO
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Has any company declined your proposal, cancelled or refused to renew your policy or required special terms or conditions? <i>If Yes to any of these questions, please provide full details.</i>	YES / NO
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Have you ever been convicted of or charged/but not yet tried/with a criminal offence other than a motoring offence? <i>If Yes, please provide full details and dates.</i>	YES / NO
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Can you provide references from any of the following if required? <i>(Please tick)</i> 1. Principal or Dept Head of Local Authority 2. Yoga Teacher Trainer or Course Tutor 3. Other qualified Yoga Teacher or Senior Instructor

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 Application Form and any information supplied by me shall be incorporated in and form part of the insurance contract.

Signature of Proposer.....

Date of Signing

Please reply to :

**DSC Insurance Services
Swithins
Lodge Farm
Tilford Road
FARNHAM, Surrey GU9 8HU**