

## YOGA-LINK – KYTA – REINSTATEMENT DECLARATION

**Name:**

**Certificate No**

You are required to notify the insurers of any changes that may have occurred since your last Declaration. Please supply details relevant to your circumstances (overleaf or on a separate sheet if more space is needed).

1.	<p>Do you require cover for General Yoga Teaching?</p> <p>In relation to <b>General Yoga</b> teaching, please tick to describe your current Classes/Students:</p> <ul style="list-style-type: none"> <li>• <i>Beginners, Progressing, Mixed Abilities, Experienced, Special Needs, GP Referrals, Children</i></li> </ul> <p>Do you teach/work by means of any of the following?</p> <ul style="list-style-type: none"> <li>• <i>One-to-one sessions</i></li> <li>• <i>Weekend retreats, Day seminars, Teacher workshops</i></li> <li>• <i>Drop-in classes, Summer schools</i></li> <li>• <i>Teacher training</i></li> </ul>	<p><b>Yes No</b></p> <p>Number of classes per week average : 1 -10 <input type="checkbox"/></p> <p style="padding-left: 100px;">10 + <input type="checkbox"/></p> <p style="padding-left: 100px;">20 + <input type="checkbox"/></p>
2.	<p>Do you also require cover for Yoga Therapy?</p> <p>In relation to your <b>Therapy</b> work please describe its nature:</p> <ol style="list-style-type: none"> <li>1. <i>Pregnancy - Pre Natal and/or Post Natal Yoga</i></li> <li>2. <i>Baby Yoga</i></li> <li>3. <i>Remedial Yoga e.g. Cancer, Stroke, Heart Disease, Back Pain etc (please specify for information)</i></li> <li>4. <i>Other (e.g. Aqua Yoga etc, please specify)</i></li> </ol>	<p><b>Yes No</b></p> <p>Number of sessions per week average : 1 -10 <input type="checkbox"/></p> <p style="padding-left: 100px;">10 + <input type="checkbox"/></p> <p style="padding-left: 100px;">20 + <input type="checkbox"/></p>
3.	<p>Do you anticipate undertaking further training in Yoga related work?</p> <p>If your training was still in progress at the time of your last declaration, is it now complete?</p>	<p><b>Yes No</b></p> <p><b>Yes No</b></p>
4.	<p>Are you also engaged in other Complementary Therapy work?</p> <p>Is additional cover required for this?</p>	<p><b>Yes No</b></p> <p><b>Yes No</b></p>
5.	<p>Have you had any claims made against you since your last Declaration?</p>	<p><b>Yes No</b></p>
6.	<p>Have you had any complaints made about your teaching, or are there any circumstances that might, after enquiry, give rise to a claim against you?</p>	<p><b>Yes No</b></p>
7.	<p>Are you aware of any circumstances that might, after enquiry, otherwise affect the company's consideration of the renewal of this insurance?</p>	<p><b>Yes No</b></p>

Signed: .....  
(Please sign and print)

Date