

ISKA INSURANCE FORM



PERSONAL INFORMATION

PRIMARY CONTACT FULL NAME:

PHONE NUMBER

EMAIL ADDRESS

SCHOOL NAME

NUMBER OF STUDENTS

NUMBER OF INSTRUCTORS

SCHOOL ADDRESS

SCHOOL ABN

Do you need to list any parties as interested parties (e.g., landlords often require this)? If yes, please provide their details below.

Y

N

INSURANCE DECLARATION -

By signing below, you confirm that you will take all necessary actions to ensure the safety of your instructors and students. You agree to notify ISKA of any changes or issues that may affect your insurance policy. You also declare that all information provided in this form is accurate and truthful to the best of your knowledge.

POLICY HOLDER SIGNATURE

DATE

PAYMENT -

The total cost per club is \$1200, which includes coverage for promoter insurance. This fee ensures that all necessary insurance protections are in place, allowing for comprehensive coverage and peace of mind for both the club and its promoters.

PLEASE SEND ALL PAYMENTS TO THE BELOW DETAILS.

[Bank Transfer to J. BULLOCK PTY LTD COMMONWEALTH BANK 064-426 ACC 1072 5007](#)

Please email this form, along with confirmation of payment, to iskajeffelite@yahoo.com.