



NATIONAL COACHING ACCREDITATION SCHEME



INSURANCE INFORMATION/QUOTE: 2025-26

1. Name of School/Academy/Club:
2. KWA Membership Number:
3. Number of Accredited Instructors at your School/Academy/Club:
4. Approximate number of FEMALE students training at your School/Academy/Club:
5. Approximate number of MALE students training at your School/Academy/Club:
6. Approximate number of students that attend each class:
7. Are you currently Insured or have you been insured over the last three years: YES [] NO []
8. If yes what is the name of your current or past insurer:
6. What is the premium paid by you for your most recent insurance policy:
10. Have you at any time been declined insurance:
11. Have you made any claim against your club/school/academy's insurance in the last 10 years:
12. Name of the person providing this information:
13. Contact Phone number:
14. Contact Email:
15. Contact Address:
16. Please list the martial art/s that you teach:
17. **Attachments: If you have answered yes to Q.7 you must attach a copy of your most recent (Certificate of Currency) insurance and proof of amount of premium paid.**

I the undersigned provide this information in the knowledge that if it subsequently proves false or misleading any insurance cover issued as a consequence of this information may be cancelled.

Signed:.....

Dated:.....

Mail to: PO Box 189 Chadstone Centre VIC 3148
Email: accreditation@kungfuwushuaustralia.com

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