



AIRSPORTS

INSURANCE BUREAU LIMITED

48 ALEXANDRA ROAD, COWES, ISLE OF WIGHT, PO31 7JT

TELEPHONE: 01983 298480 FAX: 01983 298480

EMAIL: airsports@bhpa.co.uk

SPECIAL SCHOOLS COVER -REGISTERED ACTIVITY SPORTS SCHOOLS

The safety record Activity Sports Schools is good and there is little risk of accident whilst learning activity sports at any registered U.K. based School

Having said that if you have family responsibilities or if your income would cease if you could not attend work we shall be pleased to cover you for any permutation of the benefits listed below. (NOTE: Weekly benefit cannot be taken out if you are not earning and must not exceed 75% of your annual salary if you are in employment).

<u>CAPITAL SUM BENEFITS</u>	<u>PREMIUM</u> (incl of tax @ 5%)	<u>WEEKLY BENEFIT</u>	<u>PREMIUM</u> (incl of tax @ 5%)
In the event of death/ Permanent total disablement		Up to 52 weeks max excluding first 28 days.	
£10,000	£21.00	£100	£21.00
£20,000	£42.00	£200	£42.00

PLUS £5 CERTIFICATE FEE

For example:

£10,000 Capital Sum/£100 per week = £42.00
 £20,000 Capital Sum/£100 per week = £63.00
 £20,000 Capital Sum/£200 per week = £84.00

Cover is valid for up to 5 flying days taken within 30 days from commencement of course.

<u>AIR EXPERIENCE FLIGHTS:</u>	1-day	£10,000 Capital Sum/£100 per week	£26.25 + £2.50 CERTIFICATE FEE
	2-day	£10,000 Capital Sum/£100 per week	£31.50 + £2.50 CERTIFICATE FEE

No proposal form is required - just complete the slip below and return it to us or hand it to the School Proprietor with your cheque made out to Airsports Insurance Bureau Ltd - and you will be covered automatically.

Third Party Insurance is excluded but is probably covered by the School you are attending.

NAME.....D.O.B.....OCCUPATION.....TEL.NO.....

ADDRESS.....POST CODE.....

NAME OF BENEFICIARY:.....NAME OF SCHOOL.....

NO.OF DAYS.....COMMENCEMENT DATE.....

I am in good health, free of physical defect or infirmity, have not sustained serious illness/accident in the last 5 years and require:

CAPITAL SUM£.....WEEKLY BENEFIT:£.....CHEQUE ENCLOSED £.....

CARD NO.....EXP.DATE.....ISSUE NO.....SECURITYCODE.....

SIGNED:.....DATE.....

Please complete and return to: AIRSPORTS INSURANCE BUREAU LIMITED, 48 Alexandra Road, Cowes, I.W. PO31 7JT
Tel.No./Fax 01983-298480. (I.P.T. = Insurance Premium Tax at 5%)

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