

England Netball Volunteers' Insurance Application Form



EN "Volunteers' Insurance" is designed to cover the Administrative Volunteers within a League or Club who do not actively participate in Netball, and who therefore do not affiliate to us. It also allows named volunteers to be involved in activities with affiliated participants without invalidating their insurance.

On payment of the annual fee of £30 and acceptance by EN, up to named 10 Volunteers in a League/Club will be insured under EN's Liability and Personal Accident insurance. One nominated person will also receive Netball Magazine.

This cover is available only to Leagues/Clubs where *all* teams and netball participants are affiliated. Cover does not apply to Volunteers directly taking part in netball activities (such as playing, umpiring, coaching, tutoring, etc – this is available only to those who affiliate directly through club, YPG or groups affiliations).

Liability & Personal Accident Insurance Cover

Further details are available in the Insurance Certificate, and "Frequently Asked Questions" documents, available on our website.

Liability – Limit of Indemnity £5,000,000

Personal Accident – Fatal Accident £5,000; Permanent Total Disablement £50,000; Emergency Dental Expenses £500; Hospitalisation benefit £50 per day.

Participants must be ordinarily UK resident. In taking out this insurance, Leagues/Clubs must agree to maintain a record of all Volunteers, and their activities, for a period of at least three years. This register must be available for England Netball to view at any time.

• Details of League/Club

LEAGUE/CLUB NAME: _____ WINTER / SUMMER
CONTACT PERSON: MS / MRS / MISS / MR _____ (full name please)
FULL ADDRESS: _____
POSTCODE: _____
TELEPHONE (_____ H / W / M WEB _____
NOS: (_____ H / W / M EMAIL: _____

Type of League/club (e.g Junior, Mixed Age, etc) _____

• Magazine Recipient (if different to the Contact named above)

NAME: MS / MRS / MISS / MR _____ (full name please)
FULL ADDRESS: _____
POSTCODE: _____
TELEPHONE (_____ H / W / M _____ H / W / M
NOS: (_____ H / W / M EMAIL: _____

- **Volunteer Member Details (for up to 10 named volunteers)**

Name:

Address and email (postal address is mandatory):

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Please complete the Declaration and Payment Details sections overleaf.

- **Declaration**

On behalf of League/Club, I confirm that all netball participants and teams within the League/Club are affiliated to England Netball. We will maintain a register of our Volunteers, and their activities, which will be retained for a period of at least 3 years, and will be available for EN to view at any time.

Signed **Date**

- **Payment Details**

Cheque payable to "AENA Ltd" (£GBP only) Please debit my MASTERCARD / VISA / SWITCH / DELTA*

CARD NO

EXPIRY CARD SECURITY NO. (found on signature strip)

NAME AS ON CARD _____ Debit cards only: VALID FROM ISSUE NO

Signed **Date**

* Please circle or delete as needed

Please return to: **Affiliations Dept, England Netball, Netball House, 9 Paynes Park, Hitchin, Herts SG5 1EH.**
If you have any queries, please visit our website www.EnglandNetball.co.uk, or contact us:
T: +44 (0)1462 442344 F: +44 (0)1462 442343 E: affiliations@EnglandNetball.co.uk

Thank you for supporting Netball. Insurance confirmation will be sent shortly.