United Sport Karate Organisation



BENEFIT AMOUNT

Welcome to the United Sports Organisation. To comply with the United Sport Karate Organisation rule, which states that all Martial Arts students should possess U.S.K.O. license and insurance, we ask you to purchase a combination U.S.K.O License and insurance which also includes your record book with your first licence. This Renewable annual license is your personal registration with U.S.K.O and you passport to Karate. You require an up to date license to be able to train in your club (or any clubs), or take gradings or take part in any U.S.K.O event. Details of the insurance are listed below, please do not delay in filling in the license form and returning it with the remittance to the U.S.K.O license officer.

GET YOURSELF COVERED

1.	Accidental Death	
	i. In respect of insured persons over 16 or over 18 if in full time education	£50,000
	ii. In respect of insured persons under 16 or under 18 if in full time education	£2,000
2.	Loss of one limb	£50,000
3.	Loss of two or more limbs or loss of sight	£50,000
4.	Loss of hearing in one ear or loss of internal organ	£25,000
5.	Loss of hearing in both ears	£50,000
6.	Loss of speech	£50,000
7.	Permanent total disablement	£50,000
	OTHER REMEET AMOUNTS	
	OTHER BENEFIT AMOUNTS	
8.	Temporary total disablement (per week)	£50.00
0.	(Excess period 14 days, maximum benefit period 52 weeks)	150.00
9.	Additional travel expenses (per week)	£25.00
	(Excess period 14 days, maximum benefit period 52 weeks)	
10.	Broken bones	
	a. Arm, leg, cheek, collar bone (per bone)	£50.00
	b. Maximum benefit per insured person	£150.00
	Finger, thumb or toe (per bone)	£5.00
	Maximum benefit per insured person	£15.00
11.	Emergency Dental Pain Relief Expenses	Not Insured
12.		
	a. In-patient benefit (per day)	£25.00
	Maximum in-patient benefit per insured person	£750.00
	b. Convalescence benefit (per day)	£25.00
4.0	Maximum convalescence benefit per insured person	£750.00
13.	Legal Advice Helpline	Insured
14.	Physiotherapy	Not Insured
4.5	Maximum benefit per insured person	£175.00
15.	Rehabilitation and retraining expenses	54000.00
	Maximum benefit per insured person	£1000.00

MAXIMUM BENEFIT ANY ONE INSURED PERSON

Capital sums benefits 1 to 16

CAPITAL SUMS BENEFIT AMOUNTS

£50,000

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I REQUIRE A LICENCE @ £20	0.00		Affordable Choice	
To be completed in BLOCK	CAPITALS		Quality Service Self Belief	
Full Name		Previous License Number		
francisco de la companya della companya della companya de la companya de la companya della compa			U sacresi meni ci sale	
Address		Expiry Date		
		Name of Club		
		Name of Club		
Postcode		Note 1 Applicants must an	- La individually to	
.000		Note 1 Applicants must app the Registrar Club Sec. Othe authorised to collect license	er persons are not	
Telephone		Note 2 Replacement Record Book. In case of loss or theft, apply to registrar by letter Giving date of lost license etc.		
Date of Birth		date of fost fields		
All applicants	are required to give detail	ls of their last grading in the	e space below	
Date	Place of Examination	Grade Awarded	Examiners Name	
00.363				
DECLARATION TO BE COM	PLETED BY APPLICANT			
of being accepted I underta	ake to abide by the constit made during my period of	the foregoing details are co tution and bylaws of the E.F membership. I also declare	K.G.B together with any	
Signed		Date		
Signed(Signature of parent if app	licant is under 16)	Date		
CHECK LIST				
If you are reviewing a License enclose last years registration receipt				
This Form Completed				
Stamped Self Addressed	Envelope			
Cheque / Postal Order fo	or £20.00			
PAYABLE TO U.S.K.O M	OUNTNEY			