





## Irish Rugby Football Union

## Compulsory Group Personal Accident Scheme for Clubs Application 2018/2019

N.B. This scheme is compulsory for all affiliated clubs including teams affiliated to the Irish Women's Rugby Football Union. To ensure cover is in operation this form must be completed and returned to your branch along with the appropriate premium. Cheques should be made payable to your Branch and crossed. It is important you respond to all questions.

(1)	Name and address of Club
(2)	IRFU Branch
(3)	Name of club secretary
(4)	Total number of playing members - Adult Male
You	th (male/female, age up to & incl. 21) Adult Female
(5)	Max number Adult teams (male/female)
(6)	Number Youth teams incl. under 21's
(7)	Name of mini teams
Premium Enclosed (no charge for Youth, Under 21s or Mini Teams)	
No.	of Adult Teams@ €2,376 per team = Total €
<b>Declaration</b> We desire to insure in the terms of the contract entered into by the IRISH RUGBY FOOTBALL UNION as arranged by Aon. We do hereby warrant that the above statements and this Declaration are fully and truly made and that all the persons to be insured are to the best of our belief in good health and we hereby agree that this Declaration shall form the basis of the contract so far as this Club is concerned.	
Da	te(for the Club)

## This form must be returned to your Branch URGENTLY

Boland Crotty MacRedmond Limited tia Aon MacDonagh Boland is regulated by the Central Bank of Ireland .Aviva Insurance Limited, trading as Aviva, is authorised by the Prudential Regulation Authority in the UK and regulated by the Central Bank of Ireland for conduct of business mies. Registered Branch Office in Ireland No 900175. Registered Branch Address One Park Place, Hatch Street, Dublin 2. Registered in Scotland No 2116. Registered Office Pitheavlis, Perth, PH2 ONH.