



Irish Rugby Football Union

Compulsory Group Personal Accident Scheme for Schools

Application 2019/2020

N.B. This scheme is compulsory for all affiliated schools. To ensure cover is in operation this form must be completed and returned to your Branch. It is important that you respond to ALL questions.

(1) Name and address of school _____

(2) IRFU Branch _____

(3) Name of Master in charge of Rugby _____

(4) Total number of pupils in school (male & female) _____

(5) Approximate number of pupils participating in Rugby activities:

a. Up to and including under 15 group: _____

b. Over 15 group: _____

TOTAL: _____

(6) Total number of teams: _____

Declaration

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 School is concerned.

Date

Signed(for the School)

This form must be returned to your Branch URGENTLY