



Irish Rugby Football Union

Compulsory Group Personal Accident Scheme for Schools 2018/2019

NB: 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 and female):

Arranged by Aon

**Metropolitan
Building, James
Joyce Street,
Dublin 1**

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 IRISH RUGBY FOOTBALL UNION as arranged by Aon and underwritten by Aviva Insurance Limited.

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 this contract so far as this School is concerned.

Date: _____ **Signed:** _____
(for the school)

This Form must be returned to your Branch *URGENTLY*.