

Name of Authorized Provider / Training Partner:		
Number of Years in Operation:		
Street Address:		
City:	Province:	Postal Code:
Home Phone:	Business Phone:	Fax:
Email address:		Website:
Are you a certified instructor for:		
<b>First Aid/CPR</b>	<b>Safety</b>	<b>Swimming</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of an authorized provider / training partner association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list all affiliated associations: _____ (ie. Red Cross, Heart & Stroke, etc.) _____		
<b>Note:</b> This program provides coverage for government approved instruction ONLY		

<input checked="" type="checkbox"/>	Operations (Please check all the apply)	List all Programs Taught (Not courses) i.e. Red Cross, Heart & Stroke, etc.	** Estimated Annual Gross Receipts
<input type="checkbox"/>	<b>First Aid/CPR Instruction</b>		\$
<input type="checkbox"/>	<b>Occupational/WCB courses</b>		\$
<input type="checkbox"/>	<b>Swimming Instruction</b>		\$
<input type="checkbox"/>	<b>*Wilderness/Remote First Aid</b>		\$
<input type="checkbox"/>	<b>*Consulting</b>		\$
<input type="checkbox"/>	<b>*Special Events First Aid</b>		\$
<input type="checkbox"/>	<b>*Other</b> (please describe)		\$

<b>*Product Sales – Do you sell:</b>		Annual Sales Receipts	\$
(a) First Aid Kits & Related Supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No		(for First Aid Kits & Related Supplies)	
(b) Medical Devices/Instruments (e.g. AEDs)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Sales Receipts	\$
If yes, are all medical devices CSA approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		(for Medical Devices/Instruments)	
<b>If you sell medical devices (AEDs), do you also inspect, service or maintain AEDs? Yes <input type="checkbox"/> No <input type="checkbox"/></b>			
<b>If yes, please include a copy of your Health Canada Device License</b>			

**\* Extension of coverage to these activities is subject to approval and additional premium.**  
For Wilderness/Remote First Aid, Special Events & Consulting, please attach the appropriate addendum.  
These can be found on our website: [www.mcfr.ca/safetyinstructors](http://www.mcfr.ca/safetyinstructors)  
**\*\*Estimated Annual Gross Receipts** is your annual gross revenue before deducting overhead costs (such as salaries, advertising, rent and other expenses in running a business.)

Number of full-time Employees:	Number of part-time Employees:	Number of Pupils Per Class:	Number of Pupils Taught Annually:
Previous Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Company:	Expiry Date: (yyyy/mm/dd)	

Was your previous errors and omissions policy on Claims-made or Occurrence basis?:  
If claims made, what was the retroactive date on the policy? (yyyy/mm/dd):

**Claims History (past 5 years)**

Have there been any claims or lawsuits against you or anyone performing professional services on your behalf?  
 Yes  No If Yes, please provide details on a separate page: date of incident, persons involved, details of incident and outcome.  
Are you or anyone performing professional services on your behalf aware of any circumstances or that may give rise to a claim?  
 Yes  No If Yes, please provide details on a separate page.

BASIC POLICY COVERAGES			
Property Coverage	\$5,000	Commercial General Liability	\$2,000,000
Errors & Omissions Liability	\$2,000,000	Abuse Legal Defence Costs *Exclusive to McFarlan Rowlands	\$50,000

Note – If you rent/lease premises be sure to include value of any betterments and improvements to the premises that you are responsible for.

OPTIONAL COVERAGES AVAILABLE	
Policy includes \$5,000 Business Contents including Equipment On/Off Premises. Indicate below (✓) if additional coverage is required. Optional coverages available for an additional charge.	
<b>PROPERTY COVERAGES REQUIRED:</b>  <b>Business Contents</b> <input type="checkbox"/> Office Contents: <input type="checkbox"/> Equipment on Premises: <input type="checkbox"/> Equipment off Premises: <input type="checkbox"/> Stock:	<b>Note – If you rent/lease premises be sure to include value of any betterments and improvements to the premises that you are responsible for.</b>  Limit of coverage required: _____ Limit of coverage required: _____ Limit of coverage required: _____ Limit of coverage required: _____
(Stock coverage is limited to secured premises only. Please provide location and details of where stock is located.)	
<b>Building Coverage</b> Do you require building coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, we will contact you for details <b>Owner of Backyard Pool – Owner as Additional Insured</b> Additional Cost: \$25.00 (Ontario Residents, please add 8% PST) Please provide name(s) & Address of pool owner: _____ _____	

Applicant's Declaration	
I, the undersigned, understand and agree that:	
<ul style="list-style-type: none"> <li>• Coverage under this policy is limited to the provinces &amp; territories of Canada only.</li> <li>• Coverage for swimming instruction is limited to swimming pools only.</li> <li>• Coverage under the policy will apply to operations as described on policy only.</li> </ul>	
The undersigned also declares that all statements made in the application and applicable addenda are true. Signing of this document does not bind the applicant to complete the insurance, but it is agreed that the application shall be the basis of the contract should a policy be issued.	
Information Disclosure Consent	
As part of my application for insurance, I hereby consent to the broker the collection, use and disclosure of personal information of the applicant, as well as the applicant's employees, servants, agents and other representatives that may be insured as required for purposes of considering my application for new or renewal for property/casualty insurance. The applicant further covenants and warrants that the information regarding its employees, servants, agents or other representatives is provided with the appropriate consent of such individuals to disclose their personal information to the Broker. The Broker is authorized to provide such information to third parties, as required, including insurance companies. The Broker may also be required or permitted to disclose such information pursuant to relevant privacy laws or other laws. Each of the parties agree to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information.	
_____ Signature of Applicant	_____ Date
_____ Name (please print)	_____ Signature of Parent or Guardian (if applicant is under the age of 18)

**Please return all completed forms by:**  
**Fax:** (519) 679-2226  
**Mail:** McFarlan Rowlands Insurance Brokers – Safety Instructor Program  
 503 York St., London ON N6B 1R4  
**E-mail:** Scan the completed form and e-mail to [safetyinstructors@mcfrc.ca](mailto:safetyinstructors@mcfrc.ca)

**PAYMENT OPTIONS:**

- Cheque or money order
- Online Banking (details at [www.mcfrc.ca](http://www.mcfrc.ca))

**Please note that we are not able to accept credit card payments**  
**Payment will be required before your new policy can be issued**