



**Safety Instructors Insurance Program  
RENEWAL QUESTIONNAIRE**



**All sections of this application must be completed in order to obtain a quote**

Name of Authorized Provider/Training Partner:			
Street Address:			
City:		Province:	Postal Code:
Home Phone:		Business Phone:	Fax:
Email address:		Website:	
Policy Number:	Expiry Date:	Account Number:	
Are you a certified instructor for:			
<b>First Aid/CPR</b>		<b>Safety</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Swimming</b>			
<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			

✓	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"/>	First Aid/CPR Instruction		\$
<input type="checkbox"/>	Occupational/WCB courses		\$
<input type="checkbox"/>	Swimming Instruction		\$
<input type="checkbox"/>	*Wilderness/Remote First Aid		\$
<input type="checkbox"/>	*Consulting		\$
<input type="checkbox"/>	*Special Events First Aid		\$
<input type="checkbox"/>	*Other (please describe)		\$
<b>*Product Sales – Do you sell:</b>			
(a) First Aid Kits & Related Supplies?    Yes <input type="checkbox"/> No <input type="checkbox"/>		Annual Sales Receipts (for First Aid Kits & Related Supplies)	\$
(b) Medical Devices/Instruments (e.g. AEDs)?    Yes <input type="checkbox"/> No <input type="checkbox"/>		Annual Sales Receipts (for Medical Devices/Instruments)	\$
If yes, are all medical devices CSA approved?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you sell medical devices (AEDs), do you also inspect, service or maintain AEDs?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
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.</b>			
For Wilderness/Remote First Aid, Special Events & Consulting, please complete & attach the appropriate addendum. These can be found on our website: <a href="http://www.mcfr.ca/safetyinstructors">www.mcfr.ca/safetyinstructors</a>			
<b>**Estimated Annual Gross Receipts</b> 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:

<b>Claims Declaration</b>
Are you or anyone performing professional services on your behalf aware of any situation or pending claim or incident that may result in a claim or suit against you or any person representing your company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details on a separate page.

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



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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

**OPTIONAL COVERAGES AVAILABLE**

Policy includes \$5,000 Property Coverage including Equipment On/Off Premises.  
Indicate below (✓) if additional coverage is required. Optional coverages available for an additional charge.

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

**Business Contents**  
 Office Contents: Limit of coverage required: \_\_\_\_\_  
 Equipment on Premises: Limit of coverage required: \_\_\_\_\_  
 Equipment off Premises: Limit of coverage required: \_\_\_\_\_  
 Stock: Limit of coverage required: \_\_\_\_\_  
 (Stock coverage is limited to secured premises only. Please provide location and details of where stock is located.)

**Building Coverage**  
Do you require building coverage? Yes  No  If Yes, we will contact you for details

**Owner of Backyard Pool – Owner as Additional Insured**  
Additional Cost: \$25.00 (Ontario Residents, please add 8% PST)  
Please provide name(s) & Address of pool owner: \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S DECLARATION**

I understand and agree that:

- Coverage under this policy is limited to the provinces & territories of Canada only.
- Coverage for swimming instruction is limited to swimming pools only.
- Coverage under the policy will apply to operations as described on policy only.

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.

I confirm that all information that I have provided in this questionnaire(s) is accurate to the best of my knowledge, and understand that this information provides basis for consideration by Sovereign General Insurance Company and their representatives in regard to rating and policy issuance.

Signature of Applicant : \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_  
 (if applicant is under the age of 18)

Name of Applicant (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Misrepresentation Clause – Where an applicant for an insurance policy gives false particulars of the risk to be insured to the prejudice of the Insurer, or knowingly misrepresents or fails to disclose in the application and any fact required to be stated therein, a claim by the Insured is invalid and the right to recover indemnity is forfeited.

**Please ensure all sections of this application have been completed**

<p><b>Please return all completed forms by:</b>  <b>Fax:</b> (519) 679-2226  <b>Mail:</b> McFarlan Rowlands Insurance Brokers – Safety Instructor Program          503 York St., London ON N6B 1R4</p>	<p><b>PAYMENT OPTIONS:</b></p> <ul style="list-style-type: none"> <li>• Cheque or money order</li> <li>• Online Banking – Please use your Account # _____</li> </ul>
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In order to allow sufficient time to process your renewal application, please return this at least 3 weeks prior to your expiry date. Please note that failure to do so could result in a gap in coverage.

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Payment will be required before your new policy can be issued**