



Safety Instructors Insurance Program
APPLICATION FORM
Backyard Swim Instruction ONLY



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:	
Please list all Swim Instruction Qualifications and Certificates:		

OPERATIONS	List all Programs Taught (Not courses) i.e. Red Cross, Heart & Stroke, etc.	* Estimated Annual Gross Receipts
Backyard Swim Instruction		\$
*Estimated Annual Gross Receipts is your annual gross revenue before any deductions are made.		
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)
Claims History (past 5 years)		
Has there ever been an incident, claim or lawsuit made against you or another person associated with your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide full details on separate page.		
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
<p>I, the undersigned, understand and agree that:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
Information Disclosure Consent
<p>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.</p>
<p>_____ Signature of Applicant</p> <p>_____ Date</p> <p>_____ Name (please print)</p>

Please return all completed forms by:
Fax: (519) 679-2226/ 1(844) 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@mcfri.ca

PAYMENT OPTIONS:

- Cheque or money order
- Online Banking (details at www.mcfarlanrowlands.com)

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