

Name of Authorized Provider / Training Partner:		
Street Address:		
City:	Province:	Postal Code:
Home Phone:	Business Phone:	Fax:
Email address:	Website:	
Policy Number:	Expiry Date (yyyy/mm/dd):	Account Number:
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:
Claims Declaration		
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.		
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 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> <p>By checking "I agree" below, 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.</p> <p><input type="checkbox"/> I agree</p> <p>Name of person completing this form: _____ Date: _____</p> <p align="center">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.</p> <p align="center">Please ensure all sections of this application have been completed</p>

<p><u>Please return all completed forms by:</u></p> <p>Fax: (519) 679-2226/ 1(844) 679-2226</p> <p>Mail: McFarlan Rowlands Insurance Brokers – Safety Instructor Program 503 York St., London ON N6B 1R4</p> <p>E-mail: Scan the completed form and e-mail to safetyinstructors@mcfri.ca</p>	<p><u>PAYMENT OPTIONS:</u></p> <ul style="list-style-type: none"> Cheque or money order Online Banking (details at www.mcfarlanrowlands.com) <p>Account # _____</p>
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Please note that we are not able to accept credit card payments
Payment will be required before your new policy can be issued