



## 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> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Safety</b> <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			

<input checked="" type="checkbox"/>	<b>Operations</b> (Please check all the apply)	<b>List all Programs Taught (Not courses)</b> i.e. Red Cross, Heart & Stroke, etc.	<b>** Estimated Annual Gross Receipts</b>
<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 (please describe)</b>		\$
<b>*Product Sales – Do you sell:</b> (a) First Aid Kits & Related Supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Medical Devices/Instruments (e.g. AEDs)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are all medical devices CSA approved? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered 'no' please explain:		Annual Sales Receipts (for First Aid Kits & Related Supplies)	\$
		Annual Sales Receipts (for Medical Devices/Instruments)	\$
<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 Taught Annually:
		Number of Pupils Per Class:	

<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



**Safety Instructors Insurance Program**  
**RENEWAL QUESTIONNAIRE**



**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:**

**Business Contents**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Office Contents:        | Limit of coverage required: _____ |
| <input type="checkbox"/> Equipment on Premises:  | Limit of coverage required: _____ |
| <input type="checkbox"/> Equipment off Premises: | Limit of coverage required: _____ |
| <input type="checkbox"/> 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.

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.

☐ I agree

Name of person completing this form: \_\_\_\_\_ 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**

**Please return all completed forms by:**

**Fax:** (519) 679-2226/ 1-844-679-2226

**Mail:** McFarlan Rowlands Insurance Brokers – Safety Instructor Program  
80 Brock St. E., Tillsonburg ON N4G 1Z9

**E-mail:** Complete and e-mail to [safetyinstructors@mcfarlan.ca](mailto:safetyinstructors@mcfarlan.ca)

**PAYMENT OPTIONS:**

- Cheque or money order
- Online Banking – Please add McFarlan Rowlands Insurance Brokers as bill payee and use your account number # \_\_\_\_\_

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.

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

## Consulting Operations ADDENDUM

This Addendum forms part of your Application for Insurance as an Authorized Provider in providing Health & Safety Consulting Services in addition to your operations as first aid/safety instructor.

Please complete all Sections to the best of your ability. If you are unsure how to answer, please contact McFarlan Rowlands. If there is not sufficient space for you to answer the questions, please add information on a separate page. Thank you.

Name of Applicant: \_\_\_\_\_

Type of Service(s) Provided	Industries that services are provide to	Annual Gross Receipts
Development of Safety Programs		\$
Safety Audits/Inspections Are any of these audits done for the Ministry of Labour/OHS? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Compilation of Safety Manuals (to be based on legislated safety procedures & guidelines only)		\$
Other: (please provide full details)		\$
		\$
		\$
	Total Annual Gross Receipts for All Consulting Services:	\$

Names of Persons Providing Above Services	Qualifications	Experience

By clicking on "I agree" below, I confirm that all information that I have provided in this addendum 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.

☐ I agree

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_



## Special Events First Aid ADDENDUM

This Addendum forms part of your Application for Insurance as an Authorized Provider in providing Special Events First Aid.

Name of Applicant: \_\_\_\_\_

Details of Events Attended Last Year	Duration of Event	Annual Receipts
		\$
		\$
		\$
		\$
		\$
		\$

Details of Events Projected for Upcoming Year	Duration of Event	Annual Receipts
		\$
		\$
		\$
		\$
		\$
		\$

Names of Persons Providing Above Services	Qualifications	Experience

By clicking on "I agree" below, I confirm that all information that I have provided in this addendum 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.

☐ I agree

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

## Wilderness & Remote First Aid ADDENDUM

This Addendum forms part of your Application for Insurance as an Authorized Provider in providing instruction in First Aid, CPR and Wilderness & Remote First Aid. Coverage under this program is not intended for canoe, hiking or any other type of outside training trips and exposures.

Please complete all Sections to the best of your ability. If you are unsure how to answer, please contact McFarlan Rowlands. If there is not sufficient space for you to answer the questions, please attach the information on a separate page.

Name of Applicant: \_\_\_\_\_

Levels of Training Taught: ☐ Level 1 ☐ Level 2

### **Instruction Environment**

Will the course be taught in a classroom only: ☐ Yes ☐ No

**If no:**

What percentage of the course(s) will be done outside of the classroom? % \_\_\_\_\_

Will the outside portion be held:

- In a parking lot or flat grassy areas? ☐ Yes ☐ No
- On rocks or steep inclines? ☐ Yes ☐ No  
If yes, please describe:
- In or on water? ☐ Yes ☐ No  
If yes, please describe activity:

- If other areas for training please describe:

Are all areas accessible for emergency services? ☐ Yes ☐ No

Will remote wilderness instruction be year-round? ☐ Yes ☐ No

If no, please advise months that wilderness first aid is taught:

### **Applicant's Declaration**

I understand that the teaching of Remote & Wilderness First Aid may present situations that can create inherent risk of injury to participants.

I acknowledge that I will require all participants (or parent/guardian, if under the age of majority) to sign the Canadian Red Cross Risk Awareness and Release Form at the time of course registration and that I will retain a copy of the signed forms on file for future reference.

I acknowledge that all information that I have provided in this addendum 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.

☐ I acknowledge and agree to the above statements

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_