



**Safety Instructors  
Insurance Program  
RENEWAL QUESTIONNAIRE**



Name of Authorized Provider							
Street Address							
City		Province		Postal Code			
Home Phone		Business Phone					
Fax		Email					
Website							
Policy Number		Expiry Date		Acct Number			
Are you a certified instructor for:		First Aid/CPR Yes <input type="checkbox"/> No <input type="checkbox"/>		Safety Yes <input type="checkbox"/> No <input type="checkbox"/>		Swimming Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a member of an authorized provider association? If yes, list all affiliated associations: (ie. Red Cross, Heart & Stroke, etc.)		Yes <input type="checkbox"/> No <input type="checkbox"/>					

Operations	<input checked="" type="checkbox"/>	List all Programs Taught (Not courses) ie. Red Cross, Heart & Stroke, etc.	** Estimated Annual Gross Receipts:
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)	<input type="checkbox"/>		\$

\* 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.mcfarlanrowlands.com/safetyinstructors](http://www.mcfarlanrowlands.com/safetyinstructors)

\*\* 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	
Loss History 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.	

**OPTIONAL COVERAGES** Please indicate () if you would like any of the following:

**PROPERTY COVERAGES REQUIRED:**

Business Contents:

Office Contents:  Yes Limit of coverage required: \_\_\_\_\_  
 Equipment on Premises:  Yes Limit of coverage required: \_\_\_\_\_  
 Equipment off Premises:  Yes Limit of coverage required: \_\_\_\_\_  
 Stock:  Yes Limit of coverage required: \_\_\_\_\_

Building (Please refer)

**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: \_\_\_\_\_

**OPTION A** 

If:

- You teach **only** First Aid, CPR or Swimming Instruction, and
- You do not require any of the optional coverages previously outlined, and
- You do not require Commercial General Liability limits in excess of \$2,000,000
- Your **total Annual Gross Receipts** are:

Less than \$10,000	\$380
\$10,001 - \$20,000	\$480
\$20,001 - \$30,000	\$580
\$30,001 - \$40,000	\$630
\$40,001 - \$50,000	\$680
\$50,001 + over	Refer for premium
<b>Ontario residents, please add 8% PST</b>	

**OPTION B** 

If:

- You teach First Aid, CPR **and** Swimming Instruction, and
- You do not require any of the optional coverages previously outlined, and
- You do not require Commercial General Liability limits in excess of \$2,000,000
- Your **total Annual Gross Receipts** are:

Less than \$10,000	\$580
\$10,001 - \$20,000	\$680
\$20,001 - \$30,000	\$780
\$30,001 - \$40,000	\$830
\$40,001 - \$50,000	\$880
\$50,001 + over	Refer for premium
<b>Ontario residents, please add 8% PST</b>	

For all other situations we will provide you with a renewal quote upon receipt of this completed form.

*The undersigned declares that all statements made herein are true, and understands that coverage under this policy is limited to the provinces & territories of Canada only, and that coverage under the policy will apply to operations as described on the policy only.*

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
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.*

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 return all completed forms by:**

**Fax:** (519) 673-1446

**Mail:** McFarlan Rowlands Insurance Brokers – Safety Instructor Program, 380 York St., London, ON N6B 1P9

**E-mail:** Scan the completed form and e-mail to [safetyinstructors@mcfarlanrowlands.com](mailto:safetyinstructors@mcfarlanrowlands.com)

**PAYMENT OPTIONS:**

- Cheque or money order**
- Online Banking** (Please use your Acct # )

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