



**Safety Instructors  
Insurance Program  
APPLICATION FORM**



EXCLUSIVELY DISTRIBUTED BY

Name of Authorized Provider							
Street Address							
City		Province		Postal Code			
Home Phone		Business Phone					
Fax		Email					
Website							
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?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, list all affiliated associations: (ie. Red Cross, Heart & Stroke, etc.)							

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	
Previous Insurance?	(Circle one) Yes / No	Insurance Company:		Expiry Date: (yyyy/mm/dd)			
Prior 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

**Ontario residents, please add 8% PST****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

**Ontario residents, please add 8% PST**

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

**Applicant's Declaration**

I, the undersigned, 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.

**Information Disclosure Consent**

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.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date\_\_\_\_\_  
Name (please print)**Please return all completed forms by:****Fax:** (519) 679-2407**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** (details at [www.mcfarlanrowlands.com](http://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