



#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

## RED CROSS CPR, FIRST AID & SWIMMING INSTRUCTION APPLICATION

**IMPORTANT – MANDATORY TO OBTAIN COVERAGE:** *The principal and all employees must be of legal age of majority*

Name \_\_\_\_\_  
(Include Business Name, if applicable)

Postal Address \_\_\_\_\_ Phone No. (Home) \_\_\_\_\_  
 (Office) \_\_\_\_\_

Effective Date of Coverage \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Description of Operations      **CPR**                      **First Aid**                      **Swimming Instruction – Complete all Details Below**

### Swimming Instruction

Own Pool      Parents' Pool      Other Pools (Attach a list including Name and Address of each)

Age of Students \_\_\_\_\_ Normal Number of Classes Held \_\_\_\_\_ (Per Week) \_\_\_\_\_ (Per Year)      Normal Time of Classes \_\_\_\_\_

Do you teach diving?    No    Yes    If Yes, Deck    Board

Do you keep a pool log?      Yes      No      **THIS IS MANDATORY TO OBTAIN COVERAGE**

Do Parents sign a Waiver?    Yes      No      **THIS IS MANDATORY TO OBTAIN COVERAGE**

Qualifications & Designations	Current Status

Do you provide any other courses (specify) \_\_\_\_\_

# of Yrs. Experience \_\_\_\_\_ # of Classes/Year \_\_\_\_\_ Usual # in Class \_\_\_\_\_ # of Employees \_\_\_\_\_

Annual Gross Receipts \$ \_\_\_\_\_ # of \*Contract Employees \_\_\_\_\_ \*(They are contract employees if you don't deduct CPP, E.I. or Income Tax)

Territory of Operations \_\_\_\_\_

Authorizing Agency \_\_\_\_\_ I.D. # \_\_\_\_\_

Any Additional Insured to be Named on Policy?      No      Yes (If Yes, provide reason they are asking to be added, Name and complete Postal Address)

Previous Claims	Date	Description	Amount Paid

Signature of Broker \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Broker: \_\_\_\_\_ Address: \_\_\_\_\_