

# 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: \_\_\_\_\_

Telephone Number: (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      Parent's 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?    Yes    No    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)

Number of Yrs. Experience \_\_\_\_\_ Number of Classes/Year \_\_\_\_\_

Usual number in Class \_\_\_\_\_ Number of Employees \_\_\_\_\_

Annual Gross Receipts \$ \_\_\_\_\_

Number of Contract Employees \_\_\_\_\_ \*(They are contract employees if you don't deduct CPP, EI or Income Tax)

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

Authorizing Agency \_\_\_\_\_ I.D. Number \_\_\_\_\_

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

**PREVIOUS CLAIMS**

| DATE | DESCRIPTION | AMOUNT PAID |
|------|-------------|-------------|
|      |             |             |
|      |             |             |
|      |             |             |
|      |             |             |
|      |             |             |

Target Premium (if known): \_\_\_\_\_

Signature of Broker

Signature of Applicant

Date

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