

**To access Liability Insurance contact:**

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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 Wavier? ☐ 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: _____

Sports-Can Insurance Consultants Ltd.

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