

#103-8411 200th 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: _____