

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Broker

Signature of Applicant

Date

Broker: _____

Address: _____