

HOLMAN

INSURANCE BROKERS LTD.

3100 Steeles Ave. East, Suite #101, Markham Ontario Canada L3R 8T3
Telephone: 905-886-5630 Toll Free: 1-800-567-1279 Fax: 905-886-5622

Website: www.holmanins.com
E-mail: service@holmanins.com



Coach Professional and General Liability Insurance Application Form

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY.

COVERAGE PART A – Commercial General Liability including Professional Liability

- Commercial General Liability
- Professional Liability

COVERAGE PART B – OPTIONAL – Accidental Death and Dismemberment – MUST PURCHASE PART A

Approved Associations

This application applies only to the individual members of Coaches of Canada ChPc and National Coaching Certification Program - NCCP. If the **Applicant** is in any doubt as to whether an individual activity or association is approved for cover under this policy, the **Applicant** must discuss this with the Coverholder prior to accepting cover hereunder.

Personal Information of the Applicant (You) - Please provide the following specific information:

1.	Full Name Of Applicant :	First Name	Initial	Last Name
----	---------------------------------	------------	---------	-----------

2a.	Address:	Street Address		
	City	Province	Postal Code	

b.	Telephone Number:	Business #	Cell #
----	-------------------	------------	--------

c.	Email Address:	Fax #
----	----------------	-------

3. Relevant Canadian Qualifications – PLEASE ATTACH CERTIFICATES

Name of Association, School or Centre	Course Title	Dates MM/DD/YY

4.	Date Of Birth:-	MM/DD/YY
----	-----------------	----------

5.	Coaches of Canada Membership number:	MM/DD/YY
----	--------------------------------------	----------

6.	Have any negligence claims ever been made against you whether successful or otherwise? Coaches V1
----	------------------------------------------------------------------------------------------------------

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Page 1 of 4

7. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? Yes No
8. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? Yes No
9. Have any sexual harassment and/or abuse claims ever been made against you? Yes No
10. Do you currently purchase Liability and/or Professional Liability Insurance? If **YES**, please give full details: Yes No

LIMIT:	DEDUCTIBLE	EXPIRY DATE MM/DD/YY	TYPE OF INSURANCE	PREMIUM

Coaching Activities

There are several coaching activities that can be covered, **each of which has a separate premium** banding. Please indicate which individual activities cover is required hereunder:

▼ **Check off all that apply.**

Sport	Level	Sport	Level
<input type="checkbox"/> Alpine Skiing	E	<input type="checkbox"/> Lacrosse	D
<input type="checkbox"/> Archery	B	<input type="checkbox"/> Lawn Bowls	A
<input type="checkbox"/> Athletics	A	<input type="checkbox"/> Luge	E
<input type="checkbox"/> Badminton	A	<input type="checkbox"/> Nordic Combined	E
<input type="checkbox"/> Baseball	B	<input type="checkbox"/> Orienteering	A
<input type="checkbox"/> Basketball	B	<input type="checkbox"/> Parachuting	E
<input type="checkbox"/> Biathlon	D	<input type="checkbox"/> Racquetball	A
<input type="checkbox"/> Blind Sports (Goalball)	D	<input type="checkbox"/> Ringette	D
<input type="checkbox"/> Bobsleigh/Skeleton	E	<input type="checkbox"/> Rowing	B
<input type="checkbox"/> Bowling 5-Pin	A	<input type="checkbox"/> Rugby	D
<input type="checkbox"/> Bowling 10-Pin	A	<input type="checkbox"/> Shooting - <i>Shotgun</i>	A
<input type="checkbox"/> Boxing	C	<input type="checkbox"/> Ski Jumping	E
<input type="checkbox"/> Broomball	B	<input type="checkbox"/> Snowboarding	E
<input type="checkbox"/> Canoe/Kayak - <i>Marathon</i>	B	<input type="checkbox"/> Soccer	B
<input type="checkbox"/> Cerebral Palsy Sports (Boccia)	D	<input type="checkbox"/> Softball	B
<input type="checkbox"/> Cricket	B	<input type="checkbox"/> Special Olympics	D
<input type="checkbox"/> Cross Country Skiing	B	<input type="checkbox"/> Speed Skating	D
<input type="checkbox"/> Curling	A	<input type="checkbox"/> Squash	A
<input type="checkbox"/> Cycling	D	<input type="checkbox"/> Swimming	B
<input type="checkbox"/> Deaf Sports	D	<input type="checkbox"/> Synchronized Swimming	B
<input type="checkbox"/> Diving	D	<input type="checkbox"/> Table Tennis	D
<input type="checkbox"/> Equestrian	E	<input type="checkbox"/> Taekwondo	C
<input type="checkbox"/> Fencing	B	<input type="checkbox"/> Team Handball	B
<input type="checkbox"/> Field Hockey	B	<input type="checkbox"/> Tennis	A
<input type="checkbox"/> Figure Skating	B	<input type="checkbox"/> Triathlon	D
<input type="checkbox"/> Football	C	<input type="checkbox"/> Volleyball	B
<input type="checkbox"/> Freestyle Skiing	D	<input type="checkbox"/> Water Polo	B
<input type="checkbox"/> Golf	A	<input type="checkbox"/> Water Ski & Wakeboard - <i>Barefoot</i>	B
<input type="checkbox"/> Gymnastics	C	<input type="checkbox"/> Weightlifting	D
<input type="checkbox"/> Handball 4 Wall	B	<input type="checkbox"/> Wheelchair Basketball	D
<input type="checkbox"/> Hockey	C	<input type="checkbox"/> Wrestling	D
<input type="checkbox"/> Judo	C		
<input type="checkbox"/> Karate	C		

PREMIUM CALCULATION - All premiums are annual and 100% retained

COVERAGE – A General Liability including Professional Liability – Deductible \$500

Please select and check off the required limit and category. Write the applicable premium(includes fee) in the column. ▼

▼ Check off one ► LIMIT OF INDEMNITY	<input type="checkbox"/> A ONLY	<input type="checkbox"/> A - B	<input type="checkbox"/> A - C	<input type="checkbox"/> A - D	<input type="checkbox"/> A - E	PREMIUM
<input type="checkbox"/> \$1,000,000 Per Claim, \$2,000,000 Aggregate	\$185.00	\$200.00	\$245.00	\$295.00	\$440.00	\$
<input type="checkbox"/> \$2,000,000 Per Claim, \$4,000,000 Aggregate	\$205.00	\$230.00	\$280.00	\$335.00	\$500.00	
<input type="checkbox"/> \$3,000,000 Per Claim, \$6,000,000 Aggregate	\$225.00	\$250.00	\$305.00	\$365.00	\$540.00	
<input type="checkbox"/> \$5,000,000 Per Claim, \$10,000,000 Aggregate	\$260.00	\$295.00	\$370.00	\$440.00	\$650.00	

COVERAGE – Optional Accidental Death & Dismemberment	TOTAL PART A	\$
-----------------------------------------------------------------	---------------------	----

▼ Check off one. Please select and check off the required limit. Write the applicable premium in the column. ▼

AD & D Limit	Annual Premium	PREMIUM
<input type="checkbox"/> \$25,000	\$25	\$
<input type="checkbox"/> \$50,000	\$45	
<input type="checkbox"/> \$100,000	\$85	

TOTAL PART B	\$
---------------------	----

TOTAL PART A & B	\$
-----------------------------	----

For residents of Manitoba add 8% Quebec add 9% Ontario add 8%	TAX	\$
---------------------------------------------------------------------	------------	----

TOTAL INCLUDING TAX	\$
----------------------------	----

Please advise the date insurance required is to be effective:	MM/DD/YYYY
----------------------------------------------------------------------	------------

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. For the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the therapy(ies) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Applicant's Signature

Date

Coaches Professional and General Liability Checklist

Application completed in full. All questions must be answered.

Membership Documentation (e.g. Certificate of Membership).

Premium calculation including tax for options– page 4.

cheque attached online Bank confirmation # _____ if online Name of Bank _____

PAYMENT OPTIONS

Internet Banking

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
2. Enter Holman. Choose All Categories and province Ontario and submit.
3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.

Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Your banking institution will then take your payment over the telephone by your choice of payment method.

Debit Card Payments

1. Contact your bank by telephone or visit bank in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
5. Choose banking option: Bill Payment and follow your bank instructions.

In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

NSF payments - \$25 Fee

By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd.
3100 Steeles Ave. East Suite 101
Markham ON L3R 8T3