

# 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



## Sports Coach Commercial General and Professional 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 – Commercial General Liability including Professional Liability

- Commercial General Liability
- Professional Negligence
- Libel & Slander

### COVERAGE – OPTIONAL – Accidental Death and Dismemberment – MUST PURCHASE Commercial General Liability

#### Approved Associations

This application applies only to the individual members of Coaches of Canada CHP 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 Broker prior to accepting binding hereunder.

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

1.	Full Name of <b>Applicant</b> :	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 – <b>PLEASE ATTACH CERTIFICATES</b>			
	Name of Association, School or Centre	Course Title	Dates MM/DD/YY	

MM/DD/YYYY

4. Date Of Birth:- \_\_\_\_\_
5. Coaches of Canada Membership number: \_\_\_\_\_  NCCH  CHP  
Please attach copy of membership.
6. Have any negligence claims ever been made against you whether successful or otherwise?  Yes  No
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. Are clients required to sign a "Waiver of Liability"? If yes, please attach copy.  Yes  No
11. Please enter the number of other coaches to be included. \_\_\_\_\_  
Please list the full name of coach below and provide copy of their certificate:

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12. Number of hours worked weekly: \_\_\_\_\_
13. Is there a certified coach on site at all times of operation?  Yes  No
14. Do any owners/employees certify other coaches?  Yes  No
15. Will there be any activities that include the use of a trampoline over 40 inches in diameter?  Yes  No
16. Do you have safeguards or procedures you employ to avoid injuries?  Yes  No
17. Do you operate your business outside of Canada?  Yes  No
18. Do you have any employees that require you to need Employer's Liability Coverage?  Yes  No
19. Does your training include outdoor cycling?  Yes  No
20. 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

## Sports Coached

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.			▼ 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			

### PROGRAM HIGHLIGHTS

**Includes:**

- Commercial General Liability
- Bodily Injury and Property Damage
- Products and Completed Operations
- Personal Injury Liability
- Medical Expense \$1,000 per Person \$10,000 per accident
- Tenants Legal Liability \$250,000
- Errors & Omissions Sublimit
- Non-Owned Automobile Liability (any one accident)

## PREMIUM CALCULATION

### COVERAGE – A - General Liability includes Professional Liability – Deductible \$500

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

▼ Check off one ► LIMIT OF INDEMNITY	<input type="checkbox"/> Level A	<input type="checkbox"/> Level A - B	<input type="checkbox"/> Level A - C	<input type="checkbox"/> Level A - D	<input type="checkbox"/> Level A - E	PREMIUM
<input type="checkbox"/> \$1,000,000 Per Claim, \$1,000,000 Aggregate	\$185.00	\$200.00	\$245.00	\$295.00	\$440.00	\$
<input type="checkbox"/> \$2,000,000 Per Claim, \$2,000,000 Aggregate	\$205.00	\$230.00	\$280.00	\$335.00	\$500.00	
<input type="checkbox"/> \$3,000,000 Per Claim, \$3,000,000 Aggregate	\$225.00	\$250.00	\$305.00	\$365.00	\$540.00	
<input type="checkbox"/> \$5,000,000 Per Claim, \$5,000,000 Aggregate	\$235.00	\$295.00	\$370.00	\$440.00	\$650.00	

### COVERAGE –B 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"/> \$10,000	\$25	\$
<input type="checkbox"/> \$25,000	\$45	
<input type="checkbox"/> \$50,000	\$85	

**TOTAL PART B** \$

**TOTAL PART A & B** \$

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

All premiums are annual and 100% retained **TOTAL INCLUDING TAX** \$

Please advise the date proposed 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**
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Assessing the **Applicant's** application for insurance
- Providing claims assistance and service.
- Disclosing information to Insurance Companies
- 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](http://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. I understand there is no coverage in effect until confirmed in writing by Holman Insurance Brokers Ltd.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## Coaches Commercial 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 3.

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