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Coaching Association of Canada
Association canadienne des entraîneurs

CANADIAN INSURANCE BROKERS INC.

Application of Insurance
Coaching Association of Canada

*This Insurance program has been designed for the Professional and NCCP Coaches of the Coaching Association of Canada (CAC), this application is required to apply for the Insurance, the responses on this application will be the basis of the underwriting for this policy so it is important to ensure that all answers are accurate**

Program Features

- *$2,000,000 Limit Commercial General Liability Bodily Injury & Property Damage*
- *$2,000,000 Personal & Advertising Injury*
- *$1,000 Bodily Injury and Property Damage Deductible*
- *$2,000,000 Products & Completed Operations*
- *$1,000,000 Professional Liability*
- *$1,000,000 Non-Owned Automobile*
- *$500,000 Tenants Legal Liability*
- *$1,000,000 Employers Liability*
- *$1,000,000 Employee Benefits Liability*
- *Blanket Additional Insured Included*
- *Incidental Medical Malpractice Liability Included*
- *Blanket Sport Accident Included - $50,000 Principal Sum*

OPTIONAL COVERAGES

- *Increase Commercial General Liability to $5,000,000*
- *Legal Expense Cost Coverage*

WHO IS INSURED:

Applicant means the individual applying for insurance listed below. This includes all Professional and NCCP Coaches, and Coach Developers, and can include paid or unpaid Coaches, Training Instructors, Independent Coaches, and Mentors. Coverage is not restricted to a specific location; the Coverage Territory of this policy is worldwide.

APPLICATION PROCESS:

Once the Application is completed and submitted online, it will be reviewed and our office will contact you to confirm total premium and approval. Payment Options will include credit card, cheque or online payment.

APPLICANT INFORMATION:

First Name:_____ Last Name:_____
Street Address:_____
City:_____ Province:_____ Postal Code:_____
Date of Birth:_____ Telephone Number:_____
Email Address:_____

_____

You must be a coach in good standing with your sport organization and have an NCCP Number **YES**☐ **NO**☐

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MEMBERSHIP:

Please identify the category below which best describes your operations:

1. Registered or Chartered Professional Coach ☐
2. NCCP Coach ☐
3. Coach Developer ☐

Please provide your NCCP Registration #:_____

Please attach a copy of your NCCP Transcript to this Application

Have you completed the Making Headway Module **YES** ☐ **NO** ☐
If No, this is to be completed within 30-days from the Application date.

Do you instruct vulnerable individuals?
Including Children, Youths, and Seniors **YES** ☐ **NO** ☐

If Yes, have you completed the Making Ethical Decisions course? **YES** ☐ **NO** ☐
If No, you will be required to adhere to the Insurers Protocols on Abuse, to be provided.

Are Vulnerable Sector Screenings performed every 3 years? **YES** ☐ **NO** ☐

Do you hold any current dated certifications for Emergency First Aid and CPR Training **YES** ☐ **NO** ☐

GENERAL BUSINESS INFORMATION:

What Sport do you coach/instruct? _____

Average number of hours per week you instruct: _____

Number of individuals you coach per year? _____

Number of participants in training session Average: _____ Maximum:_____

Do you provide one-on-one training sessions to vulnerable individuals? **YES** ☐ **NO** ☐

Name or address of facility which you primarily instruct from: _____

_____

Do you work from your home? **YES** ☐ **NO** ☐

Do you operate any overnight camps or overnight training sessions? **YES** ☐ **NO** ☐

If Yes, please advise the age and number of participants and details on transportation, accommodation and supervision during camps: _____

If participants on overnight camps are minors, do parents or guardians accompany participant? **YES** ☐ **NO** ☐

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Please check if you are doing any of the following:

- Boxing **YES** ☐
- Equestrian or Horseback Riding **YES** ☐
- Ice Hockey (Contact of Non-Contact) **YES** ☐
- Ice Climbing or Outdoor Mountain Climbing **YES** ☐
- Rugby **YES** ☐
- Canoe, Kayak, Rafting or SUP in Class 5 & Class 6 waters **YES** ☐
- Mechanized Skiing or Snowboarding **YES** ☐
  (Use of CAT or Helicopter to bring athlete to the top of the mountain)
- Mechanized Cycling or Mountain Biking or Skateboarding **YES** ☐

If any of the above are checked, please advise what safety measures are being taken:

_____

_____

Are all participants required to wear the appropriate protective head gear/protective equipment? **YES** ☐ **NO** ☐

Are First Aid kits on hand and easily accessible during training or game play? **YES** ☐ **NO** ☐

Is there any immediate removal or stoppage of activity for a player who appears to have suffered a head injury or concussion? **YES** ☐ **NO** ☐

Is there a Return-To-Play policy in place that requires any participant who has sustained a head injury or suspected head injury to:

(a) Visit a licensed health care professional for evaluation and clearance? **YES** ☐ **NO** ☐

(b) Sign a Head Injury Information/Awareness form before returning to training or game play (signed by participant and/or parent/legal guardian) **YES** ☐ **NO** ☐

Are waivers signed by athletic participants (or parent/ legal guardians) **YES** ☐ **NO** ☐

Is there a written contract or training plan in place for private/semi-private or one-on-one training sessions **YES** ☐ **NO** ☐

Are health questionnaires completed to ensure no existing health conditions before the start of one-on-one training sessions? **YES** ☐ **NO** ☐

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OPTIONAL COVERAGES

☐ **General Liability & Products & Completed Operations Liability – Increase Limit to $5,000,000**

☐ **Legal Expense Insurance**

*Complete Package - $50,000 Per Claim/$250,000 Per Year

Applicant Acknowledgment:

The Applicant hereby expressly contents to the Broker collecting, using or disclosing personal information, as part of the Application or Renewal Application, or providing such information to Third Parties as required, including Insurance Companies. I/We declare the above statement to be true in every aspect. I/we hold qualifications certificates as stated in this application form. I/We agree that the information in this application will be used as a basis of underwriting the risk, and will form part of the contract between me/us and Canadian Insurance Brokers Inc.

Applicant Signature: _____

Print Name: _____

Date: _____

Date Coverage is to be effective: _____