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## Cycling Coach Liability Insurance Application Form

[www.cyclinginsurance.ca](http://www.cyclinginsurance.ca)

This program has been specifically designed for Cycling Coaches and include paid or unpaid coaches, independent coaches, team leaders, mentors and training instructors. All coaches with Cycling Canada or any of the affiliated provincial and local clubs are considered. It is a Commercial General Liability “Occurrence Form Policy” which includes injury to Participants and Professional Liability (Errors & Omissions). Coverage is portable, allowing you to operate anywhere in Canada at multiple studios, sport complexes, your home, church, community center and parks etc.

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.

“Applicant” means the individual detailed below. This application form must be completed in ink, signed and dated by the Applicant. All questions must be answered and where appropriate “Not Applicable” or “N/A” specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the Applicant’s knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the Applicant is aware of any other information which it considers may alter, influence or prejudice the Insurers’ appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

### PROGRAM HIGHLIGHTS

#### Sports Liability (Occurrence Form)

- Public Liability \$2,000,000 higher limits available
  - Injury to Participants \$2,000,000 included
  - Tenant Legal Liability \$100,000
  - Personal Advertising Liability Included
  - Products & Completed Operations Included
  - Employee Benefits Liability \$1,000,000
  - Contingent Employers’ Liability
  - First Aid & Medical Payments \$10,000
  - Sports Professional Liability – “Claims Made” \$1,000,000
  - Trampoline, Liquor & Marijuana Exclusion
  - Additional Insured – Blanket Basis included
  - Employers Liability Extension \$1,000,000
  - Communicable Disease Exclusion
- Excludes Sexual Abuse and Molestation

I confirm I am a member of Cycling Canada in good standing.

#### Applicant Acknowledgement

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Cycling Coach Liability Insurance Application Form

### INSURED INFORMATION

1.a.	Full Name of <b>Applicant</b> :	First Name	Initial	Last Name
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b.	Location Address:	Street Address		
	City	Province <input type="checkbox"/> <input type="checkbox"/>	Postal Code	

2.a. Do you operate under a Business Entity or Partnership?     Yes     No  
 If yes, Full Name of Business:

Note for Incorporated Business Entity or Partnership Coverage:

This policy being applied for will cover the Business Entity or Partnership if incorporated and up to 1 administrative non-professional staff that do not provide any of the insured services. No additional charge for sole proprietor acting under a company name. There is an additional charge for an Incorporated companies and partnerships. All professionals must apply for individual coverage separately.

2 b.	Telephone Number:	Business #	Cell #
2.c.	Email Address:	Fax #	<input type="checkbox"/> <input type="checkbox"/>
	Date of Birth (mm/dd/yyyy)		

### BUSINESS OPERATIONS

3. Cycling Canada membership number: \_\_\_\_\_

4. Is being a Coaching instructing a fulltime business for you?     Yes     No

You must provide a copy of any relevant certificates and qualifications you have achieved.

5. Average number of hours you teach monthly: \_\_\_\_\_

6. Average number of participants per month: \_\_\_\_\_

7. Average number of sessions per week per client? \_\_\_\_\_

8. Do you train anyone under the age of 16 or over the age of 65?    If yes, please provide full details:     Yes     No

9. Are you involved in any aspects of medical diagnostic or rehabilitation services?     Yes     No

10. Are you providing any nutritional or dietary advice?     Yes     No

11. Do you have any clients come to your home or do you work out of a public facility?     Yes     No

**NOTE:** ALL TRAINEES UNDER YOUR INSTRUCTION MUST COMPLETE A PARQ PHYSICAL ACTIVITY READINESS QUESTIONNAIRE ONCE A YEAR.  
 If you have employees or need equipment coverage, you must apply using the "Coach/Fitness Studio Application".

12. Do you provide fitness instruction to Professional Sports persons and/or dancers?     Yes     No

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13. Do you teach instructors and/or certify or qualify another to teach others?  Yes  No

Where an applicant is a teacher, teaching is considered certifying and/or qualifying another to teach others. (This should not be confused with instruction of others in participation of an activity.)

Your policy does not extend coverage to the actions of your students. Examples of this would be:

- i) a student or graduate injuring another student during practical training;
- ii) a student or graduate causes harm to a patient and an allegation is made that the damages were in whole or in part as a result of insufficient or deficient training.

If **YES**, please indicate relationship to whom and how often.

**Attach relevant qualifications.**

To Whom?	How often?
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14. Do you require liability coverage for any additional Insured's? Please indicate the relationship, state name and full address. If more space is required, please complete the following.  Yes  No

**Note: Additional Insured**

**This policy includes Blanket Additional Insured's however if they require a specific individual certificate to be issued there is an additional Charge of \$25 each plus tax and we require the following information:**

It is requested the following entities are to be added to the policy as Additional Insured, but only with respect to the operation of the Named Insured. The certificate applies to the named insured while operating within the scope as a Fitness Professional.

Name and complete address, including postal code AND email of Additional Insured:			Interest in the insurance:
Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email :			
Address: (Street)	Province:	Postal Code:	

Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email:			
Address: (Street)	Province:	Postal Code:	

15. Do you keep records for at least 7 years for all clients?  Yes  No

If **NO**, please advise why the answer is **NO**:

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16. Do you obtain satisfactory consent in writing from each client prior to starting instruction?  Yes  No

If **YES**, please attach sample copy of consent form, intake form or client waiver.

17. Have any negligence claims ever been made against you whether successful or otherwise?  Yes  No

18. Have any claims for dishonesty ever been made against you whether successful or otherwise?  Yes  No

19. Have any complaints or investigations ever been made or undertaken against you?  Yes  No

20. Have you ever had a document relating to the **Applicant's** activities unintentionally destroyed, damaged, lost or mislaid?  Yes  No

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21. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending?  Yes  No
22. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you?  Yes  No
23. Have any sexual harassment and/or abuse claims ever been made against you?  Yes  No
24. Are you aware of any circumstances which may give rise to a potential claim or request for indemnity under this professional liability insurance?  Yes  No

**NOTE:** If the answer to any of 10-17 above is **YES**, please provide full details:

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25. Do you currently purchase any of the following types of insurance policies? Fitness Liability, Sports Liability, Medical Malpractice, Professional Liability Insurance or Errors or Omissions Insurance? If YES, please give full details:  Yes  No

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

**If you had a "Claims Made" policy and require retro date coverage, please provide evidence of prior insurance policy.**

26. Have you ever had a claim made against you whether successful or otherwise in respect of bodily injury, property damage, premises (including tenant's liability), liability, personal injury, advertising liability or medical expenses? If YES, please give full details:  Yes  No

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27. Do you sell, manufacture, distribute or wholesale any products?,  Yes  No
- If yes, do you sell to others that are not your clients?  Yes  No  
If yes, please give full details and describe products.
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**Cycling Coach Liability Insurance Application Form  
PREMIUM CALCULATION & INVOICE**

**Sports Liability**

<input checked="" type="checkbox"/>	Sport Liability \$2,000,000		<b>\$325.00</b>
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<input type="checkbox"/> Additional Insured as per question 14	\$25 each	\$
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**Optional Coverage – additional charge Please  all that apply**

<input type="checkbox"/> Online Internet Training or Videos	\$150	\$
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<input type="checkbox"/> World-wide coverage Territory	\$150	\$
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<b>BROKER FEE</b>	<b>\$ 25.00</b>
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<b>TOTAL BEFORE TAX</b>	<b>\$350.00</b>
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For residents of Manitoba add 7% Newfoundland / Labrador add 15% Ontario add 8% Saskatchewan add 6%	<b>TAX</b>	<b>\$</b>
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<b>TOTAL INCLUDING TAX</b>	<b>\$</b>
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Please advise the date insurance required is to be effective:	MM/DD/YYYY
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**\*NOTE: All Insurance premiums are subject to 100% minimum and retained premium. NO refund premium is applied for mid-term cancellation. Policy is subject to a \$1,000 Deductible.**

**NOTE: COVERAGE CAN ONLY BE BOUND AND CONFIRMED BY HOLMAN INSURANCE BROKERS LTD.**

## Cycling Coach Liability Insurance Application Form

### 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](http://www.holmanins.com) or contact our Privacy Officer at Holman Insurance Brokers Ltd.

### DISCLOSURE OF MATERIAL FACTS

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

### PROGRAM DISCLOSURE

Your coverage will be placed with a program administered by Holman Insurance Brokers Ltd. We have engaged in a marketing process to offer a competitive product on a group basis with insurers but we have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by Holman to seek an alternative insurer if available.

### EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

The email address supplied may be used to notify you of other related insurance products of interest to you.

### 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.

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**Applicant's Signature**

**Date**

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**Print Name**

**This application must accompany copies of Certification and Payment to avoid delay in processing**

Return completed application and additional materials requested to:

Holman Insurance Brokers Ltd.  
1 Valleywood Drive, Suite #100,  
Markham ON L3R 5L9  
Telephone:(905)886-5630  
Email: [programs@holmanins.com](mailto:programs@holmanins.com)

## Cycling Coach Liability Insurance Application Form

### Cycling Canada Coach Checklist

Application completed in full. All questions must be answered.

Relevant new certificates and qualifications attached. For new applicants or new certifications.

Method of Payment (must accompany application, instructions below)

cheque attached (your cancelled cheque is your receipt)

online Internet payment (Bill Pay) Bank confirmation # \_\_\_\_\_ Name of Bank \_\_\_\_\_  
confirmation receipt provided by bank provider

Visa/Master Card - email confirmation receipt will be sent provider upon transaction

Please keep a copy your application and payment receipt (ie cheque, Bank confirmation or online payment receipt).  
An invoice will not be issued.

### PAYMENT OPTIONS

#### Credit Card

1. Go to [www.coachinsurance.ca](http://www.coachinsurance.ca) Please note there is an administration/convenience fee charged for this option
2. Click on Payment Options
3. Click on Master Card/ Visa icon and enter the required information.

**By Mail** -Cheque or money order payable to:

#### Internet Banking (not to be confused with Interac e-Transfer which we do not accept)

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 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.

**By Mail** -Cheque or money order payable to:

Holman Insurance Brokers Ltd. 1  
Valleywood Drive, Suite #100  
Markham ON L3R 5L9

**Please note: NSF Payments – there will be an additional \$25 service charge**