



**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, NO General Aggregate
- This is an Occurrence Form\*
- Injury to Participants Included
- \$500 Bodily Injury and Property Damage Deductible
- \$2,000,000 Products & Completed Operations
- \$2,000,000 Professional Liability
- \$2,000,000 Non-Owned Automobile
- \$2,000,000 Tenants Legal Liability
- Blanket Additional Insured Included
- Incidental Medical Malpractice Liability Included
- \$500,000 Abuse Liability Occurrence Form Per Occurrence/Aggregate
- Blanket Sport Accident Included - \$50,000 Principal Sum; \$5,000 Accident Dental; \$250 Dentures, \$15,000 Accident Medical and Hospital Expenses; \$100 Eyeglass or Contact Lenses reimbursement; \$10,000 Rehabilitation; \$10,000 Special transportation, \$10,000 Home Alteration

**OPTIONAL COVERAGES**

- Legal Expense Cost Coverage Optional
- Property Coverage Optional

**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: \_\_\_\_\_

Are you currently a member in good standing with the CAC? YES  NO

**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? \_\_\_\_\_

Do you provide one-on-one training sessions to vulnerable individuals?

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**

Please check if you are doing any of the following:

- Boxing YES
- Equestrian or Horseback Riding YES
- Ice Hockey (Contact or 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:

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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

**PREMIUM CALCULATION: Check One\***

<input type="checkbox"/> <b>Registered or Chartered Professional Coach</b> General Liability, Abuse & Sport Accident	<b>TOTAL \$</b>
<input type="checkbox"/> <b>NCCP Coach</b> General Liability, Abuse & Sport Accident	175.00
<input type="checkbox"/> <b>Coach Developer</b> General Liability, Abuse & Sport Accident	225.00
	140.00

<b>OPTIONAL COVERAGES</b>	
Commercial General Liability & Products & Completed Operations Liability Increased Limit to \$5,000,000	150.00
<b>ABUSE</b>	
<input type="checkbox"/> Increase Limit to \$1,000,000	TBD
<input type="checkbox"/> Increase Limit to \$2,000,000	TBD
<b>PROPERTY</b>	
<input type="checkbox"/> <i>Yes, this is required</i>	
Type: Total Replacement Value (\$): Premium will depend on the value – refer to CIBI	TBD

<b>LEGAL EXPENSE</b>	
<input type="checkbox"/> Complete Package* \$50,000 Per Claim/\$250,000 Per Year, Including Driver's License Protection, Property, Bodily Injury, and Tax Protection.	195.00
<b>Provincial Tax</b>	
<input type="checkbox"/> Ontario – Add 8%	
<input type="checkbox"/> Manitoba – Add 8%	
<input type="checkbox"/> Quebec – Add 9%	
<input type="checkbox"/> Newfoundland – Add 15%	
<b>Total Annual Premium Incl. Tax:</b>	

***\*The Premium is – 100% FULLY EARNED & NON REFUNDABLE\*\*  
Premium is NOT Pro-rated if you join Mid-Term\*\****

**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: \_\_\_\_\_