

2010-2011 PROFESSIONAL LIABILITY APPLICATION

PERSONAL INFORMATION: (PRINT OR TYPE)

LEGAL NAME _____ PROFESSIONAL # _____
HOME ADDRESS _____
CITY _____ COUNTRY _____ STATE _____ ZIP _____
DAY PHONE _____ HOME PHONE _____
FAX _____ EMAIL _____

1

WARRANTIES FOR TRAINING: (READ CAREFULLY BEFORE COMPLETING APPLICATION)

2

Notwithstanding anything to the contrary contained herein, in consideration of the coverage provided, in addition to the premium charged, it is agreed that the insured warrants the acts and activities, insured herein, shall conform with the following agreements for dive training, it is agreed that failure to conform to the foregoing warranties shall cause this policy to be considered null and void at the breach of warranty and the underwriter agrees to remit the unearned premium upon demand.

- **During Entry Level Instruction** and or test, no insured as defined shall leave or permit any uncertified student to leave the immediate area without direct or indirect supervision of an instructor divecon, divemaster, or assistant instructor.
 - a. **On the first scuba dive** for entry level training, students are to be under the direct supervision of the instructor for all underwater skill work and evaluations.
 - b. **On the second and subsequent dives** for entry level training, providing all underwater skill work and evaluations have been completed, the instructor may conduct diving exercises while students are under direct supervision of an divecon, divemaster, or assistant instructor.
- **Entry Level Training, Advanced Training, and Supervised dives** shall be planned within accepted recreational limits.
 - a. planned to 130 feet/40 meters or shallower
 - b. planned without mandatory stage decompression (safety stops are acceptable)
 - c. made using compressed air or oxygen enriched air (nitrox) only
- **Training and Supervised Technical Dives** shall be planned with the following limitations:
 - a. Planned to 92 Meters / 300' or shallower
 - b. Made using compressed air, enriched oxygen or trimix only.
- **The instructor shall require each student to complete a MEDICAL HISTORY FORM, WAIVER, AND AN EXPRESS ASSUMPTION OF RISK** at the beginning of orientation or training. If the medical history form indicates any condition contrary to safe participation in diving activities, the student shall be required to obtain medical approval by a licensed physician based on a medical examination prior to open water training. The medical history forms and waivers of minors are to be signed by parent(s) and/or legal guardian(s). **In no event will medical approval** be accepted wherein the physician signing the certificate is the student.
- **Before all dive trips which are for orientation or instructional purposes**, the student shall be required to execute a written release and acknowledgment that they know that the dive site is remote and that a recompression chamber may not be readily available and they wish to continue and assume the risks in the absence of a recompression chamber.
- **No scuba certification** shall be given to anyone under the age of 10 years.
- **Records used** for the purpose of recording the student's progress shall be maintained by the instructor and/or dive store. **Records of knowledge tests** for the purpose of evaluating the student's understanding of the instructional material shall be maintained by the instructor and/or dive store. **All records** relating to individual students shall be retained for a minimum of five (5) years by the instructor and/or dive store.
- **Introductory Scuba Experience** programs must be conducted in accordance with Recreational Scuba Training Council (RSTC) Standards.

POLICY CONDITIONS:

1. **NO** **YES** Is there knowledge of a prior occurrence or do you foresee that a claim may be brought against you?

If Yes, a written statement must accompany the application for each occurrence.

2. **YES** **NO** I understand that coverage will not be afforded unless my professional rating is current, or I am in training. I also agree to abide by the current National Training Standards. I have read and understand the warranties included herein. I have read and understand the retroactive coverage.

APPLICANT'S SIGNATURE: _____ **Date:** _____

COVERAGES: CHECK COVERAGE NEEDED

Annual Premium Installments

- | | |
|--|---|
| <input type="checkbox"/> \$533 INSTRUCTOR | <input type="checkbox"/> \$533 INSTRUCTOR IN TRAINING |
| <input type="checkbox"/> \$356 DIVEMASTER | <input type="checkbox"/> \$356 DIVEMASTER IN TRAINING |
| <input type="checkbox"/> \$356 SWIM INSTRUCTOR | <input type="checkbox"/> \$231 TAIL/ RETIRED COVERAGE |
| <input type="checkbox"/> \$231 ASSISTING ONLY | |

OPTIONAL COVERAGES

- N/C TECHNICAL ENDORSEMENT
 \$359 EQUIPMENT LIABILITY

Cost includes Premium, E & S Taxes, and Association Fees.

TOTAL \$ _____ Call 1-800-467-7282 or (970) 407-9800 for prorata eligibility.

CASH/VISA/M.C./AMEX/DISCOVER CREDIT CARD # _____ Exp. _____

Signature of Card Holder

Print Card Holder Name

Card Holder Address

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3

ADDITIONAL INSUREDS: (Provide Legal Name, i.e., Inc. or LTD., Complete Mailing Address and Relationship Required)

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MAIL TO:

INSURANCE MANAGEMENT SERVICES, INC.
P.O. BOX 455 FORT COLLINS, CO 80522
FOR CERTIFIED MAIL, FED-EX OR UPS
1730 S. COLLEGE AVE. STE 202, FORT COLLINS, CO 80525
(970) 407-9800 OR 1-800-467-7282 FAX (970) 472-0904

OFFICE USE ONLY

DATE REC'D _____

EFFECTIVE DATE _____

MODE OF PAYMENT _____

CHECK # _____

PAID BY _____

AMOUNT REC'D _____

CERT # _____