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**Culinary Arts and Food Service Instructor/Coach  
Commercial General Liability Insurance  
Application Form  
(Occurrence Basis)**

[www.holmanins.com](http://www.holmanins.com)

This program has been specifically designed for Individual Culinary Professionals including:

- Culinary Arts Instructors
- Nutrition
- Dietician
- Holistic Health Coach
- Health coach
- Chefs including catering and, private parties

This is an Individual Commercial General Liability "Occurrence Form Policy". Coverage is portable, allowing you to operate anywhere in Canada at multiple locations such as your home, church, community center 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 in question 1 overleaf 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.

By signing this application form the Applicant is consenting to the use of information, including sensitive personal information. Where personal information relates to third parties, the Applicant confirms that it has been given the requisite consent to disclose such information to the Insurers for processing.

If there is insufficient space to complete an answer to any question in this application form, please continue on the continuation space (and additional page) provided, which should then be signed, dated, and attached to this application form.

**Why Liability Insurance?**

Because of your operations as a Culinary Professional, you are open for a possible liability suit even if you are not negligent in your duties. This policy covers your legal liability for bodily injury to client, participants in your class as well as spectators and passers-by.

**PROGRAM HIGHLIGHTS**

**Commercial General Liability**

- CGL \$1,000,000 and higher
- Personal Advertising Liability Included
- Products & Completed Operations Included
- Employers Liability Extension Included
- Bodily Injury/Property Damage Deductible \$1,000
- Voluntary Medical Payments \$10,000
- Errors & Omissions (i.e. Professional Liability) included \$1,000,000
- Tenants Legal Liability \$1,000,000
- No cooking exclusion
- No alcohol exclusion
- Communicable Disease Exclusion

**Applicant Acknowledgement**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Culinary Art and Food Service Instructor/Coach Liability Insurance Application

## WARNING

If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact Holman Insurance Brokers Ltd. immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant's ability to claim under the Applicant's insurance policy.

If the Applicant is a new client to Holman Insurance Brokers Ltd. and the Applicant's previous liability policy was not on a "claims made" basis with the same "retro-active date" to that provided under this insurance application please call Holman Insurance Brokers Ltd. for advice as the Applicant may be exposed to a gap in cover. It is the responsibility of the Applicant to understand the type of insurance they are applying for.

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

Any **Applicant** who has qualified overseas shall also have to be individually approved prior to cover being authorized by Insurers. ☐ ☐

1.a.	Full Name of <b>Applicant</b> :	First Name	Initial	Last Name
				<input type="checkbox"/> <input type="checkbox"/>

b.	Location Address:	Street Address		
	City	Province	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 2 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 #	
	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Female <input type="checkbox"/> Male	

3. Date Of Birth:- MM/DD/YY

4. Date Started Practice: MM/DD/YY

5. Is any of your work supervised? ☐ Yes ☐ No

If **YES**, Please advise by whom and under what circumstances:

Name of Supervisor	Address	Tel #	Email
Please provide qualifications of supervisor			

6. Is this a fulltime business for you? ☐ Yes ☐ No
7. Do you have a Food Handler or Food Health Safety certification? ☐ Yes ☐ No
8. You must provide a copy of any relevant certificates and qualifications you have achieved

## Culinary Art and Food Service Instructor/Coach Liability Insurance Application

9. Average number of hours you work monthly? \_\_\_\_\_
10. If you have employees or need equipment/property coverage, you must apply using our Commercial Application
11. Are you a student or a candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage? ☐ Yes ☐ No

Where the **Applicant** is a student or candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage, it is a condition precedent to the right to be indemnified under this policy that the **Applicant** be under the supervision of a practitioner/instructor qualified within the activities covered and is restricted to performing practice treatments or case work only, and that the **Applicant** advises the recipient of such treatments (or their parent or legal guardian, if the recipient has not attained the age of 16) that they are receiving treatment as part of a training program. The **Applicant** must not offer treatments outside of their capabilities which shall at all times be governed by the phase reached in their training program and their supervising instructor/practitioner's assessment.

If **YES**, Please advise name of qualified practitioner or instructor.

Name of qualified practitioner of instructor	Address	Tel #	Email

Please provide qualifications of qualified practitioner or instructor.

- 12.. Do you teach 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?

13. 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 on a separate form. ☐ Yes ☐ No

### Note: Additional Insured

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 of your Professional Services.

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
Email:			

**NOTE:** If the answers to item 11-13 are **YES**, an additional premium loading will apply. Please refer to premium calculation page.

## Culinary Art and Food Service Instructor/Coach Liability Insurance Application

14. Have any negligence claims ever been made against you whether successful or otherwise? ☐ Yes ☐ No
15. Have any claims for dishonesty ever been made against you whether successful or otherwise? ☐ Yes ☐ No
16. Have any complaints or investigations ever been made or undertaken against you? ☐ Yes ☐ No
17. Have you ever had a document relating to the **Applicant's** activities unintentionally destroyed, damaged, lost or mislaid? ☐ Yes ☐ No
18. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? ☐ Yes ☐ No
19. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? ☐ Yes ☐ No
20. Have any sexual harassment and/or abuse claims ever been made against you? ☐ Yes ☐ No
21. 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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22. Do you currently purchase Liability, Medical Malpractice and/or Professional Liability Insurance? If **YES**, please give full details: ☐ Yes ☐ No

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

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

- 23.. 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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24. Do you operate a retail store? ☐ Yes ☐ No  
If yes, please contact Holman Insurance Brokers Ltd.
25. Do you sell, manufacture, distribute or wholesale any products? ☐ Yes ☐ No
26. Do you do online/internet training and/or videos? ☐ Yes ☐ No

# Culinary Art and Food Service Instructor/Coach Liability Insurance Application

## Professional Services

**OPTION A: Please ☒ all that apply**

<input type="checkbox"/> Nutrition	<input type="checkbox"/> Dietitian
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**OPTION B: Please ☒ all that apply**

<input type="checkbox"/> Holistic Health Coach	<input type="checkbox"/> Health Coach	<input type="checkbox"/> Culinary Arts Instructor or Cooking Classes	<input type="checkbox"/> Food Sampling & Tasting for store demonstrations
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**OPTION C: Please ☒ all that apply**

Food Service in a commercial establishment or your residence		
<input type="checkbox"/> Chef or Cook – commercial kitchen	<input type="checkbox"/> Food Preparation – commercial kitchen	<input type="checkbox"/> Food Preparation – in your residence
<input type="checkbox"/> Meal services for school lunches		

**OPTION D: Please ☒ all that apply**

<input type="checkbox"/> Chef Including catering private parties up to 20 people	<input type="checkbox"/> Food Preparation in client residence	<input type="checkbox"/> Meal Services including preparing and freezing meals for client
<input type="checkbox"/> Personal services in client home		

### PREMIUM CALCULATION and INVOICE

<input checked="" type="checkbox"/> Please select all that apply. Rates based upon Deductible \$1,000 includes \$1,000,000 Errors & Omissions			Write the applicable premium in the column. ▼		
LIMIT OF LIABILITY ▼ Check off one	Option A <input type="checkbox"/>	Option B <input type="checkbox"/>	Option C <input type="checkbox"/>	Option D <input type="checkbox"/>	Total Premium
<input type="checkbox"/> \$1,000,000 per occurrence / \$1,000,000 Aggregate	\$225	\$260	\$310	\$410	\$
<input type="checkbox"/> \$2,000,000 per occurrence / \$2,000,000 Aggregate	\$280	\$335	\$415	\$515	
<input type="checkbox"/> \$3,000,000 per occurrence / \$3,000,000 Aggregate	\$390	\$435	\$525	\$625	
<input type="checkbox"/> \$5,000,000 per occurrence / \$5,000,000 Aggregate	\$500	\$550	\$635	\$750	
<b>Increase – Professional Liability (Errors and Omissions)</b>					
<input type="checkbox"/> \$1,000,000 per claim / \$1,000,000 Aggregate	\$ Included			\$	
<input type="checkbox"/> \$2,000,000 per claim / \$2,000,000 Aggregate	\$50				
<input type="checkbox"/> \$3,000,000 per claim / \$3,000,000 Aggregate	\$150				
<input type="checkbox"/> \$5,000,000 per claim / \$5,000,000 Aggregate	\$250				
▼ Check off all that apply. If the following activities are undertaken the above premiums will be increased with the following additional premium loading:					
<input type="checkbox"/> Business Entity Fee (Question #2a)	Loading \$100				
<input type="checkbox"/> Additional Insured Fee (Question #13)	\$50 per additional Insured			\$	
<input type="checkbox"/> Online/Internet Training and/or Videos (Question #26)	add \$150			\$	
				<b>Policy Fee</b>	<b>\$ 50</b>
				<b>Total Before Tax</b>	<b>\$</b>
For residents of Ontario 8%, Quebec 9% Manitoba 7% TAX, Newfoundland/ Labrador 15%, and Saskatchewan 6%				<b>\$</b>	
				<b>Grand Total</b>	<b>\$</b>

**NOTE: All Insurance premiums are subject to 100% minimum and retained premium.  
NO refund premium is applied for mid-term cancellation.**

Please advise the date insurance required is to be effective:	MM/DD/YYYY
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# Culinary Art and Food Service Instructor/Coach Liability Insurance Application

## PROTECTION APPLICANT'S INFORMATION

### 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**

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**Date**

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**Print Name**

## Culinary Art and Food Service Instructor/Coach Liability Insurance Application

### CULINARY ART AND FOOD SERVICE INSTRUCTOR/COACH LIABILITY INSURANCE CHECKLIST

Application completed with all questions answered. All pages #1 to #10 must be returned.

☐

Relevant certificates and qualifications attached – for new applicants or and new Certifications for renewals

☐

Categories – (page 5) – all applicable have been checked off.

☐

Premium calculation including tax for options– page 5.

☐

☐ cheque attached   ☐ online Bank confirmation # \_\_\_\_\_ if online Name of Bank \_\_\_\_\_

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)

# Culinary Art and Food Service Instructor/Coach Liability Insurance Application

## PAYMENT OPTIONS

### Credit Card, Visa or Mastercard

1. Go to <https://www.policypayments.com/Holman?step2>

Note: There is a administrative fee of 2.50% charged, however it does qualify for points and Air Miles.

### Internet Banking - (NOT to be confused with Interac e-Transfer above)

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.

### 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**