



1 Valleywood Drive, Suite 100,
Markham, Ontario L3R 5L9 Canada
Email: programs@holmanins.com
Tel: (905) 886-5630 Toll Free # 1-800-567-1279

**Golf Teachers
Commercial General Liability Insurance Application Form
(Occurrence Basis)**

Golf Teachers Liability Insurance Application
THIS IS AN OCCURRENCE-FORM POLICY

This program has been specifically designed for Golf Professionals.

It is a Commercial General Liability “Occurrence Form Policy” which includes injury to Participants. Coverage is portable, allowing you to operate anywhere in Canada at multiple golf courses, golf facilities, golf stores 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.

Why Liability Insurance?

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

PROGRAM HIGHLIGHTS

Commercial General Liability Program Highlights

- CGL and Injury to Participants \$2,000,000
- Personal Advertising Liability Included
- Products & Completed Operations Included
- Voluntary Medical Payments \$10,000
- Incidental Medical Malpractice Included
- Errors & Omissions (i.e Professional Liability) \$1,000,000 included
- Additional Insured – Blanket Basis included
- Employers Liability Extension Included
- Bodily Injury/Property Damage Deductible \$500
- Tenants Legal Liability \$500,000



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1.	Full Name Of Applicant:	First Name	Initial	Last Name
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Address (street, city, province and postal code):	Street Address
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2.	City	Province	Postal Code
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2.	Telephone Numbers:	Business #	Cell #
	Email Address:	Fax #	

4. CGTF Membership ID (IF APPLICABLE) # _____ **PLEASE ATTACH ID**

Have you ever had a liability claim made against you? If YES, please describe: _____ Yes No

Please return this application along with your payment and copy of your CGTF CERTIFICATION and a Certificate of Insurance will be forwarded.

Coverage : Limit of Liability subject to \$1,000 deductible	PREMIUM			
Commercial General Liability \$2,000,000 / E & O \$1,000,000 per occurrence	\$200.00			
Commercial General Liability \$3,000,000 / E & O \$1,000,000 per occurrence	\$250.00			
Commercial General Liability \$5,000,000 / E & O \$1,000,000 per occurrence	\$350.00			
	Policy Fee \$50.00			
For residents of Manitoba 8%, Quebec 9% and Ontario 8% Tax				
Please advise the date insurance required is to be effective:	<table border="1"> <tr> <td>MM/DD/YYYY</td> <td>GRAND TOTAL</td> <td>\$</td> </tr> </table>	MM/DD/YYYY	GRAND TOTAL	\$
MM/DD/YYYY	GRAND TOTAL	\$		

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

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency.

DECLARATION

You must read this before signing below.
 To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance. The answers in all parts of the application are correct to the best of my knowledge and belief.

 Signature of Applicant _____
 Date

You must inform us of any change in circumstances which will materially affect this insurance.



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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