



2009-2010 BUSINESS GROUP PROFESSIONAL LIABILITY APPLICATION
"THIS IS AN OCCURRENCE APPLICATION FORM"



Policy Period is from Certificate Effective Date through **JUNE 30, 2010**

Witherspoon & Associates, Inc.

1. **READ ALL INFORMATION CAREFULLY.**
2. **Notify your Cert. Agencies by sending copy of certificate**
3. **Coverage begins when the completed signed application and correct payment are received and approved by agent.**

New [] Renewal [] **DO NOT ABBREVIATE STREET OR CITY NAMES; INCLUDE STATE & ZIP.**

Store Name _____ Owner Name _____

Street Address _____ Fax. Ph. #(____) _____ - _____ Wk. Ph. #(____) _____ - _____

City _____ State _____ Zip _____ Country _____ E-mail _____

Total Annual RECEIPTS For (Instruction, Supervision & Orientation of Swim, Snorkeling or Scuba) \$ _____

\$1,000,000 / \$2,000,000 annual aggregate plus cost/expenses up to a maximum limit of USD \$1,000,000

Plan:	Receipt Total:	Premium:
<input type="checkbox"/> A	Under \$25,000	\$ 995.06
<input type="checkbox"/> B	\$25,001 - \$50,000	\$1,384.56
<input type="checkbox"/> C	\$50,001 - \$100,000	\$1,708.82
<input type="checkbox"/> D	\$100,001 - \$150,000	\$2,158.69
<input type="checkbox"/> E	\$150,001 - \$200,000	\$2,795.53
<input type="checkbox"/> F	\$200,001 - \$250,000	\$3,069.15
<input type="checkbox"/> G	\$250,000 - \$350,000	\$3,371.99

Make check or money order payable to:
 Witherspoon & Associates, in US Funds only, or use
Master Card or Visa. Due to expensive bank clearing costs,
 applications from outside the U. S. are to submit funds by
 International Postal Money Order or check drawn on U.S. banks.

NO AMERICAN EXPRESS OR DISCOVER

Card Number _____

Expiration Date _____

Print Card Holder Name _____

Address on Statement _____

Card Holder Signature _____

D{\r kpi 'o {\pco g'Kchko 'j cv'j ku'ku'o {\ 'uki pcwtg0

YOU CAN NOW PAY WITH A ONE TIME DRAFT ON YOUR CHECKING ACCOUNT

When paying by personal check, you authorize Witherspoon & Assoc. to make a one-time electronic debit from your account associated with the check in the amount of your payment. If the check is returned unpaid, your account will be debited the maximum state allowable return fee in addition to the original amount. Please contact us if you have any questions.

Auto Draft on checking account: Name on Check _____

Routing # _____ Account # _____ Authorization Signature _____

9 DIGIT #

Read carefully before signing below.

I understand and accept that coverage will not be afforded unless the professional rating of the staff is current, or staff is training. I agree to monitor my staff to see that they abide by the current National Training Standards. I have read and understand the warranties & waivers included here. D{\r kpi 'o {\pco g'Kchko 'j cv'j ku'ku'o {\ 'uki pcwtg0

Signature of Applicant _____ Date _____

Initial If you are new to the Group policy this Yr. _____

Note: You are insured when this completed, signed application with correct payment is received and approved by the agent. You will receive a Evidence of Insurance.

READ CAREFULLY BEFORE SIGNING THIS APPLICATION

EACH DIVE PROFESSIONAL MUST FILL OUT THIS PAGE TO BE ADDED TO POLICY

Name _____ Hm. Ph. #(____) _____ - _____ Wk. Ph. #(____) _____ - _____
Street Address _____ Cell # _____ E-mail _____
City _____ State _____ Zip _____ Country _____ Instructor, DM, Ect. No. _____
Date Certified _____ Are you an independent ___ Yes ___ No Store you work with _____

Warranties - Conditions and Limitations of Coverage

The named organization, certificate holder or any additional insured warrants compliance with the following agreements:

A. (1) During open water instruction and/or tests, no instructor shall knowingly permit any uncertified student to leave the immediate area without supervision and attendance of an instructor or a certified assistant.

(2) On the first 3 scuba dives for entry certification, the students are to be under direct supervision of the instructor for all underwater skill evaluations. On the first four scuba dives for entry level certification, the instructor may conduct the navigation exercise under the indirect supervision, provided all required skill evaluations have been completed.

(3) Advanced Training and/or Training dives shall be planned within accepted recreational diving limits. For the purpose of this warranty, recreational training dives are defined as dives:

Planned to 130' / 40 meters or shallower

Planned without mandatory stage decompression (safety stops are acceptable)

Made using compressed air or oxygen enriched air (Nitrox)

**For technical training dives - If the INSURED MEMBER is a technically certified professional the above paragraph - A 3 will not apply. Technical dives may be conducted to depths for which you are trained and certified to teach and or supervise.

B. During open water instruction and/or tests, no instructor, certified assistant or dive master shall leave or permit any uncertified student to be unattended.

C. The instructor shall require each student to complete and sign a medical history form and their certification agencies waiver and release agreement, at the beginning of training. If the medical history form **or the appearance of the student** 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 any further water

training. The medical history form and waiver of minors are to be signed by parent(s) and/or legal guardian(s).

D. No instructor shall provide instruction to a minor without first having secured a release signed by parent(s) and/or legal guardian(s) and no scuba instruction shall be given to anyone under the age of 10, except courses which are taught in confined water only (e.g. swimming pools) may be offered to anyone age 8 and older.

E. In no event will medical approval be accepted wherein the physician signing the certificate is the student.

F. Records used for the purpose of evaluating the student's progress shall be maintained by the instructor.

G. Records of knowledge tests for the purpose of evaluating the student's understanding of the instructional material shall be maintained by the instructor.

H. All records relating to individual students shall be retained for a minimum of five (5) years by the instructors.

It is agreed that failure of a certificate holder to conform to the foregoing warranties shall result in the certificate issued to that holder, being considered null and void as a breach of warranty and the Underwriters agree to remit the unearned premium upon demand.

DISCLAIMER

This application is used to determine acceptability for insurance coverage only, and does not represent the entire agreement between applicant and insurance company. The company's insurance policy embodies the entire agreement, and contains additional exclusions, conditions and warranties.

A copy of that policy, representing the entire agreement, will be attached to your certificate.

SPECIAL IMPORTANT NOTICE

READ CAREFULLY BEFORE COMPLETING AND SIGNING. YOU COMPLETE ONLY NO. 1 OR NO. 2 - NOT BOTH.

Sign if you have
**NO KNOWLEDGE
OF PRIOR
ACCIDENTS**

I have no knowledge of any incident, accident, occurrence, act, error or omission which might lead to a legal action or claim for my instruction/supervision. D{ 'v{ r lpi 'o { 'pco g'Kchko 'vj cv'vj ku'ku'o { 'uki pcwtg0

1. X _____ Date ____/____/____
(signature)

Complete and sign
**IF YOU HAVE
KNOWLEDGE
OF PRIOR
ACCIDENTS**

I have knowledge of an incident, accident, occurrence, act, error or omission which might lead to a legal action or claim for my instruction/supervision.

Name of person injured _____

Date of accident ____/____/____ Location _____

Accident report filed? ___no ___yes Date filed? ____/____/____

With? _____. If the report was not filed with IDIG, enclose a copy.

Addition information to help identify the incident or claim.

2. X _____ Date ____/____/____
(signature) D{ 'v{ r lpi 'o { 'pco g'Kchko 'vj cv'vj ku'ku'o { 'uki pcwtg0

Instructors to be listed:

Name _____ Hm. Ph. #(____) ____ - _____ Wk. Ph. #(____) ____ - _____

Street Address _____ EgmRj '% _____ E-mail _____

City _____ State _____ Zip _____ Country _____ Cert Agency _____

Instructor Number _____ Grade _____ (Instructor, Divemaster, etc)

Name _____ Hm. Ph. #(____) ____ - _____ Wk. Ph. #(____) ____ - _____

Street Address _____ EgmRj '% _____ E-mail _____

City _____ State _____ Zip _____ Country _____ Cert Agency _____

Instructor Number _____ Grade _____ (Instructor, Divemaster, etc)

Name _____ Hm. Ph. #(____) ____ - _____ Wk. Ph. #(____) ____ - _____

Street Address _____ EgmRj '% _____ E-mail _____

City _____ State _____ Zip _____ Country _____ Cert Agency _____

Instructor Number _____ Grade _____ (Instructor, Divemaster, etc)

Name _____ Hm. Ph. #(____) ____ - _____ Wk. Ph. #(____) ____ - _____

Street Address _____ EgmRj '% _____ E-mail _____

City _____ State _____ Zip _____ Country _____ Cert Agency _____

Instructor Number _____ Grade _____ (Instructor, Divemaster, etc)

Name _____ Hm. Ph. #(____) ____ - _____ Wk. Ph. #(____) ____ - _____

Street Address _____ EgmRj '% _____ E-mail _____

City _____ State _____ Zip _____ Country _____ Cert Agency _____

Instructor Number _____ Grade _____ (Instructor, Divemaster, etc)

Name _____ Hm. Ph. #(____) ____ - _____ Wk. Ph. #(____) ____ - _____

Street Address _____ EgmRj '% _____ E-mail _____

City _____ State _____ Zip _____ Country _____ Cert Agency _____

Instructor Number _____ Grade _____ (Instructor, Divemaster, etc)

ADDITIONAL INSURED(S):

Name _____

Address _____

City, St, Zip _____

Relationship _____

Name _____

Address _____

City, St, Zip _____

Relationship _____

Name _____

Address _____

City, St, Zip _____

Relationship _____

Name _____

Address _____

City, St, Zip _____

Relationship _____

Name _____

Address _____

City, St, Zip _____

Relationship _____

Name _____

Address _____

City, St, Zip _____

Relationship _____

Name _____

Address _____

City, St, Zip _____

Relationship _____

Name _____

Address _____

City, St, Zip _____

Relationship _____

Name _____

Address _____

City, St, Zip _____

Relationship _____

Name _____

Address _____

City, St, Zip _____

Relationship _____