

# 2006-2007 BUSINESS GROUP PROFESSIONAL LIABILITY APPLICATION

"THIS IS A CLAIMS-MADE APPLICATION FORM"

Policy Period is from 12:01 a.m. JUNE 30, 2006 to 12:01 a.m. JULY 1, 2007

## Witherspoon & Associates, Inc. & Gale Smith + Co

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	\$1,100.09
<input type="checkbox"/> B	\$25,001 - \$50,000	\$1,652.57
<input type="checkbox"/> C	\$50,001 - \$100,000	\$1,997.58
<input type="checkbox"/> D	\$100,001 - \$150,000	\$2,520.74
<input type="checkbox"/> E	\$150,001 - \$200,000	\$3,255.87
<input type="checkbox"/> F	\$200,001 - \$250,000	\$3,572.70
<input type="checkbox"/> G	Over \$250,000	\$3,923.35

Above TOTAL \$ \_\_\_\_\_

Make check or money order payable to Witherspoon & Associates, and Gale Smith + Co. 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 \_\_\_\_\_

### Read carefully before signing below and back of page.

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.

\_\_\_\_\_  
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 Certificate of Insurance.**

### 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 and this policy will be considered null and void. 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 THIS APPLICATION

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

Name \_\_\_\_\_ Hm. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Instructor, DM, Ect. No. \_\_\_\_\_

Date Certified \_\_\_\_\_ Are you an independent \_\_\_ Yes \_\_\_ No Store you work with \_\_\_\_\_

\_\_\_ Diveassure Add

**Diveassure Not Available in:** NY, LA, ND, MD, WV, VT, OR

### **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 is a technically certified professional the above paragraph - A 3 will not apply.

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 written 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.

**For full policy wording and Exclusions, see POLICY WORDING @ [www.scubainsurance.net](http://www.scubainsurance.net)**

### **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 <b>NO KNOWLEDGE OF PRIOR ACCIDENTS</b>	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. 1. X _____ Date _____ (signature)
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OR

Complete and sign <b>IF YOU HAVE KNOWLEDGE OF PRIOR ACCIDENTS</b>	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 or 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)
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**Insurance Coverage is only provided if the Insurance Co. is put on notice of a possible claim ASAP.**

**Insurance Questions: Contact John Witherspoon, IV**

**INTERNATIONAL SCUBA RISK PURCHASING ALLIANCE**

**Brought to you by WITHERSPOON & ASSOCIATES, INC., & GALE SMITH + CO**

**709 Black Horse Pkwy Franklin, TN 37069 PHONE: (615) 599-0334 or (866) 577-3483 (Toll Free) Fax: 615-468-4777**

**Instructors to be listed:**

Name \_\_\_\_\_ Hm. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Cert Agency \_\_\_\_\_  
Instructor Number \_\_\_\_\_ Grade \_\_\_\_\_ (Instructor, Divemaster, etc)

Name \_\_\_\_\_ Hm. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Cert Agency \_\_\_\_\_  
Instructor Number \_\_\_\_\_ Grade \_\_\_\_\_ (Instructor, Divemaster, etc)

Name \_\_\_\_\_ Hm. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Cert Agency \_\_\_\_\_  
Instructor Number \_\_\_\_\_ Grade \_\_\_\_\_ (Instructor, Divemaster, etc)

Name \_\_\_\_\_ Hm. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Cert Agency \_\_\_\_\_  
Instructor Number \_\_\_\_\_ Grade \_\_\_\_\_ (Instructor, Divemaster, etc)

Name \_\_\_\_\_ Hm. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Cert Agency \_\_\_\_\_  
Instructor Number \_\_\_\_\_ Grade \_\_\_\_\_ (Instructor, Divemaster, etc)

Name \_\_\_\_\_ Hm. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk. Ph. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Cert Agency \_\_\_\_\_  
Instructor Number \_\_\_\_\_ Grade \_\_\_\_\_ (Instructor, Divemaster, etc)

**ADDITIONAL INSURED(S): See Additional Insureds that are automatically included. List those not automatically included below.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**ATTACH EXTRA SHEET IF NECESSARY**

**EXTRA SHEET ATTACHED**