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DIVEMASTER OR INSTRUCTOR APPLICATION

General Information

Date: \_\_\_\_\_

- 1. Applicant (full legal name of person to be insured): \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_
5. Who is/was your primary training agency: \_\_\_\_\_
6. Certification Number: \_\_\_\_\_ Date Certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
7. What is your highest current level of active certification? \_\_\_\_\_
8. Have you been suspended, removed or annulled from any Dive Instructor Association or Agency? [ ] Yes [ ] No
If yes, please explain and/or attach an explanation: \_\_\_\_\_
9. Have you been declined for personal professional liability under any similar dive related programs? [ ] Yes [ ] No
If yes, please explain and/or attach an explanation: \_\_\_\_\_
10. Please list any Dive related association you are a member of: \_\_\_\_\_
11. Please list all certifications held: \_\_\_\_\_
12. What insurance policies do you currently have, and who are the carriers? [ ] Homeowners: \_\_\_\_\_
[ ] Auto: \_\_\_\_\_ [ ] Motorcycle: \_\_\_\_\_ [ ] E&O: \_\_\_\_\_
[ ] Umbrella: \_\_\_\_\_ [ ] Other: \_\_\_\_\_

Detailed Information

You must be certified to the appropriate technical level and specifically approved and sanctioned for these activities by your training agency for coverage to apply.

Dive Training Coverage Desired: [ ] Personal Liability [ ] Professional Liability [ ] Both

- 1. Employer(s): \_\_\_\_\_
2. Position: \_\_\_\_\_ Annual Income: \_\_\_\_\_
3. Are you an employee or independent contractor? Please explain: \_\_\_\_\_
4. Are you an instructor or trainer? [ ] Yes [ ] No If yes, please describe number of days you train or instruct: \_\_\_\_\_
5. What type of diving do you instruct or train? Please list all different types of training offered: \_\_\_\_\_
6. How many students are in a typical class? \_\_\_\_\_
7. Do other instructor/trainers work with you during classes? [ ] Yes [ ] No
If yes, please list: \_\_\_\_\_
8. How many classroom days? \_\_\_\_\_ How many non-classroom days? \_\_\_\_\_
9. Where do non-classroom days normally take place? \_\_\_\_\_
10. What is the deepest water depth you will instruct or train? \_\_\_\_\_
11. What is the average water depth you instructor train? \_\_\_\_\_
12. Do you instruct or train deeper than 130 feet? [ ] Yes [ ] No
If yes, please list how many times per year: \_\_\_\_\_
13. Do you train with Closed Circuit Rebreathers? [ ] Yes [ ] No
If yes, please list how many times per year: \_\_\_\_\_
14. Do you do a pre-check with equipment prior to diving? [ ] Yes [ ] No
If yes, please explain protocol: \_\_\_\_\_
15. How often is equipment checked? \_\_\_\_\_

**We can provide a plan to cover your WORK, HOME, and PLAY areas of exposure. Please contact us directly for more information regarding exclusions, holes, and gaps in your current policies.**

**Would you like personal liability coverage to protect you in other areas of life such as home, work, or play?**

Yes, please send me more info  No, not interested

**Would you like coverage for any of the following?**

Sexual Abuse & Molestation  Assault & Battery  Concealed Weapons

Rescue & Evacuation: Select Limit:  \$5,000  \$10,000  \$15,000 If checked schedule activities: \_\_\_\_\_

**Limits of Liability - Please select limits:**

- \$25,000 per person /\$50,000 per accident / \$100,000 aggregate  
 \$50,000 per person /\$100,000 per accident / \$200,000 aggregate  
 \$100,000 per person /\$200,000 per accident / \$400,000 aggregate  
 \$250,000 per accident /\$500,000 aggregate  
 \$500,000 per accident /\$1,000,000 aggregate  
 Other: \_\_\_\_\_

**Self-Insured Retention (SIR):**  \$500  \$1,000  \$2,500  Other: \$ \_\_\_\_\_

### **REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**ACTIVITY SCHEDULE**

**ONLY ACTIVITIES SHOWING ON THE DECLARATIONS OR SCHEDULED ON THE POLICY WILL BE COVERED.  
If you have more than 10 Activities to schedule, please send in an excel spreadsheet with the below information.**

#	CATEGORY	ACTIVITY	Annual Gross Receipts	Annual Guest Days
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				