

2021-2022 PROFESSIONAL LIABILITY

Retailer/Resort Group Professional Liability Policy

Exclusively for Dive Pros Affiliated with PADI Retailer and Resort Members

POLICY PERIOD
 12:01 a.m. June 30, 2021 through
 12:01 a.m. June 30, 2022

IMPORTANT: To maintain continuous coverage from June 30, 2021 – applications with proper payment must be received at Vicencia & Buckley, a division of HUB International, by June 30, 2021. **There is no grace period.** All others will provide coverage from the date and time of receipt by the agent.

You are insured when this completed, signed application is received by Vicencia & Buckley, a division of HUB International, and approved by the insurance company. PADI will be notified that your coverage is in force.

The brochure and application are for illustration purposes only and are designed as a general description of the policies. Coverage will be determined by the actual policy language.

PADI No. _____

Name _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Postal/Zip Code _____

Email _____

Phone No. (_____) _____ Fax (_____) _____

Select Level of Coverage

- Instructor
- Divemaster
- Assistant Instructor
- Non-teaching/Supervising Instructor †
- Divemaster/Assistant Instructor **Assisting Only****
- with TecRec Endorsement*** for selection above
- Retired (inactive) Instructor ††
- EFR Only
- Swimming Instructor
- Freediving Instructor
- Cylinder Inspection Instructor*

Sign Here

I hereby declare that I have read, understand and accept the Exclusions on reverse.

I understand that coverage purchased under the PADI Retailer/Resort Instructional Policy may be canceled at the request of the PADI Retailer or PADI Resort Operator.

I also understand that the limits of liability declared on the certificate of insurance are shared between all staff members insured under the Retailer/Resort Instructional Policy, and coverage is afforded only while involved in the retailer/resort's teaching and supervisory activities.

Retailer/Resort Name

Retailer or Resort Member No.

Signature of Applicant

Date

* Submit proof of professional technical diving and / or Cylinder Inspection Instruction certification.
 ** Divemaster Member/Assistant Instructor Assisting Only option provides coverage to Divemasters and Assistant Instructors ONLY while assisting insured instructors with classes.
 † No coverage will be afforded for any Open Water Scuba Instructor who teaches any form of scuba diving or snorkeling during the policy period.

Special Important Notice

READ CAREFULLY BEFORE COMPLETING AND SIGNING. YOU COMPLETE ONLY NO. 1 OR NO. 2 – NOT BOTH
 Insurance coverage is only provided if the insurance company is put on notice of a possible claim through one of its authorized agents or PADI.

1
OR
2

I, _____, (your name) have no knowledge of any incident, accident, occurrence, act, error, or omission that might lead to, or has already led to, a legal action or claim except any matter already reported to PADI, while insured with Vicencia & Buckley. I understand that I must report any incident, accident, occurrence, act, error, or omission to any previous insurer and that this policy does not cover any known incidents, accidents, occurrences, acts, errors, or omissions. **By applying for this insurance, I hereby authorize PADI to release information to the insurance company pertinent to the investigation of insurance claims.**

SIGNED

DATE

I, _____, (your name) have knowledge of an incident, accident, occurrence, act, error, or omission not previously reported to PADI, while insured with Vicencia & Buckley, that might lead to, or already has led to, a legal action or claim for my supervisory or instructional activities. I understand that I must report any incident, accident, occurrence, act, error, or omission to any previous insurer and that this policy does not cover any known incidents, accidents, occurrences, acts, errors, or omissions. **By applying for this insurance, I hereby authorize PADI to release information to the insurance company pertinent to the investigation of insurance claims.**

Name of Person Injured _____ Date of Incident _____

Incident report filed: YES NO (Include or tell how to obtain) _____

Fatality YES NO Serious injury YES NO In training YES NO

Location of Incident _____ Brief summary of situation or possible claim _____

SIGNED (Sign here only if you have not signed above)

DATE