

**INDIVIDUAL PROFESSIONAL & GENERAL
LIABILITY INSURANCE APPLICATION
EXCLUSIVELY FOR PADI MEMBERS IN THE UNITED STATES**



PLEASE PRINT CLEARLY PADI No.

Name _____
First Initial Last

Mailing Address _____

City _____ State _____

Country _____ Postal/Zip Code _____

Email _____

Physical Address _____

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

(Check applicable box(es) in right column below.)

Select your application delivery method and retain confirmation of delivery. DO NOT submit duplicate applications.
Select ONE: Fax 714-739-3188 Email: instructors@diveinsurance.com
 Mail: Vicencia & Buckley, a Division of HUB International Insurance Services, Inc., 6 Centerpointe Drive, Suite 350, La Palma, CA 90623-2538

POLICY PERIOD

12 Month policy from initial effective date.

IMPORTANT: To maintain continuous coverage from 30 June 2022 – completed applications with proper payment must be received at Vicencia & Buckley, a division of HUB International, AND APPROVED BY THE INSURANCE COMPANY BEFORE 30 June 2022. There is no grace period.

Do not delay, submit your application today!

Submit your completed and signed application, along with proper payment to Vicencia & Buckley, a division of HUB International. You are insured when your application is APPROVED BY THE INSURANCE COMPANY. At that time, you will receive a certificate of insurance and PADI will be notified that your coverage is in force.

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

**PRICING
PREMIUM FULLY EARNED***

Insurance costs include a premium, applicable state taxes, and up to a \$26 PADI Fee for printing, postage, and administration.

Select Insurance Options	\$1,000,000/\$2,000,000	\$500,000/\$1,000,000
Instructor	<input type="checkbox"/> \$1851.00	<input type="checkbox"/> \$884.00
Assistant Instructor	<input type="checkbox"/> \$1331.00	<input type="checkbox"/> \$823.00
Divemaster	<input type="checkbox"/> \$1331.00	<input type="checkbox"/> \$823.00
Freedive Instructor	<input type="checkbox"/> \$1331.00	<input type="checkbox"/> \$823.00
Mermaid Instructor	<input type="checkbox"/> \$1331.00	<input type="checkbox"/> \$823.00
AI/DM Assisting Only**	<input type="checkbox"/> \$1016.00	<input type="checkbox"/> \$625.00
Non-Teaching Instr.***	<input type="checkbox"/> \$1331.00	<input type="checkbox"/> \$823.00
Swim Instructor Only	<input type="checkbox"/> \$1002.00	<input type="checkbox"/> \$624.00
EFR Instructor Only	<input type="checkbox"/> \$1002.00	<input type="checkbox"/> \$746.00

See page two for discount eligibility questions.

**DO NOT use this form for Group Professional Liability.
See form number 300DT.**

Payment Options

Make check or money order payable to: Vicencia & Buckley, a division of HUB International, in U.S.funds only, or use MasterCard, VISA or AMEX at no extra charge.

MasterCard Visa AMEX

Card Number _____

Card Holder Name _____

CVV# _____ Expiration Date _____

Card Holder Signature _____

* Premium fully earned means there is no refund if you cancel your insurance.

** Divemaster/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, swimming or snorkeling during the policy period.

+ coverage available in the 50 United States, District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands, Northern Mariana Islands and American Samoa

Optional Additional Coverages Subject to underwriter review for acceptability and premium.	
<input type="checkbox"/> TecRec Endorsement	Individually underwritten & rated. Submit proof of certification.
<input type="checkbox"/> Equipment Liability	Individually underwritten & rated.
<input type="checkbox"/> Scuba Fit Instructor	Individually underwritten & rated. Submit proof of certification.
<input type="checkbox"/> Cylinder Inspector	Individually underwritten & rated. Submit proof of certification.
<input type="checkbox"/> Cylinder Inspector Instructor	Individually underwritten & rated. Submit proof of certification.
<input type="checkbox"/> Cylinder Inspector and Instructor	Individually underwritten & rated. Submit proof of certification.
<input type="checkbox"/> Excess Liability	Individually underwritten & rated.

Discount eligibility questions for 10% - 15% potential credit. Contact at QM@padi.com for assistance.

1. Yes No Are / have you been involved in any claims in the past 5 years?
2. Yes No Have you had any Quality Assurance infractions (from any training agency) in the past 5 years?
3. Yes No Have you completed the PADI Risk Management seminar in the past 12 months?
4. Yes No Have you completed an PADI professional course (i.e. specialty instructor; AI to Inst; DM to AI, Course Director etc) in the past 12 months?
5. How long have you maintained active & continuous PADI membership _____
6. How many certifications did you issue over the past 12 months _____

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, _____, have NO knowledge of an incident, accident, occurrence, or omission that may lead to (or has already led to) a legal action or claim for my supervisory or instructional activities. **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, _____, have knowledge of an incident, accident, occurrence, or omission that may lead to (or has already led to) a legal action or claim for my supervisory or instructional activities. **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 Date

Prior Acts coverage is NOT automatically included, but can be included for an additional premium
- Are you requesting prior acts coverage? Yes No
- Is yes, what retroactive date are you requesting _____

Additional Insureds Attach Separate List as Needed

1. Additional insureds are NOT automatically renewed.
2. Each additional insured will be individually reviewed for acceptability.
3. Additional insureds do NOT need to be listed for coverage to apply to you.
4. If approved, additional insureds status only applies when required by written contract.
5. Business relationship (confined water site; open water site; dive vessel operator; etc) must be provided for an Additional Insured to be considered. Be as detailed as possible.
6. Instructors, assistant instructors and divemasters may not be additional insured and must obtain their own insurance.

Name _____
Address _____
City/State _____
Zip Code _____

What is the Business Relationship between you and the requested Additional Insured? _____
Is there a written contract, between you and the requested Additional Insureds and must obtain their own insurance. Yes No

Name _____
Address _____
City/State _____
Zip Code _____

What is the Business Relationship between you and the requested Additional Insured? _____
Is there a written contract, between you and the requested Additional Insureds and must obtain their own insurance. Yes No

**If your application is incomplete, it will be returned to you for completion.
I hereby declare that I have read, understand and accept the exclusions**

Sign Here

Signature Date

EXCLUSIONS

READ CAREFULLY BEFORE SIGNING APPLICATION ON PAGE 2

X) Any claim arising out of any "occurrence" in which the insured knowingly permitted the uncertified student involved in the claim to leave the immediate area during in-water instruction without supervision and the attendance of an instructor or a certified assistant.

Y) Any claim arising out of any "occurrence" in which the insured left or permitted the uncertified student involved in the claim to be unattended during in-water instruction and/or testing.

Z) Any claim arising out of any "occurrence" involving a recreational training or supervisory dive conducted by an insured that is planned for depths greater than 40 meters/130 feet; planned with mandatory stage decompression (safety stops are acceptable); or planned using gas mixes other than compressed air, or enriched air unless all students are previously certified divers or are participating in an open water diver course with an enriched air training option.

This exclusion (Z) does not apply to any insured when Technical Diving coverage is indicated on the insured's certificate of insurance.

AA) Any claim arising out of any "occurrence" involving a technical training or supervisory dive conducted by an insured that is planned for depths greater than 100 meters/330 feet; or planned using gas mixes other than compressed air, enriched air, oxygen, or trimix.

BB) Any claim arising out of any "occurrence" in which the insured failed to obtain a medical history form completed by the student involved in the claim, prior to in-water instruction; and in the case of a minor, the failure to have obtained the minor's parent's or guardian's signature on the medical history form. Furthermore, this insurance does not apply if the medical history form indicated any condition contrary to safe participation in diving activities, and the insured failed to require the student to obtain medical approval (based on a medical examination) by a licensed physician, who is not the student, prior to in-water instruction.

CC) Any claim arising out of any "occurrence" during a training dive, or swim instruction in which the insured had not first obtained from the student involved in the claim a signed release of liability/assumption of risk form developed or approved by the certification organization through which the training was offered; and in the case of a minor, the failure to have obtained the minor's parent's or guardian's signature on the form.

DD) Any claim arising out of any "occurrence" during a technical training dive in which the insured had not first obtained from the student involved in the claim a signed release of liability/assumption of risk form developed or approved by the certification organization through which the technical training was offered, specifically stating that the student acknowledges that the training involves technical dive training.

EE) Any claim arising out of any "occurrence" involving scuba instruction provided by the insured to a student under the age of ten (10), except for courses taught in confined water (e.g. swimming pools), which may be offered to anyone age eight (8) and older.

FF) Any claim arising out of any "occurrence" involving instruction in which the insured instructor and/or Dive Center/Resort Operator has not maintained records for the purpose of recording the progress of the student involved in the claim.

GG) Any claim arising out of any "occurrence" involving instruction in which the insured instructor and/or Retailer/Resort Operator has not maintained records for the purpose of evaluating the understanding of the instructional material by the student involved in the claim.

HH) Any claim arising out of any "occurrence" involving instruction in which the insured instructor and/or Retailer/Resort Operator has not retained all records relating to the individual student involved in a claim, for a minimum of five (5) years.

II) Any claim arising out of any "occurrence" involving the insured's conduct of an introductory experience program (any program designed to introduce uncertified divers to recreational scuba diving via a supervised, controlled open water dive experience) that was not in accordance with ISO 11121 Requirements for Introductory Programmes to Scuba Diving. This exclusion does not apply to confined water-only experiences being conducted by properly certified divemasters, assistant instructors and instructors.

CHECK LIST

- Membership with PADI must be current.
- STOP! Do not use this application if the retailer/resort is purchasing GROUP professional liability insurance. Refer back to your retailer/resort.
- Ensure contact information on the front is correct and complete.
- Read Exclusions, sign and date Box A to the left.
- List Additional Insureds above, or on a separate sheet.
- Enclose proof of technical professional certification for TecRec coverage (if applicable).

PLEASE ADD OUR DOMAINS
@hubinternational AND @diveinsurance AND @eoxvantage.com.
TO YOUR SAFE SENDERS LIST!



6 Centerpointe Drive, Suite 350 • La Palma, CA, USA 90623-2538
714-739-3177 • 800-223-9998 • FAX 714-739-3188
diveinsurance.com
Email: License #0757776