

**ADVENTUREGUARD APPLICATION**

INDUSTRY ASSOCIATIONS/GOVERNING BODIES/GUIDE CERTIFICATIONS

**APPLICANT**

Legal Name of Applicant: \_\_\_\_\_

Operating Name: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**DESIRED EFFECTIVE DATE OF COVERAGE:** \_\_\_\_\_ **REQUESTED LIMITS:** \_\_\_\_\_

Are you a nonprofit association or an incorporated company? \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

Name of Person completing this application: \_\_\_\_\_ Position: \_\_\_\_\_

Please state your nonprofit mission statement or if n/a please provide a detailed description of all operations: \_\_\_\_\_

Number of Active Members: \_\_\_\_\_ Number of Associate Members: \_\_\_\_\_

What percentage of Members are minors? \_\_\_\_\_

Members are: Individuals  Companies  Associations

Do you have any operations outside of Canada? Yes  No

If yes, please describe: \_\_\_\_\_

Do you have any affiliated or subsidiary company which operates for profit? Yes  No

If yes, please describe: \_\_\_\_\_

Do you have any stockholders or persons who profit from your operations, with the exception of salaried or contracted employees? \_\_\_\_\_

Yes  No

If yes, please describe: \_\_\_\_\_

**FINANCIAL INFORMATION:**

Please state size of operating budget (Revenue + Cash Assets): \$ \_\_\_\_\_

Please indicate where you derive your income: \_\_\_\_\_

a) Dues from Members \_\_\_\_\_ %

b) Fundraising \_\_\_\_\_ %

c) Donations from General Public \_\_\_\_\_ %

d) Government Grants or Allocations \_\_\_\_\_ %

e) Fees for Services \_\_\_\_\_ %

f) Other - describe: \_\_\_\_\_ %

Are you a registered charity? Yes  No  Tax exempt? Yes  No

Staffing: \_\_\_\_\_

Number of Paid Directors: \_\_\_\_\_ %

Number of Volunteer Directors: \_\_\_\_\_ %

Number of Officers: \_\_\_\_\_ %

Number of Paid Professionals (consultant or employee): \_\_\_\_\_ %

Number of Paid Clerical Employees: \_\_\_\_\_ %

Number of Volunteer Staff: \_\_\_\_\_ %

Do you currently have an insurance program for your members? \_\_\_\_\_ Yes  No

If yes, please provide details (current carrier, limits, scope of coverage, optional coverages, and premium): \_\_\_\_\_

Has your organization, or any Director or Officer of the organization for which this insurance is proposed, have any knowledge of any pending Federal, Provincial, or local legal action or proceeding against the organization and/or its Directors, or Officers? \_\_\_\_\_

Yes  No

Are there any Directors or Officers indebted to the Organization? \_\_\_\_\_ Yes  No

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If yes, please provide details:

**ASSOCIATION OPERATIONS:**

**Does your association:**

- a. Provide training for guides or instructors? Yes  No
- b. Issue certification for these trained guides or instructors? Yes  No
- c. Set standards for qualifications and certification of instructors? Yes  No
- d. Publish technical manuals or guidelines for their industry? Yes  No
- e. Proctor examinations for guides trained by a subcontracted company, who upon successful examination will be considered to be 'certified by the association'? Yes  No

**If yes to any of these questions, please provide full details of training program, qualifications to become certified, recertification process, qualifications of subcontractors to offer your courses, and process for continued education to maintain current certification.**

**Does your association:**

- a. Groom Trails? Yes  No 
  - i. If yes, do you own or lease grooming equipment:
  - ii. Do you require liability insurance for grooming equipment:
  - iii. Who uses this equipment, and what are their qualifications?
- b. Provide trail maintenance? Yes  No 
  - i. If yes, how often?
  - ii. Who performs maintenance?
- c. Build trails from raw land? Yes  No
- d. Build stunts on trails? Yes  No 
  - i. If yes, please describe the types of stunts, level of ability stunts are intended for, and details on the maintenance and construction:
- e. Own land? Yes  No
- f. Hold tenure within any provincial or national park? Yes  No
- g. Issue permits for trail use? Yes  No 
  - i. Number of permits issued to Association Members:
  - ii. Number of permits issued to Non Members:
  - iii. Does your permit contain a Waiver & Assumption of Risk?
    - 1. Please provide a copy for our review.
- h. Ensure proper signage waiving liability to trail users throughout the trail network Yes  No 
  - i. Please provide sample sign wording. (photo if available)
- i. Patrol trails? Yes  No
- j. Have a waiver of subrogation agreement in place for any landowner? Yes  No 
  - i. If yes, please explain:

Please provide any other information you feel would be helpful in understanding your association:

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**INSURANCE HISTORY:**

1) Have your organization ever been declined for liability insurance coverage? Yes  No

If yes, please explain:

2) Has your insurance coverage ever been cancelled by any insurance company? Yes  No

If yes, please explain:

3) Have you had a liability claim, or do you have any incident that MAY ARISE in a claim pending for the past five years:

Yes  No  If yes, please explain:

4) Please provide your previous insurer and premium amount for the past three years:

YEAR	INSURANCE COMPANY	PREMIUM	LIMIT OF LIABILITY

**BROKER INFORMATION:**

Brokerage: \_\_\_\_\_ Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Is this an existing account for your brokerage? Yes  No

How long have you held this account: \_\_\_\_\_ Target Premium: \_\_\_\_\_

Current Insurer: \_\_\_\_\_ Current Policy #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Current Limits: \_\_\_\_\_

Last date you inspected this risk as the broker: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**PLEASE NOTE:**

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes was not provided. The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Email: \_\_\_\_\_