

**APPLICANT**

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

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

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

Principals: \_\_\_\_\_ Years of Experience of Principal: \_\_\_\_\_

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

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

Location Address: \_\_\_\_\_

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

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

Number of Years in operation under current owner: \_\_\_\_\_ Under Previous Owner: \_\_\_\_\_

Business is (check one): Sole Proprietorship  Partnership  Non Profit Assn  Corporation (Inc., Ltd.)

**BUSINESS OPERATIONS:**

1) Please provide a detailed description of your operations: \_\_\_\_\_

2) Please list ALL activities that you offer: \_\_\_\_\_

3) Which to these activities are provided by a sub-contracted company? \_\_\_\_\_

4) If subcontractors are used, do you require certificate of insurance naming your company as additional insured? \_\_\_\_\_

For what limit of liability? \_\_\_\_\_

5) Please list all provinces, territories or countries in which you operate: \_\_\_\_\_

6) Total number of all clients for all activities (that are not subcontracted): \_\_\_\_\_

a. What percentage of these clients are minors? \_\_\_\_\_

b. Are minors required to be accompanied by adults? \_\_\_\_\_

c. What is the youngest age that you will permit? \_\_\_\_\_

7) Total revenues for all activities (not including activities that are subcontracted): \_\_\_\_\_

8) Do you use a waiver of release, release of liability and assumption of risk agreement (waiver) for ALL clients for ALL activities? Yes  No

a. If NO, please explain: \_\_\_\_\_

b. If YES, please provide a copy for our review. \_\_\_\_\_

9) Do you use a medical questionnaire for all participants? Yes  No

a. Explain how and why you would decline a client from participating: \_\_\_\_\_

10) Do you provide transportation for any of your itineraries? Yes  No

a. If YES, please confirm that commercial automobile policy is in place, and for what limit: \_\_\_\_\_

11) Do you provide liquor for any of your itineraries? Yes  No

a. If YES, please explain who provides liquor, when in the tour it is offered, and if clients are permitted to resume activity after consuming alcohol: \_\_\_\_\_

12) Do you sell retail products to clients? Yes  No

a. If YES, please list products, and state the percentage of total revenues represented by retail product sales: \_\_\_\_\_

**TRIP/ACTIVITY INFORMATION:**

13) Please complete the chart below outlining ALL activities that are not subcontracted out **(MUST BE COMPLETED)**:

ACTIVITY **	TOTAL NO. OF PARTICIPANTS FOR THE YEAR FOR EACH ACTIVITY (not per group or trip)	AVERAGE TRIP LENGTH	REVENUE FOR THIS ACTIVITY

**\*\* PLEASE NOTE – IF YOUR ACTIVITIES INCLUDE THE FOLLOWING, PLEASE ALSO COMPLETE THE APPROPRIATE SUPPLEMENTARY APPLICATION:** Mechanized Skiing, Equine, Climbing Walls, Rock Climbing, Snowmobile / ATV, Hunting, Equipment Rentals

14) ITINERARY INFORMATION:

a. Itinerary Information (if watercraft exposures, see below) -

Name of Tour or Lesson	Describe Terrain & Location	Beginner, Intermediate, Advanced?	Trip Duration

b. Itinerary Information (for watercraft exposures only: canoe, kayak, stand up paddleboard)

Name of Tour or Lesson	Location of Start	Location of Finish	Duration	Class of Water (1-5)

15) What is your operating season:

16) Do you rent equipment to clients (OTHER THAN for use during a guided tour) Yes  No

a. If Yes, please describe:

i. Equipment Rented:

ii. Rental Revenue For EACH type of equipment:

17) Describe accommodation for any overnight trips:

**RISK MANAGEMENT PROCEDURES:**

Please note, underwriters may, at any time, request written proof of the following documentation:

18) Have all of your guides:

a. Demonstrated their instructional skills to you: Yes  No

b. Provided proof of their experience in the activity at the appropriate level: Yes  No

c. Provided proof of prior experience in a variety of operating conditions & locations? Yes  No

d. Provided proof of certification of technical ability (provided by an industry governing body recognized as an authority) in the activity being taught: Yes  No

i. Name the certifying bodies that you deem acceptable for your guides:

e. Demonstrated their understanding of and operation within the professional and terrain guidelines of the recognized governing body (where appropriate): Yes  No

f. Provided proof of an advanced wilderness first aid or industrial first aid certification from an industry recognized first aid provider: Yes  No

g. Been trained in appropriate hazard evaluation and emergency situation management and response for the activity being provided: Yes  No

If you answered no to any of these questions, please explain:

19) Does your company:

a. Have a written risk management plan that ALL employees have access to? Yes  No

b. Have written trip for every itinerary? Yes  No

c. Have written emergency response plans that are available to all employees and is reviewed with employees on a regular basis? Yes  No

**ADVENTUREGUARD APPLICATION – GUIDED TOURS & LESSON PROVIDER**

- d. Have written instructor emergency protocols for every activity provided? Yes  No
- e. Have a media plan in the event of a serious incident? Yes  No
- f. Have a written post incident response plan that all employees are trained in and have access to? Yes  No
- g. An employee handbook that is periodically reviewed with each employee? Yes  No
- h. Use SCRIPTED safety talks for each itinerary? Yes  No
- i. Regularly inspect, maintain & replace as necessary all equipment used? Yes  No

If you answered no to any of these questions, please explain:

20) Do you ALWAYS:

- a. Operate within the standards of your governing body, if applicable? Yes  No
- b. Require that guides do not deviate from set curriculum or trip itinerary? Yes  No
- c. Require that appropriate safety equipment, (which may include pdfs, helmets, footwear, gloves, protective clothing, etc.) as deemed appropriate by law or by industry standards is worn by all participants? Yes  No
- d. Require guides to carry appropriate communication devices at all times? Yes  No
- e. Hire guides over 19 years of age? Yes  No

If you answered no to any of these questions, please explain:

**INSURANCE HISTORY:**

21) Have you ever been declined for liability insurance coverage? Yes  No

If yes, please explain:

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

If yes, please explain:

23) 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:

24) 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: \_\_\_\_\_