

# Adventure Tourism General Liability

## SECTION 1: APPLICANT INFORMATION

1. Legal Name of Organization: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
4. Email: \_\_\_\_\_ Website: \_\_\_\_\_
5. Additional Insured & Address: \_\_\_\_\_

## SECTION 2: UNDERWRITING INFORMATION

1. Business Inception Date: \_\_\_\_\_
2. Company Structure:  Sole Proprietorship  Partnership  Corporation
3. Do you operate in countries other than Canada?  Yes  No
4. Affiliations:  Provincial  National  Paid Membership  Other: \_\_\_\_\_
5. Activities and Gross Receipts:

(Please provide us with supplemental applications for each separate activity indicated below.)

Please indicate your activities, participants and gross receipts as requested. If new venture, please estimate.

Operation	Yes	No	Total Participants	Total Trip Days	Gross Revenue Split
Canoeing/Kayaking	<input type="radio"/>	<input type="radio"/>			
Hiking/Backpacking	<input type="radio"/>	<input type="radio"/>			
Snowmobile/ATV	<input type="radio"/>	<input type="radio"/>			
Cross Country Skiing/ Snowshoeing	<input type="radio"/>	<input type="radio"/>			
Cycle Touring	<input type="radio"/>	<input type="radio"/>			
Rafting	<input type="radio"/>	<input type="radio"/>			
Trail Rides	<input type="radio"/>	<input type="radio"/>			
Sleigh/Wagon Rides	<input type="radio"/>	<input type="radio"/>			
Fishing	<input type="radio"/>	<input type="radio"/>			
Hunting	<input type="radio"/>	<input type="radio"/>			



Operation	Yes	No	Total Participants	Total Trip Days	Gross Revenue Split
Rock Climbing/Top Racing	<input type="radio"/>	<input type="radio"/>			
Dog Sledding	<input type="radio"/>	<input type="radio"/>			
Unsupervised Side Trips*	<input type="radio"/>	<input type="radio"/>			
Rentals: (Equipment) With Tour	<input type="radio"/>	<input type="radio"/>			
Stand Alone	<input type="radio"/>	<input type="radio"/>			
Accommodation (not part of package)	<input type="radio"/>	<input type="radio"/>			
Food & Beverage	<input type="radio"/>	<input type="radio"/>			
Liquor Sales	<input type="radio"/>	<input type="radio"/>			
Other (please specify)	<input type="radio"/>	<input type="radio"/>			

\*Our program is designed for guided tours only. If your operations differ, please explain. (Please note that this may affect your eligibility for insurance): \_\_\_\_\_

6. Is your facility licensed for all the activities that you conduct?  Yes  No

If no, please explain: \_\_\_\_\_

7. To help assist us to better understand your organization, we require the following information:

Copy of:	Yes	No	If no, please explain:
Letter of Patent (if incorporated)	<input type="radio"/>	<input type="radio"/>	
Last Financial Statements	<input type="radio"/>	<input type="radio"/>	
All Insurance Policies	<input type="radio"/>	<input type="radio"/>	
Participant Registration Forms	<input type="radio"/>	<input type="radio"/>	
Waivers/Release Forms being used	<input type="radio"/>	<input type="radio"/>	
Resumes & Certifications for each Guide/Instructor	<input type="radio"/>	<input type="radio"/>	
Advertising Materials/ Brochures (any available)	<input type="radio"/>	<input type="radio"/>	

8. Do you have a filing system for these records (mentioned above)?  Yes  No

How long do you maintain your records? \_\_\_\_\_

9. Do you use sub-contractors to deliver part of your services offering?  Yes  No

If yes, do you require a proof of insurance from contractors?  Yes  No

10. Do you provide services to other business as a sub-contractor?  Yes  No
11. Is all the equipment provided by you for all activities?  Yes  No

If **yes** or **no**, please provide details:

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12. Are you responsible for providing the licenses for activities or sports which require licenses?  Yes  No
- If **yes**, please provide details:
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13. Limits Requested:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \_\_\_\_\_

### SECTION 3: STAFFING PROCEDURES

1. Number of Employees: \_\_\_\_\_ Number of Employees who are Guides/Instructors: \_\_\_\_\_
2. How are each Guide's/Instructor's certification, qualification and experience verified? Please describe:
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3. Do you hire or employ anyone younger than 18 years old?  Yes  No
- If **yes**, please give responsibilities assigned to the person:
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4. Do you provide training or review the procedures for equipment and safety with the staff prior to each trip?  
 Yes  No
- If any exceptions are made to this, please advise details:
- 

5. Are all Head Guides/Instructors certified for advanced first aid training?  Yes  No

6. What type of security and/or background checks are performed on employees providing babysitting services?
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7. Please submit the "Supplementary Guide/Instructor Information Questionnaire" for each Guide/Instructor.

## SECTION 4: TRIP INFORMATION

1. Please indicate dates and participant/guide/instructor information for all trips scheduled for the season. Use another sheet if necessary.

Start Date	Finish Date	Estimated Participants	Number of Guides/Instructors

2. Is your facility licensed?  Yes  No
3. What is your minimum Guide/Instructor to participant ratio? \_\_\_\_\_
4. Please outline educational information given to groups prior to trip commencement. Attach credentials of those teaching these classes on a separate page.
- \_\_\_\_\_
5. Do you have any overnight trips?  Yes  No  
If yes, please describe lodging: \_\_\_\_\_
6. Do you have any potential for travel to the United States?  Yes  No

## SECTION 5: PARTICIPANT SAFETY

1. Do you follow the standard safety measures as set by your governing body?  Yes  No
2. Do you have a client (participant) package of information for safety issues, medical information, waivers, rules, regulations and clothing checklists for trips which are given to clients in advance of the trip?  
 Yes  No  
If yes, please submit a sample.
3. Is a client medical questionnaire collected?  Yes  No  
Please explain:  
  
\_\_\_\_\_
4. Do you have a formal written safety program including safety equipment worn by participants while on trip?  
 Yes  No  
If yes, please attach a copy.



5. Do you have an emergency evacuation procedure in place and an emergency communication system while on trip outings?  Yes  No

If **yes**, please describe in detail:

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6. Do you have a regular equipment maintenance and inspection schedule?  Yes  No

Please provide details:

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7. Is the equipment transported or is it at the site ahead of the trip commencement? Please provide details:

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8. Do you provide the following on trips or at any other time to the participants?

Alcoholic Beverages  Food & Meals

If **yes**, please provide details:

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9. Do you have an incident and post incident reporting plan?  Yes  No

10. Do you have Guide/Instructor protocols?  Yes  No

Please explain:

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## SECTION 6: AUTOMOBILE EXPOSURE

1. Do you transport equipment and participants with your own or leased vehicles?  Yes  No

If **yes**, please explain:

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2. Limits of insurance carried: \$ \_\_\_\_\_

3. Average lengths of road or vehicle travel: \_\_\_\_\_ kilometers

4. Types of Road used:  Highway  Rural  City Routes  Off Road

5. Do you have any owned or leased vehicles inspected by a qualified mechanic?  Yes  No

If **yes**, is the inspection reported logged into a permanent file?  Yes  No

6. Do you have a regular maintenance program in place to ensure standard vehicle safety?  Yes  No

7. Do participants use their own vehicle(s) as well?  Yes  No

If yes, please explain:

**SECTION 7: INSURANCE & LOSS HISTORY INFORMATION**

1. Do you currently carry any Commercial General Liability or Professional Liability insurance?  Yes  No

If yes, please provide the details below:

Current Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Premium: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Type of Policy: \_\_\_\_\_ Limit: \$ \_\_\_\_\_

2. Has any Insurer ever declined, cancelled or imposed special conditions for any coverage, for you or your facility in the past?  Yes  No

3. Have you or your facility ever been subject to disciplinary proceedings for professional misconduct by a professional society or any statutory registration board?  Yes  No

4. Are you aware of any circumstances which may result in a claim against you or your facility?  Yes  No

If you answered "Yes" to any question in 2, 3 and/or 4 then you must provide full details on a separate page.

5. Loss History, please provide details below (attach additional page(s) if necessary):

Year	Insurer	Premium	Details of Loss(es)	# of Loss(es)	Total Amount(s) Paid

**SECTION 8: DECLARATION**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

_____	_____
Applicant's Name (Please print)	Title/Position
_____	_____
Signature of Applicant	Date (MM/DD/YYYY)

**BROKER CONTACT INFORMATION**

Agent Name: _____	Brokerage Name: _____
Email: _____	Address: _____
Phone: _____	City / Province: _____
Fax: _____	Postal Code: _____