



[Commercial Lines]

## GREAT OUTDOORS PROGRAM APPLICATION



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# GREAT OUTDOORS PROGRAM APPLICATION

## PART 1

### GENERAL INFORMATION

Broker: \_\_\_\_\_ Tel: \_\_\_\_\_

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

Name of Insured (Full Legal Name): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business:  Individual  Partnership  Corporation  Other (Please describe below): \_\_\_\_\_

Desired Effective Date: (MM/DD/YYYY) \_\_\_\_\_ Desired Expiry Date: (MM/DD/YYYY) \_\_\_\_\_

Number of locations and legal address of each (please list below): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Operations:  
\_\_\_\_\_  
\_\_\_\_\_

Number of years in business: \_\_\_\_\_ Years of related experience: \_\_\_\_\_

Seasons of Operations: Which seasons are you open?  Year Round **OR:** \_\_\_\_\_

Summer: From: \_\_\_\_\_ To: \_\_\_\_\_ Fall: From: \_\_\_\_\_ To: \_\_\_\_\_

Winter: From: \_\_\_\_\_ To: \_\_\_\_\_ Spring: From: \_\_\_\_\_ To: \_\_\_\_\_

Caretaker on Premises when not open?  Yes  No **OR** Schedule of Off-Season Inspections: \_\_\_\_\_

Maximum Guest / Participant capacity of the operations at any one time: \_\_\_\_\_

Waiver(s) attached?  Yes  No Please clearly detail your process & procedures for having guests sign waivers, including who is responsible:

\_\_\_\_\_  
\_\_\_\_\_

**Please be sure to attach copies of waivers and health/fitness questionnaires**

Province(s) of Operations: \_\_\_\_\_

Are any activities performed outside Canada?  Yes  No (If "Yes", please describe below): \_\_\_\_\_

Receipts: Total: \$ \_\_\_\_\_ Food: \_\_\_\_\_ % Liquor: \_\_\_\_\_ %

Restaurant or Bar / Lounge on premises?  Yes  No

\_\_\_\_\_ % of total sales derived from the Restaurant / Bar / Lounge that comes from patrons **not staying** at the Lodge / Resort

Are Sub-Contractors used by the operations?  Yes  No If "Yes", Percentage of sales derived from Sub-Contractors: \_\_\_\_\_ %



Are Certificates of Insurance, showing applicant as additional insured, secured from Sub-Contractors and kept on file?  Yes  No

Is this a fly-in facility?  Yes  No (If "Yes", Certificates of Insurance are required for all Aviation Contractors. Please include with submission)

Do you own or operate any Airplane landing strip, hanger or service facilities?  Yes  No

Do you Service or Repair Engines Including but not limited to Marine, Aviation, Automobiles or Equipment?  Yes  No

Do you have any unlicensed motorized vehicles used in the operations?  Yes  No

**Note:** If "Yes" to above, please attach a schedule of units with details of the intended use and advise if guests use, and/or are passengers on these vehicles

Number of Employees: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_

**Insurance History (3 Years)**

	Current	Previous Term	Two Years Ago
Insurance Company			
Property Limit	\$	\$	\$
Liability Limit	\$	\$	\$
Premium Paid	\$	\$	\$

**PART 2 LOSS HISTORY**

Check here  if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS DD/MM/YY	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

**\*Please attach any available insurance company loss reports with this application\***

**PART 3 OPERATIONS**

**Do the operations include any of the following:**

- |   |  |
|---|--|
| <input type="checkbox"/> Buildings - insured or not <i>(Please include Site Drawing)</i>                  | <input type="checkbox"/> Rental of Sporting Equipment <i>(Please attach details)</i>   |
| <input type="checkbox"/> *Fuel Tanks / Fuel Sales   | <input type="checkbox"/> Trap, Skeet, sport Clays or Archery Range   |
| <input type="checkbox"/> *RV Sites or Campground. <i>(Please include Site Drawing)</i>                    | <input type="checkbox"/> Skiing  |
| <input type="checkbox"/> *Fishing   | <input type="checkbox"/> Health Spa or Fitness Centre  |
| <input type="checkbox"/> *Boats / Kayaks / Canoes   | <input type="checkbox"/> Tubing  |
| <input type="checkbox"/> *Marina  | <input type="checkbox"/> Golf Course   |
| <input type="checkbox"/> *Swimming Pools / Lakes / Ponds  | <input type="checkbox"/> Trampoline  |
| <input type="checkbox"/> *Snowmobiles / ATVs in tours or operations                                       | <input type="checkbox"/> Other Sporting / Hazardous Activities not described above <i>(Please attach details, and describe below):</i> |
| <input type="checkbox"/> *Hunting   |  |
| <input type="checkbox"/> *Bicycle Tours   |  |
| <input type="checkbox"/> *Horses (Including but not limited to Trail, Hay or Sleigh Rides or Pack Horses) |  |

**PART 4 PROPERTY UNDERWRITING FOR EACH BUILDING**

Completed application, photos, site plan and distance between buildings, including clearance from vegetation required

Named Insured:		<b>LOCATION #:</b>
Legal Address:		Postal Code:
Description of Unit:		Sq. Footage:
Fire Fighting Equipment on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		
		<b>Updated dd/mm/yyyy</b>
<b>Fire Protection:</b>	<input type="checkbox"/> Hydrant <input type="checkbox"/> Hall <input type="checkbox"/> Unprotected <input type="checkbox"/> Year Built: _____ Sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Construction:</b>	<input type="checkbox"/> F/R <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Other:	
<b>Roof:</b>	<input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Asphalt <input type="checkbox"/> Shake	
<b>Heating:</b>	<input type="checkbox"/> Forced Air <input type="checkbox"/> Base Boards <input type="checkbox"/> Steam <input type="checkbox"/> Hot Water <input type="checkbox"/> Wood	
<b>Fuel:</b>	<input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other:	
<b>Electrical:</b>	<input type="checkbox"/> Fuse Breakers <input type="checkbox"/> Other:	
<b>Wiring:</b>	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum	
<b>Plumbing:</b>	<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> ABS	
<b>Alarms:</b>	<input type="checkbox"/> Local <input type="checkbox"/> Monitored <input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detectors	
<b>BUILDING:</b> Limit: \$ _____ Deductible: \$ _____		<b>CONTENTS:</b> Limit: \$ _____ Deductible: \$ _____

Is there any cooking in this building?  Yes  No      If "Yes", is there a CO2 unit covering the entire cooking surface?  Yes  No

Is there an "Auto Shut Off" to the stove?  Yes  No      Do you have a Maintenance Contract on ducts?  Yes  No

Is there a Deep Fat Fryer in this building?  Yes  No



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Legal Address:		Postal Code:
Description of Unit:		Sq. Footage:
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**ADDITIONAL INFORMATION**

**NOTICE TO APPLICANT:**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

**BROKER DECLARATION**

How long have you known this applicant? \_\_\_\_\_

Is this account new or renewal to you? \_\_\_\_\_

Have you personally viewed the applicants operations? \_\_\_\_\_

What is the condition of facilities and equipment? \_\_\_\_\_

What is the applicant's attitude toward risk management and insurance? \_\_\_\_\_

Do you recommend this applicant? \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

## COVERAGE OUTLINE

Completed application, photos, site plan and distance between buildings including clearance from vegetation is required on all risks

Named Insured: \_\_\_\_\_

Coverage	Limit	Deductible
<b>Deluxe Property: # of Locations:</b>		
Building Total Limits (Please provide a schedule)	\$	\$
Contents Total Limits – (provide a schedule)	\$	\$
25,000 Exhibition Floater Increase to	\$	\$
50,000 Transit Increase to	\$	\$
50,000 Consequential Loss Increase to	\$	\$
50,000 Extra Expense Increase to	\$	\$
50,000 Accounts Receivable Increase to	\$	\$
25,000 EDP Increase to	\$	\$
100,000 Signs Increase to	\$	\$
50,000 Fine Arts Floater Increase to	\$	\$
50,000 Valuable Papers Increase to	\$	\$
25,000 Outdoor Property (Docks) Increase to	\$	\$
<b>Business Interruption Profits Form:</b>	\$	\$
<b>Crime:</b>		
Employee Dishonesty <b>Form A</b>	\$	\$250
In/Out (\$5,000 In / Out included with Deluxe Property)	\$	\$250
Money Orders & Counterfeit Currency	\$	\$250
Depositors Forgery	\$	\$250
<b>Liability: (based on Receipts and Exposures)</b>		
<b>TOTAL</b>	\$	\$
Forest Fire Fighting Expense	\$	\$
Employers Liability	\$	\$
Innkeepers Liability	\$	\$
Tenants Legal Liability	\$	\$
Non Owned Automobile	\$	\$
<b>Miscellaneous Coverage:</b>		
	\$	\$