



[Commercial Lines]

RECREATIONAL RISKS APPLICATION



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RECREATIONAL RISKS 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) _____

Has any insurance carrier ever refused you or your business coverage? Yes No If "Yes", please explain below: _____

Description of Operations:

Years of Operating in this, or similar operation: _____ Describe below if less than 3 years in operation: _____

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

Summer: From: _____ To: _____ Fall: _____ From: _____ To: _____

Winter: From: _____ To: _____ Spring: _____ From: _____ To: _____

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

Waiver(s) attached? Yes No

Please clearly detail your process and procedures for having guests sign waivers, including who is responsible for this: _____

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): _____

Gross Receipts: Total: \$ _____

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

Number of Employees: _____ Payroll: _____

Do you belong to any professional affiliations/associations with respect to your operations? Yes No If "Yes", please list below: _____

Insurance History (3 Years)	Company	Coverage	Limit	Premium
Last Year				
Two Years Ago				
Three Years Ago				

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 ACTIVITIES

If selecting more than one, show percentage of activity of overall operation:

<input type="checkbox"/> Guided Canoe / Kayak Tours	%	<input type="checkbox"/> Rental of Sporting Equipment (<i>Attach details</i>)	%
<input type="checkbox"/> Mountain Biking	%	<input type="checkbox"/> Trap or Archery Range	%
<input type="checkbox"/> Snowshoeing	%	<input type="checkbox"/> Wine Tours	%
<input type="checkbox"/> Fishing	%	<input type="checkbox"/> Cross Country Skiing	%
<input type="checkbox"/> Boats / Canoes / Kayak / Bicycle Rentals	%	<input type="checkbox"/> Ropes Courses, Ziplines	%
<input type="checkbox"/> Dog Sledding	%	<input type="checkbox"/> Tubing	%
<input type="checkbox"/> 4 x 4 Tours	%	<input type="checkbox"/> Bird Watching	%
<input type="checkbox"/> Snowmobile / ATV Tours	%	<input type="checkbox"/> Survival Wilderness Camping	%
<input type="checkbox"/> Hunting	%	<input type="checkbox"/> Ice Skating (Natural Ice Outdoor Rink)	%
<input type="checkbox"/> Bicycle Tours	%	<input type="checkbox"/> Surfing	%
<input type="checkbox"/> Retail Operations (<i>Please attach details</i>)	%	<input type="checkbox"/> Rafting – Water Classification 1 2 3 4 5	%
<input type="checkbox"/> Trail Rides, Hay Rides, Sleigh Rides, Pack Horses	%	<input type="checkbox"/> Paintball	%
<input type="checkbox"/> Hiking / Backpacking	%	Other Sporting Activities (<i>Describe below & attach details:</i>)	%
<input type="checkbox"/> Other:	%	Other:	%

Please include any additional comments, activities or pertinent details below:

How many trained staff do you employ?

List Names	Years Exp.	Qualifications a/o Certifications / First Aid Certification

Are all Guides' certification and qualifications verified? Yes No Please explain below:

Is there a safety and procedures manual followed by all staff? Yes No

Do Guides carry communication devices with them? Yes No

Are all trained Guides listed above, trained in First Aid? Yes No Please indicate certification above, or explain situation below:

PART 4 GUIDED TRIP INFORMATION

How many trained staff do you employ?

Please indicate dates and Participant / Guide information for all trips scheduled for the season

Start Date (dd/mm/yyyy)	Finish Date (dd/mm/yyyy)	No. of Participants	Number of Guides

What is the Guide to Participant ratio?

Please outline education information given to Group / Participant(s) prior to trip commencement:

Are there any overnight trips? Yes No If "Yes", please describe accommodations below:

Please enclose a copy of map, drawing or description that the trip will take and identify trails used in operations

Are trips on private or public land?

Please describe below:

PART 5 PARTICIPANT SAFETY

Do you follow the standard safety measures as set out by your governing body? Yes No If "Yes", please indicate governing body, and describe:

[Empty text box for describing governing body and safety measures]

Do you pre-screen Participants for ability and prior experience? Yes No

Do you supply your Clients / Participants a package of information for safety issues, medical information, waivers, rules, regulations and clothing checklist? Yes No

Do the activities that Clients participate in require special safety equipment? Yes No If "Yes", please describe below:

Are Participants required to use the safety equipment mentioned above? Yes No

What is your policy regarding alcoholic beverages while on trips (during, before, after)?

Please describe food preparation and methods while on trips:

Please describe how equipment is transported to the site, or is equipment already at site at the commencement of the trip?

Are owned/leased vehicles used in operations? Yes No Are vehicles inspected by qualified mechanics? Yes No

Please explain the maintenance programs for these vehicles and indicate whether or not these inspections are logged:

If owned/leased vehicles are used in operations, what limit of insurance is carried?

PART 6 SPECIFIC QUESTIONS

HUNTING: What species of animal do you specialize in hunting?

FISHING: What types of waters are fished? Salt water, fresh water lakes and ponds, rivers:

Answers to below questions should indicate a response that is applicable to "all" operations

Have you or would you decline someone from participating? Yes No If "Yes", please explain reason(s) below:

What is the maximum number of Participants per trip, tour or camp? Over 18 years of age: Under 18 years:

Are minors permitted to participate? Yes No

If "Yes" to above, are all minors accompanied by a guardian or parent? Yes No

Please outline all safety equipment used in operations, below:

[Empty text box for outlining safety equipment]

Describe the time frame for which activities are conducted: Hourly Daily Weekly

Please describe area of operations, with details of terrain of hazards, below. Include additional documentation if available.

Applicable to those risks that use trails in operations: Do trips take place on groomed / maintained trails? Yes No

If "Yes" to above, please indicate who is responsible for maintenance of trails, below:

If trails are used in operations, would they be considered: Mild Moderate OR Challenging

Mountain Biking & White Water Risks: Are helmets required to be used by all Participants? Yes No

Mountain Biking, ATV, Snowmobile: Is there a regular maintenance and repair schedule in place? Yes No

Mountain Biking, ATV, Snowmobile: Do you perform an equipment safety check before embarking? Yes No

Mountain Biking: Do you travel on vehicle roads? Yes No If "Yes", please explain below:

In your own opinion, how many of the Participants will be classified as:

ACTIVITY	Novice (Little or no experience)	Intermediate (Some experience)	Senior Level	Advanced Level (Certified)

Note: If the risk uses watercraft in operations, please complete the Boats and Personal Watercraft Liability Supplement

PART 7 COVERAGE REQUESTED

To assist us in becoming more knowledgeable about your organization, we require copies of the following information:

- Most current Financial Statements
- Participant Registration Forms
- Waivers / Release Forms
- Resumes / Certifications for each Guide (include Guide Supplement)
- Any available advertising material or web

If you are unable to provide any of the above-noted documentation, please explain:

Coverage Requested	Limit	Deductible	Comments
Liability	\$	\$	
Tenants Legal Liability	\$	\$	
Non-Owned Automobile	\$	\$	
Other:	\$	\$	
Other:	\$	\$	

USE THE BELOW AREA TO RECORD ANY ADDITIONAL INFORMATION YOU MAY HAVE

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: _____