



OUTDOOR CLUBS & TOURS

PLEASE ANSWER ALL QUESTIONS
IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"

1. **Name of Applicant:** _____

2. **Mailing address:** _____

_____ **Website Address:** _____

3. The property currently being used is: Owned Leased

Is there any other insurance on the property? If so, please state: _____

4. In operation since: _____ Total number of members or participants: _____

5. If activities are based on memberships, are non-members permitted to participate? YES NO

6. Are trails or buildings maintained by Applicant? YES NO

7. Is this a seasonal operation? YES NO

If "Yes", please specify months: _____

8. **Estimated Payroll** \$ _____ No. of principal(s) & employees: _____

Are all employees covered under WSIB? YES NO

If "No", please list numbers by job description and estimated payroll. _____

9. **Estimated Total Receipts:** \$ _____

10. Nature of activities:

a)	YES	NO	% of No. of Trips Per Year	Average Duration	Average No. of Participants Any One Trip
Hiking or Bicycling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Mountaineering (specify roped/non-roped).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Mountain Bikes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Quick Descent Cycling.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

	YES	NO	% of No. of Trips Per Year	Average Duration	Average No. of Participants Any One Trip
Camping	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
ATVs or snowmobiles.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Ocean Kayaking.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
White Water Kayaking/Rafting	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Hunting/Fishing (please specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Back Country/Cross Country Skiing	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

b) Where are trips/tours taken? _____

Any trips outside of Canada? _____

What equipment is supplied by insured? _____

c) Please also provide copy of brochure and schedule of trips for upcoming year.

11. What is experience of principal(s) and/or staff? _____

12. Are there written procedures in event of emergencies? _____

Are all incidents recorded?

YES

NO

Are any of your tour guides trained in First Aid and/or CPR?

YES

NO

Please provide full details: _____

13. What age groups are allowed? _____

Are waivers required to be signed by all participants?

YES

NO

If "No", please explain: _____

Please attach copy of waiver.

Are waivers required to be signed by parents, if participants

YES

NO

are under legal age?

14. Are independent contractors used for any operations YES NO
 If so, please specify receipts and activity: _____
 Is proof of insurance obtained from operator? YES NO
 If "No" please explain: _____
 If "Yes", please provide what limits they are required to provide. \$ _____
 Does Applicant have any agreements assuming liability? YES NO
 If so, please describe and provide copies. _____

15. Does applicant presently carry insurance? YES NO
 If yes, who is present insurer? _____
 Premium: \$ _____ Limit: \$ _____
 Is present insurance Claims Made? YES NO If Yes, state retro date _____
 Are they willing to renew? YES NO
 If no, please explain: _____
 Does the policy cover all operations of the Insured? YES NO
 If no, please describe: _____

16. Claims History:

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO
 If yes, give details: _____

17. Non-Owned Automobile

Number of employees using their automobile on company business: Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details): _____

18. Please indicate limit(s) of liability required: _____

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKERAGE:	_____

BROKER:	_____

PHONE #:	_____

Email Form

Print Form