



**#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008**

## **RESORTS/LODGES**

### **General Information (Please Print Or Type)**

1. Name of Insured: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Location: \_\_\_\_\_  
Website address: \_\_\_\_\_
  
2. Desired effective date \_\_\_\_\_  
Expiring Premium: \_\_\_\_\_  
Target Premium: \_\_\_\_\_  
Current Insurance Company: \_\_\_\_\_  
Has Applicant been declined, cancelled or refused insurance in the past? \_\_\_\_\_ If yes, details \_\_\_\_\_  
\_\_\_\_\_
  
3. Description of Operations: \_\_\_\_\_
  
4. How long has lodge been in operation? \_\_\_\_\_  
Manager's a/o Caretakers Name \_\_\_\_\_ How many years experience? \_\_\_\_\_  
Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_  
Does the Manager a/o Caretaker live on site? \_\_\_\_\_ if yes, is there a valid tenants package in place \_\_\_\_\_
  
5. Claims History- list all claims open and closed from the past 5 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Is operation open year round or seasonally? Provide details: \_\_\_\_\_  
\_\_\_\_\_
  
6. Is there any activities involving trampolines and/ or inflatable jumping pillows: \_\_\_\_\_ Yes \_\_\_\_\_NO  
if yes please explain: \_\_\_\_\_

7. Indicate limits carried, corresponding premiums paid and total losses for the past 5 years (Attach company loss history - verification if required)

Coverage	Limit Carried	Premium	Total Losses
CGL	_____	_____	_____
Property	_____	_____	_____
Crime	_____	_____	_____
EBI	_____	_____	_____
Other	_____	_____	_____

Number of buildings \_\_\_\_\_ # of Cabins \_\_\_\_\_ # of RV sites \_\_\_\_\_ #of Campsites \_\_\_\_\_

Is cooking in any or all structures? \_\_\_\_\_

8. **CONSTRUCTION**

Select the Construction Class, which best describes your building:

- Fire Resistive                       Masonry, Non Combustible                       Non Combustive  
 Masonry                                       Masonry Veneer                                       Frame

9. **PROTECTION**

Select the distance between your building and the nearest Municipal Fire Hydrant:

Fire Department: Paid F/T       Paid P/T       VFD

Within 500 Feet       Between 500 and 1000 feet       Over 1000 feet

Insureds Occupancy: \_\_\_\_\_ Other occupancies: \_\_\_\_\_ Year Built: \_\_\_\_\_

Height of building: \_\_\_\_\_ Heating type: \_\_\_\_\_ General Housekeeping: \_\_\_\_\_

Total Building Sqft: \_\_\_\_\_ Applicants Sqft: \_\_\_\_\_ Sprinklered: No  Yes  \_\_\_\_\_ % is Sprinklered

Alarm System: Monitored  Local  None  Is the monitoring company ULC Approved No  Yes

Miscellaneous Information: \_\_\_\_\_

10. **COVERAGE REQUIREMENTS**

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Transit	
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Boats/Motors – if any please attach list including horsepower	
Other	

CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery or	
Broad Form Money & Securities or	
3D	
Other	

**Optional Coverages: (Select Any of the Following Optional Coverages You Require**

Sewer Backup     Flood     Earthquake

11.    A) **RECREATIONAL PROGRAMS :**

**\*\*\*PLEASE PROVIDE US WITH SUPPLEMENTAL APPLICATIONS FOR EACH SEPARATE ACTIVITY INDICATED BELOW\*\*\***

Operation	Total Participants	Total Trip Days	Gross Revenue Split	Waivers Signed
Canoeing/ Kayaking				
Hiking/ Backpacking				
Snowmobile/ATV				
Cross Country Skiing/ Snowshoeing				
Cycle Touring				
Rafting				
Trail Rides				
Sleigh/ Wagon Rides				
Fishing				
Hunting				
Rock Climbing/ Top Roping				
Dog Sledding				
Rentals (circle): With Tour Stand Alone				
Other (Please Specify)				

**PLEASE INDICATE WHICH PROGRAMS LISTED ABOVE ARE CONTRACTED OUT:** \_\_\_\_\_

**IF CONTRACTED OUT, DO YOU REQUIRE CERTIFICATES OF INSURANCE NAMING YOURSELF AS AN ADDITIONAL INSURED?** \_\_\_\_\_

**B. OTHER REVENUES:**

Use	Gross Receipts
Accommodations	
Food Service	
Liquor	
Boat Rental	
Other revenue	

If restaurant/ lounge/pro shop is subcontracted, do you request a certificate of insurance and request to be added as an additional insured? \_\_\_\_\_

12. **STAFFING PROCEDURES:**

**PLEASE COMPLETE SUPPLEMENTARY GUIDE INFORMATION QUESTIONNAIRE (PROVIDED BELOW) FOR EACH IN HOUSE GUIDE EMPLOYED BY YOU.**

How is each guide's certification, qualifications or experiences verified. Please explain:

\_\_\_\_\_

Procedures for equipment and safety should be reviewed with your staff prior to each trip. Please confirm that this is your procedure. If any exceptions are made to this, please advise details of same.

\_\_\_\_\_

**STAFFING PROCEDURES CONTINUED:**

List all emergency first aid kits as well as emergency signal devices that you carry while on trips. It is required that a least one staff member have advance first aid training in case of medical emergency (Broken arm / leg, etc.) Please explain your situation:

\_\_\_\_\_

Do you hire or employ anyone younger than 18 years of age? If so, please explain responsibilities of this person: \_\_\_\_\_

13. **TRANSPORTATION:**

Do you transport equipment and participants with your own or leased vehicles? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Limits of Insurance carried: \$ \_\_\_\_\_

Average lengths of road or vehicle travel \_\_\_\_\_ km or \_\_\_\_\_ miles.

Type of road used: \_\_\_ Highway \_\_\_ Rural \_\_\_ City Routes \_\_\_ Off-road

Do participants use their own vehicles as well? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

Do you have an aircraft? \_\_\_\_\_

Name of current carrier/ limits of insurance held: \_\_\_\_\_

Do you operate an airstrip? \_\_\_\_\_

14. **Do you have the following: (If yes, please provide copies for underwriting):**

	Yes	No
Marketing Materials (brochures, etc)	_____	_____
Written Emergency Plans	_____	_____
Safety Inspection Checklist	_____	_____
Maintenance Log	_____	_____
Video Surveillance	_____	_____

Describe Areas of Coverage: \_\_\_\_\_

\_\_\_\_\_

15. **Maintenance:**  
 Describe regular maintenance of facility: \_\_\_\_\_  
 \_\_\_\_\_  
 Do you document this maintenance in writing? \_\_\_\_\_  
 Describe Floor Surface in all areas: \_\_\_\_\_  
 Are rubber mats or rugs utilized? \_\_\_\_\_  
 Do you have parking facilities available? \_\_\_\_\_  
 If yes: a) Who is responsible for repairs/ maintenance? \_\_\_\_\_  
 b) How often is parking lot inspected for needed repairs? \_\_\_\_\_  
 c) Who is responsible for snow/ice removal? \_\_\_\_\_

16. **Water Supply**  
 Is the water supply private or public? If private, who is responsible for testing and submitting samples to the proper authorities? \_\_\_\_\_

17. **Security:**  
 a) Who handles disturbances/ fights/ ejections/ crowd control in your facility: \_\_\_\_\_  
 \_\_\_\_\_  
 b) Please describe procedures: \_\_\_\_\_  
 \_\_\_\_\_

18. **Safety:**  
 a) Do you provide a first aid station? \_\_\_\_\_  
 b) Who staffs the station? Is there an attendant on duty at all times? \_\_\_\_\_  
 c) What are the response times for the following:  
     Fire Station: \_\_\_\_\_  
     Police: \_\_\_\_\_  
     Hospital: \_\_\_\_\_

19. Do you have any potential to travel to the United States?: \_\_\_\_\_

20. Indicate any other coverages and limits that will be carried in conjunction with the coverage you desire from SPECIAL RISK INSURANCE MANAGERS LTD. \_\_\_\_\_

**Past Insurance Experience**  
 21. Do you presently carry insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, with which Insurance Carrier? \_\_\_\_\_  
 Has any Insurance Carrier cancelled or refused coverage? \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

**Coverage and Loss History – PLEASE BE ADVISED THAT WE MAY NOT QUOTE IF THIS AREA IS NOT FULLY COMPLETED.**

**IMPORTANT - PLEASE READ CAREFULLY:**

1. It is understood and agreed that coverage does not apply to bodily injury to a participant unless you implement sufficient procedures to secure from each participant and deliver to us simultaneously with notice of a participant claim a valid release and waiver of liability and indemnity agreement form as attached and made part of the policy dated and signed by the participant prior to the time of the occurrence in which said participant was injured.
2. Provided you have implemented such procedures, if you are unable to secure and provide such agreement despite your best efforts, coverage shall not be prejudiced, however, you must assume the first \$25,000.00 each occurrence (including supplementary payments) resulting from a claim which would be covered under participants liability.
3. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting this application.

This application is attached to and forms part of the policy. Please ensure that the application is completed in full, signed, dated and witnessed warranting same.

\_\_\_\_\_  
Signature of Owner /Operator

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Full Name

## SUPPLEMENTARY GUIDE INFORMATION QUESTIONNAIRE

**(PLEASE COMPLETE ONE FORM FOR EACH GUIDE)**

**1. GENERAL INFORMATION:**

Your position is: \_\_\_\_\_Head Guide                      \_\_\_\_\_Ass't Guide                      \_\_\_\_\_Apprentice

Your name and address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**2. EXPERIENCE & CERTIFICATION:**

Years operating as Head / Ass't / Appren Guide: \_\_\_\_\_

Number of trips operating as Head / Ass't / Appren Guide: \_\_\_\_\_

Experience as a Guide: \_\_\_\_\_

\_\_\_\_\_

Is this a full time occupation?                      \_\_\_\_\_Yes                      \_\_\_\_\_No

Please indicate number of hours worked per **year** \_\_\_\_\_.

Please indicate your level of first aid: \_\_\_\_\_

What are your certifications that qualify you to be a guide?: \_\_\_\_\_

\_\_\_\_\_

Does your certifying body require you to continue your education to maintain your certification?

Describe: \_\_\_\_\_

If not, do you pursue continuing education on your own? Describe: \_\_\_\_\_

\_\_\_\_\_