



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

FISHING/ WILDERNESS LODGES

General Information (Please Print Or Type)

1. Name of Insured: _____
Mailing Address: _____
Name of Facility if different from above: _____
Address of Facility: _____
Website address: _____
2. Affiliations: (a) National _____ International _____
3. Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured.

*If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, with respect to your activity or operation.
4. Desired effective date _____
5. How long has lodge been in operation? _____
Manager's Name _____ How long has manager been at this facility? _____
Qualifications/ Experience of Manager: _____
6. Number of buildings _____ Number of Cabins _____
Are guests allowed to cook in cabins? _____
7. Is operation open year round or seasonally? Provide details: _____

8. 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? _____

9. **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:

10. **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 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? _____

11. **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:

12. **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? Yes No

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? _____

13. **Security:**
 a) Who handles disturbances/ fights/ ejections/ crowd control in your facility:

 b) Please describe procedures:

14. **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: _____

15. Do you have any potential to travel to the United States?: _____

16. **Desired Coverage Limits**

General Liability	_____
Property	_____
Other	_____

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

18. Is insurance coverage to be extended on a blanket basis _____
Are all coaches/trainers of house run programs certified? _____
 Please explain certification process: _____

Past Insurance Experience

19. 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.

20. Indicate limits carried, corresponding premiums paid and total losses for the past 3 years (Attach company loss history - verification if required)

Coverage	Limit Carried	Premium	Total Losses
General Liability	_____	_____	_____
Participant Liability	_____	_____	_____
Excess Medical	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Other _____	_____	_____	_____

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:
