

# ADVENTURE TOURISM GENERAL LIABILITY APPLICATION

## 1. GENERAL INFORMATION (please print or type)

Official/ Legal Name of Insured: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Website Address: \_\_\_\_\_

Years this organization has been operating with current owner/operator: \_\_\_\_\_

Applicant for this Insurance is:            Individual            Partnership            Corporation            Joint Venture            Other

Please indicate limits required for General Liability:            2 Million            5 Million

2. DESIRED EFFECTIVE DATE FOR COVERAGE: \_\_\_\_\_

3. TARGET PREMIUM (IF KNOWN): \_\_\_\_\_

## 4. AFFILIATIONS:

(a) Provincial \_\_\_\_\_

(b) National \_\_\_\_\_

(c) Paid Membership \_\_\_\_\_

(d) Other \_\_\_\_\_

## 5. ACTIVITIES AND GROSS RECEIPTS:

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

Please indicate your activities, participants, and gross receipts as requested. If new venture please estimate:

OPERATION	YES	NO	TOTAL PARTICIPANTS	TOTAL TRIP DAYS	GROSS REVENUE SPLIT
Canoeing/ Kayaking					
Hiking/ Backpacking					
Cross Country Skiing/ Snowshoeing					
Cycle Touring					
Rafting					
Trail Rides					
Sleigh/ Wagon Rides					
Fishing					
Hunting					
Rock Climbing/ Top Roping					
Dog Sledding					
Unsupervised side trips*					
Rentals (circle): With Tour Stand Alone					
Other (Please Specify) i.e. retail					

\* Our program is designed for guided tours only. If your operations differ, please explain. (Please note, this may affect your eligibility for insurance):

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## 6. STAFFING PROCEDURES:

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.

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:

## 7. TRIP INFORMATION:

Please indicate dates & participant/guide information for all trips scheduled for the season Use another sheet of paper if necessary:

START DATE	FINISH DATE	ESTIMATE PARTICIPANTS	NUMBER OF GUIDES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your minimum guide to participant ratio?

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### Trip Instruction:

Please outline educational information given to group prior to trip commencement. Attach credentials of those teaching these classes or use separate page.

### Campsites/overnight lodging:

Do you have any overnight trips? Describe lodging:

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Do you have any potential for travel to the United States?

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## 8. PARTICIPANT SAFETY:

Do you follow the standard safety measures as set by your governing body?

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Do you have a client (participant) package of information for safety issues, medical information, waivers, rules, regulations, and clothing checklist for trips taken?    Yes    No    If yes, please submit a sample.

Do you have a formal written safety program including safety equipment worn by participants while on a trip    Yes    No  
If yes, please attach copy.

Do you have an emergency evacuation process in place and an emergency communication system while on trip outings, please explain.

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

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Describe your food preparation facilities and methods while on outings.

How is equipment transported or is it at site ahead of trip commencement? Please give details:

Do you have owned/leased vehicles inspected by qualified mechanic?    Yes    No  
If yes, is the inspection report logged into a permanent file in case of misadventure?

Do you have a regular maintenance program in place to ensure vehicle safety is up to standards? Please explain:

**9. AUTOMOBILE EXPOSURES:**

Do you transport equipment and participants with your own or leased vehicles?    Yes    No    If yes, please explain:

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

Average lenghts 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:

**10. PAST INSURANCE HISTORY:**

Indicate limits carried corresponding premiums paid and total losses for the past five (5) years ( attach Company Loss History-- Verification if required).

COVERAGE	LIMIT	PREMIUM	LOSSES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List and explain any losses that have been paid by any of your insurance policies:

Name of Current Insurance Carrier: \_\_\_\_\_

Has any Insurance Carrier ever cancelled or refused you or your business coverage? If yes, please explain:

\_\_\_\_\_

**11. To assist us to become more knowledgeable about your organization, we require the following information:**

COPY OF	YES	NO	IF NO, EXPLAIN
Letter of Patent (if incorporated)			_____
Last financial statements			_____
All insurance policies			_____
Participant Registration Forms			_____
Waivers/ Release Forms being used			_____
Resumes & Certifications for each guide			_____
Any available advertising materials/brochures			_____

Please list any additional information or remarks that may help us in evaluating your application fill in here or use separate sheet of paper

**IMPORTANT-PLEASE READ CAREFULLY:**

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: \_\_\_\_\_ Fax: \_\_\_\_\_

**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:

\_\_\_\_\_

**Please provide a copy of information on the certification program.**