

# KAYAK / CANOE / SUP – RENTAL / TOURS / LESSONS

Broker (Name and Contact) \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Business Name: \_\_\_\_\_ Website: \_\_\_\_\_

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

Location Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Applicant is:  Individual  Partnership  Corporation  Joint Venture  Other

Please indicate **limits required for General Liability:** \_\_\_\_\_

Are you looking for **annual** or **short term** quote: \_\_\_\_\_ Is this a seasonal operation?  Yes  No

Please list all Provinces, Territories or Countries in which you operate: \_\_\_\_\_

## SUBMISSION REQUIREMENTS FOR ALL OPERATIONS

Sample Copy of **EQUIPMENT RENTAL AGREEMENT**

Sample Copy of **WAIVER & RELEASE OF LIABILITY**

**Total Gross Revenues for all operations: \$** \_\_\_\_\_

New ventures must insert anticipated/projected gross revenues

Operation	Yes	No	Gross Revenue
Kayak / SUP / Canoe Lessons			
Kayak / SUP / Canoe Rental			
Kayak / SUP / Canoe Tours <i>** supplement required</i>			
Rafting <i>** supplement required</i>			
Other (Please Specify) i.e. retail			

Are all guests, clients, students required to Sign a Release of Liability Prior to renting any equipment?  Yes  No

Confirm parent/guardian signs waiver and/or release for any minor:  Yes  No

Do you hire sub-contractors, Independent Contractors?  Yes  No

If yes, do they carry their own separate insurance?  Yes  No

Do you keep a log of all equipment inspections and repairs including the date and type of repair?  Yes  No

Do you deliver equipment to renters?  Yes  No Where is equipment delivered: \_\_\_\_\_

What is maximum length of rental term: \_\_\_\_\_

Do you inspect each piece of equipment after each rental and make repairs immediately?  Yes  No

Do you maintain and retire the equipment per manufacturer's recommendations?  Yes  No

Do you log ALL INCIDENTS regardless of severity?  Yes  No

Do you verify that the primary renter is of the age of majority & all minors accompanied by adult(s)?  Yes  No

Is liquor provided/allowed?  Yes  No

Do you provide transportation?  Yes  No

If yes, please confirm automobile coverage is in place with a minimum liability limit of \$2,000,000  Yes  No

## LESSONS

Where are lessons provided? \_\_\_\_\_ # of participants per instructor: \_\_\_\_\_

Do all instructors carry first aid? Yes No

Confirm there are instructor emergency protocols in place:

## PAST INSURANCE HISTORY

- List and explain any losses that have been paid by any of your insurance policies: \_\_\_\_\_
- If no losses please confirm none: \_\_\_\_\_

Please provide a detailed description of operations or list any additional information or remarks that may help us in evaluating your application

Target Premium (if known): \_\_\_\_\_

## 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.

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Signature of Owner/Operator

Print Full Name

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Date

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Signature of Witness

Print Full Name