

RENTAL APPLICATION

Broker Contact Name/Email: _____

1. GENERAL INFORMATION (PLEASE PRINT OR TYPE)

Official/Legal Name and Address of the Organization:

Website Address: _____

Years the 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. AFFILIATIONS

(a) Provincial: _____

(b) National: _____

(c) Paid Membership: _____

(d) Other: _____

4. RENTAL INFORMATION

What products do you rent: _____

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

What safety gear is required to operate your equipment: _____

Do you have the client (participant) sign a waiver for the equipment: Yes No

Do you have a client (participant) package of information for safety issues, medical information, waivers, rules and regulations while renting? Yes No

If yes, please submit a sample

What is your policy regarding alcoholic beverages while renting equipment:

When you rent your equipment, what procedures do you follow:

1. Required age to rent: _____

2. When the equipment comes back, are there any checks performed: _____

If yes, what checks are performed: _____

What are the total receipts for rentals: _____

What is the percent of total receipts: _____ %

What are the total receipts for retail sales: _____

What is the percent of total receipts: _____ %

What are the total receipts for service and repair: _____

What is the percent of total receipts: _____%

5. 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? Yes No

If yes, please explain: _____

6. 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 a 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