

RESORTS/ LODGES

GENERAL INFORMATION:

Name of Insured: _____

Mailing Address: _____

Insured Location: _____

Website address: _____

Seasonal or Annual Operation: _____ If Seasonal, months of operation: _____

Does the resort have full road access? Yes No If not, is the resort accessed by Boat or Fly in Only?

Desired effective date: _____

Expiring Premium: _____

Target Premium: _____

Current Insurance Company: _____

Has Applicant been declined, cancelled or refused insurance in the past? Yes No If yes, details:

Full Description of Operations:

Is there Guided Fishing or Hunting trips by the Insured: _____

If yes, our Guided Hunting OR Fishing Supplement Application will be require to be completed and returned

How long has lodge been in operation? _____

How many years' experience does the insured have operating a resort/lodge or campground? _____

Manager's a/o Caretakers Name _____

How many years experience: _____

Does the Manager a/o Caretaker live on site? Yes No If yes, is there a valid tenants package in place

Number of Employees: _____ Full time: _____ Part-Time: _____

Claims History- list all claims open and closed from the past 5 years:

PROPERTY:

CONSTRUCTION - Select the Construction Class, which best describes your building:

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

Number of buildings _____ # of Cabins _____ # of RV sites _____ #of Campsites _____

What is the original age of all the buildings? _____

Type of Plumbing? _____

Type of Electrical? _____

Type of Heating? _____

Roof - construction and last replaced? _____

Are there space heaters in any of the buildings? _____

****If any woodstoves – Must be CSA or ULC approved units; professionally installed and WETT certified Require WETT inspection for review - this will be required prior to quoting.**

PUBLIC FIRE PROTECTION

Fire Department Paid F/T Paid P/T VFD Distance/Response Time _____

Municipal Hydrants - Within 500 Feet Between 500 and 1000 feet Over 1000 feet

Private Hydrants on property Yes No

PRIVATE FIRE PROTECTION

Smoke Detection in each building? _____

Fire Extinguishers in each building? _____

Any other Private Protection, if so, please list:

PROPERTY / BI / EQUIPMENT BREAKDOWN

AMOUNT OF INSURANCE

Main Lodge
Dwelling
Cabin(s); indicate if more than one including values separately
Other Buildings (list required)
Contents
Equipment
Contractors Equipment (list required)
Office Contents
Computer/EDP
Profits – 12 Month POI
Non-Motorized Watercraft (list required)
Motorized Watercraft (list required including hp)
EQUIPMENT BREAKDOWN

CRIME COVERAGES

AMOUNT OF INSURANCE

3D Coverage – Employee Dishonesty:
3D Coverage – Other Covers
Other

LIABILITY: Limit Required: \$2,000,000 / \$3,000,000 / \$5,000,000

EXPOSURE

GROSS REVENUES

Accommodations
Food
Liquor
Boat Rental
Convenience Store
Other (please list)

Restaurant / Lounge / Recreation Hall Or Pub:

Is there a restaurant/lounge or bar? Yes No If yes, please advise which one or all

Is there liquor being served? Yes No

*If yes, we will require our Hospitality Application to be completed and returned

Workshop

Does the insured have a workshop on premises? Yes No If yes, please advise:

Is there any millwork/carpentry work: _____

Is there any automotive work: _____

Is there any welding operations _____

Amenities

Is there cooking allowed in any of the cabins? Yes No

Do any structures have Hot Plates: Yes No

Are there BBQ's? Yes No

Are there fire pits? Yes No

Playground? Yes No If yes, advise the age, ground cover, type of equipment and how often it is maintained

Is there a land or water trampoline or water inflatables, please list:

Are there any long term rentals offered (excess of 30 consecutive days)

Is there a Swimming Pool? If yes – please advise:

Is there a lifeguard? _____

Are rules clearly posted for all guests using the pool? _____

Is there parental supervision required for children using the pool? If so, what age _____

Is the pool fenced and locked after operating hours? _____

Who is responsible for the maintenance? _____

Lake or Beach Front - Is there a designated swimming area? _____

Rules posted for guests use? _____

Is there a convenience store? Yes No If so, is there tobacco, liquor, lottery, hunting/fishing equipment, fireworks or propane sold?

Watercraft

Are waivers signed by guests who chose to rent or use non-motorized (canoe/kayak/paddle boards) or motorized watercraft?

Yes No

Are parents or legal guardians required to sign waivers for their children aged 18 and under? _____

Other Amenities

Provide a list of activities offered by the insured:

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

COPY OF	YES	NO
Marketing Materials (brochures, etc)		
Written Emergency Plans		
Safety Inspection Checklist		
Maintenance Log		
Video Surveillance		

Describe areas of coverage:

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 airstrip? _____

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? Yes No

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? _____

Water Supply

Is the water supply private or public? If private, who is responsible for testing and submitting samples to the proper authorities?

Security

Who handles disturbances/ fights/ ejections/ crowd control in your facility:

Please describe procedures:

Safety

Do you provide a first aid station? _____

Who staffs the station? Is there an attendant on duty at all times? _____

What are the response times for the following?:

Fire Station _____

Police _____

Hospital _____

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

Do you presently carry insurance? Yes No If yes, with which Insurance Carrier?

Has any Insurance Carrier cancelled or refused coverage? Yes No If yes, explain:

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: _____ 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: