

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. AFFILIATIONS:

(a) Provincial _____

(b) National _____

(c) Paid Membership _____

(d) Other _____

4. 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):

5. 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:

6. 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?

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:

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

7. PARTICIPANT SAFETY:

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

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)?

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:

8. 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 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:

9. 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:

10. 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.