



ADVENTURE TOURISM
LIABILITY INSURANCE APPLICATION

SECTION 1: Applicant Information

- 1. Official/legal name:
2. Operating name if different:
3. Street address:
4. City:
5. Province:
6. Postal Code:
7. Phone:
8. Fax:
9. Website:
10. Email:
11. Additional insured:

SECTION 2: Underwriting Information

- 1. Date company was created:
2. Number of years experience if different:
3. Is this business a: Sole Proprietorship Partnership Corporation
4. Does this business operate in countries other than Canada: Yes No
4.A. If "yes" please explain:
5. Governing body:
5.A. Governing body member #:
6. Total gross receipts:
7. List all activities offered:

Table with 4 columns: Activity, Total Participants, Total Trip Days, Gross Revenue

- 8. Do you offer stand alone equipment rentals: Yes No

9. Please provide the following documents or explain why they are not included:

Document	Explanation why it's not included
Incorporation documents	_____
Most recent financial statements	_____
All insurance policies in effect	_____
Sample registration forms	_____
Sample waivers/release	_____
Sample medical questionnaire	_____
Risk management plan	_____
Equipment log	_____
Incident log	_____
Sample pre-trip information	_____
All advertising materials	_____

10. Do you allow your waivers to be filled out online: Yes No

11. Where do you store client records: _____

12. How long do you keep client records: _____

13. Do you use sub-contractors: Yes No

13.A. If "yes" do you require a certificate of insurance and please explain what duties do they perform: _____

14. Do you work as a sub-contractor: Yes No

14.A. If "yes" please explain: _____

15. Do you do any maintenance on the area you operate in: Yes No

15.A. If "yes" please explain: _____

SECTION 3: Staffing

1. Total number of employees: _____

2. Total number of guides/instructors: _____

3. Do you check background, experience, and qualifications for each employee: Yes No

4. Do you employ anyone under 18 and if so what are their responsibilities: _____

5. What's covered in pre-season training: _____

6. What level of first-aid do you require lead guides/instructors to have: _____

7. What level of first-aid do you require assistance guides/instructors to have: _____

8. Do you do criminal record checks on all staff: Yes No

9. Do you require a drivers abstract for all employees operating vehicles: Yes No

10. Do staff participate in search and rescue operations while being paid by you: Yes No

10.A. If "yes" please explain: _____

Please submit an "Employees Supplement" for each guiding employee.

SECTION 4: Auto Exposure

1. Please provide the following information for all vehicles used for business:

Year/Make/Model	Liability Limit	Owned By

2. Is all maintenance done by certified mechanics: Yes No

3. Does an employee do pre-trip inspections of vehicles: Yes No

4. Do participants or employees ever use their own vehicles: Yes No

SECTION 3: Coverage Requested

1. Liability limit: _____

2. Other coverage's requested: _____

3. Requested effective date: _____

4. Requested expiry date: _____

SECTION 4: Insurance History

1. Previous carrier: _____ 2. Premium: _____

3. Type of policy: _____ 4. Policy #: _____

5. Effective date: _____ 6. Expiry date: _____

7. Limit: _____

8. Losses: _____

9. Has any insurer ever declined, cancelled, or imposed special conditions for any coverage for you, your facility, or your employees in the past: Yes No

10. Have you, your facilities, or your employees ever been subject to any disciplinary proceedings for professional misconduct: Yes No

11. Are you aware of any circumstance which may result in a claim against you, your business, or your employees: Yes No

11.A. If you answered "yes" to any of the above 3 questions you must provide full details.

SECTION 5: Declaration

It is understood and agreed that the completion of this application and the quote provided shall not be binding either to the proposed insured or to Universal Underwriting Managers/Lloyd's (henceforth called the "insurer") until accepted by both the insurer and insured. The information contained herein shall be the basis of the contract of insurance should a policy be issued.

I declare that the statements made in the this application are complete and true to the best of my knowledge. I understand that the application form will form part of the insurance policy provided through the insurer. I acknowledge that if, at the time of a claim, it is discovered that any question in the application was not answered truthfully, accurately, completely, and to the best of my knowledge it may result in the non-payment of any claim and/or my coverage may be made null and void at the discretion of the insurer.

Your privacy is protected: For a copy of the privacy policy in place please contact your broker.

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

DATE

BROKER NAME

BROKER SIGNATURE

AGENCY

BROKER PHONE #

BROKER FAX #

BROKER EMAIL

EMPLOYEES SUPPLEMENT

Please submit an "Employees Supplement" for each guiding employee.

1. Name: _____ 2. Age: _____

3. Years relevant experience: _____ 5. Full-time or part-time: _____

6. Employment Position: _____

7. Is this employees personal vehicle ever used for business activities: _____ Yes No

8. Level of first-aid and CPR training and expiry date: _____

9. Please provide the following information for all applicable certifications:

Certification	Effective date:	Expiry date:

Please attach a copy of this employees resume.

ACTIVITIES SUPPLIMENT

Please submit one form for each activity or trip offered. Treat instructional trips separately from guided trips.

1. Location: _____

2. Activity(ies) _____

3. Method of travel _____

4. Number of user days: _____

5. If overnight, accommodations: _____

6. Do participants lead at any time: Yes No _____

7. Minimum age of participants: _____

8. Please provide the following statistics:

% under 18: _____ % over 18: _____

% novices: _____ % intermediates: _____ % Advanced: _____

9. Do you offer different trips for different experience levels: Yes No _____

10. Do you assist in obtaining permits or licenses for participants: Yes No _____

11. Please list safety equipment used: _____

12. How long have you been offering this activity: _____

13. Operating season(s): _____

14. Trip objective if any: _____

15. Where and how do you obtain current, up-to-date information on conditions: _____

16. Describe actions take/decisions made to avoid specific hazards: _____

17. Describe actions taken/decisions made to reduce the frequency of accidents: _____

18. Describe actions taken/decisions made to reduce severity of accidents: _____

19. What's covered in the pre-trip safety talk: _____

20. Food provided: _____

21. Alcohol provided: _____

22. Client equipment provided by you: _____

23. Is this equipment rented or included: _____

24. Group equipment provided by clients: _____

25. Communications equipment in use: _____

26. First-aid equipment in use: _____

27. Maximum guide:client ratio: _____

28. How often is this trip run: _____

29. Please attach a copy of the map for this trip with the following highlighted:

The intended route

Areas where communication is not possible

High risk area to be completely avoided

Moderate risk areas to be generally avoided

Any specific risk management information (I.E. log jams, avalanche slopes, etc.)

Please attach an itinerary for this trip.