

APPLICANT

Legal Name of Applicant: _____

Operating Name: _____ Website: _____

DESIRED EFFECTIVE DATE OF COVERAGE: _____ **REQUESTED LIMITS:** _____

Principals: _____ Years of Experience of Principal: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Location Address: _____

City: _____ Province: _____ Postal Code: _____

Name of Person completing this application: _____ Position of Company: _____

Number of Years in operation under current owner: _____ Under Previous Owner: _____

Business is (check one): Sole Proprietorship Partnership Non Profit Assn Corporation (Inc., Ltd.)

BUSINESS OPERATIONS:

1) Please provide a detailed description of your operations: _____

2) Please list ALL activities that you offer: _____

3) Which to these activities are provided by a sub-contracted company? _____

4) If subcontractors are used, do you require certificate of insurance naming your company as additional insured? _____

For what limit of liability? _____

5) Please list all provinces, territories or countries in which you operate: _____

6) Total number of all clients for all activities (that are not subcontracted): _____

a. What percentage of these clients are minors? _____

b. Are minors required to be accompanied by adults? _____

c. What is the youngest age that you will permit? _____

7) Total revenues for all activities (not including activities that are subcontracted): _____

8) Do you use a waiver of release, release of liability and assumption of risk agreement (waiver) for ALL clients for ALL activities? Yes No

a. If NO, please explain: _____

b. If YES, please provide a copy for our review. _____

9) Do you use a medical questionnaire for all participants? Yes No

a. Explain how and why you would decline a client from participating: _____

10) Do you provide transportation for any of your itineraries? Yes No

a. If YES, please confirm that commercial automobile policy is in place, and for what limit: _____

11) Do you provide liquor for any of your itineraries? Yes No

a. If YES, please explain who provides liquor, when in the tour it is offered, and if clients are permitted to resume activity after consuming alcohol: _____

12) Do you sell retail products to clients? Yes No

a. If YES, please list products, and state the percentage of total revenues represented by retail product sales: _____

TRIP/ACTIVITY INFORMATION:

13) Please complete the chart below outlining ALL activities that are not subcontracted out (**MUST BE COMPLETED**):

ACTIVITY **	TOTAL NO. OF PARTICIPANTS FOR THE YEAR FOR EACH ACTIVITY (not per group or trip)	AVERAGE TRIP LENGTH	REVENUE FOR THIS ACTIVITY

**** PLEASE NOTE – IF YOUR ACTIVITIES INCLUDE THE FOLLOWING, PLEASE ALSO COMPLETE THE APPROPRIATE SUPPLEMENTARY APPLICATION:** Mechanized Skiing, Equine, Climbing Walls, Rock Climbing, Snowmobile / ATV, Hunting, Equipment Rentals

ADVENTUREGUARD APPLICATION – GUIDED TOURS & LESSON PROVIDER

14) ITINERARY INFORMATION:

a. Itinerary Information (if watercraft exposures, see below) -

Name of Tour or Lesson	Describe Terrain & Location	Beginner, Intermediate, Advanced?	Trip Duration

b. Itinerary Information (for watercraft exposures only: canoe, kayak, stand up paddleboard)

Name of Tour or Lesson	Location of Start	Location of Finish	Duration	Class of Water (1-5)

15) What is your operating season:

16) Do you rent equipment to clients (OTHER THAN for use during a guided tour) Yes No

a. If Yes, please describe:

i. Equipment Rented:

ii. Rental Revenue for EACH type of equipment:

17) Describe accommodation for any overnight trips:

RISK MANAGEMENT PROCEDURES:

Please note, underwriters may, at any time, request written proof of the following documentation:

18) Have all of your guides:

a. Demonstrated their instructional skills to you: Yes No

b. Provided proof of their experience in the activity at the appropriate level: Yes No

c. Provided proof of prior experience in a variety of operating conditions & locations? Yes No

d. Provided proof of certification of technical ability (provided by an industry governing body recognized as an authority) in the activity being taught: Yes No

i. Name the certifying bodies that you deem acceptable for your guides:

e. Demonstrated their understanding of and operation within the professional and terrain guidelines of the recognized governing body (where appropriate): Yes No

f. Provided proof of an advanced wilderness first aid or industrial first aid certification from an industry recognized first aid provider: Yes No

g. Been trained in appropriate hazard evaluation and emergency situation management and response for the activity being provided: Yes No

If you answered no to any of these questions, please explain:

19) Does your company:

a. Have a written risk management plan that ALL employees have access to? Yes No

b. Have written trip for every itinerary? Yes No

c. Have written emergency response plans that are available to all employees and is reviewed with employees on a regular basis? Yes No

d. Have written instructor emergency protocols for every activity provided? Yes No

e. Have a media plan in the event of a serious incident? Yes No

f. Has a written post incident response plan that all employees are trained in and have access to? Yes No

g. An employee handbook that is periodically reviewed with each employee? Yes No

h. Use SCRIPTED safety talks for each itinerary? Yes No

i. Regularly inspect, maintain & replace as necessary all equipment used? Yes No

If you answered no to any of these questions, please explain:

20) Do you ALWAYS:

- a. Operate within the standards of your governing body, if applicable? Yes No
- b. Require that guides do not deviate from set curriculum or trip itinerary? Yes No
- c. Require that appropriate safety equipment, (which may include pdfs, helmets, footwear, gloves, protective clothing, etc.) as deemed appropriate by law or by industry standards is worn by all participants? Yes No
- d. Require guides to carry appropriate communication devices at all times? Yes No
- e. Hire guides over 19 years of age? Yes No

If you answered no to any of these questions, please explain:

INSURANCE HISTORY:

21) Have you ever been declined for liability insurance coverage? Yes No

If yes, please explain:

22) Has your insurance coverage ever been cancelled by any insurance company? Yes No

If yes, please explain:

23) Have you had a liability claim, or do you have any incident that MAY ARISE in a claim pending for the past five years:

Yes No If yes, please explain:

24) Please provide your previous insurer and premium amount for the past three years:

YEAR	INSURANCE COMPANY	PREMIUM	LIMIT OF LIABILITY

BROKER INFORMATION:

Brokerage:		Contact:	
Tel:	Fax:	Email:	
Is this an existing account for your brokerage? Yes <input type="checkbox"/> No <input type="checkbox"/>			
How long have you held this account:		Target Premium:	
Current Insurer:		Current Policy #:	Expiry:
Current Limits:			
Last date you inspected this risk as the broker:		Month:	Year:

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Insured Signature: _____ Date: _____

Broker Signature: _____ Date: _____

Broker Email: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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