

THIS IS A SUPPLEMENTAL QUESTIONNAIRE ONLY. PLEASE COMPLETE THE ADVENTURE ACTIVITIES APPLICATION FIRST.

APPLICANT

Legal Name of Company: _____

Operating Name: _____

MECHANIZED SKIING OPERATIONS:

- 1) Please provide total participant numbers for all activities that you offer:

a) Heli Ski/Snowboard:	Average Trip Duration: _____
b) Cat Ski:	Average Trip Duration: _____
c) Heli Hike / Snowshoe:	Average Trip Duration: _____
d) Heli Mountain Bike:	Average Trip Duration: _____
- 2) Are you an accredited member of HeliCat Canada? Yes No
 - a. If NO, what other industry association do you belong to? _____
- 3) Does your company meet the terrain guidelines set by the ACMG? Yes No
 - a. If NO, please explain: _____
- 4) Please indicate type and level of guide certification: _____
- 5) Are your guides Canadian Avalanche Association accredited? Yes No
 - a. If NO, please explain why: _____
- 6) Please describe procedures for obtaining current avalanche and snowpack conditions: _____
- 7) Who provides your aviation services?
 - a. Are you named on their policy as Additionally Insured? Yes No
 - b. What limit of liability do they carry? _____
- 8) Please provide make, model and serial number of snowcat used:
 - a. Is snowcat owned or leased? Yes No
 - b. Do you have a regular schedule for maintenance? Yes No
 - c. Who provides maintenance on the snowcat? _____
- 9) Do helicopters or snowcats refuel on your property? Yes No
 - a. If YES, who owns the fuel tanks? _____
 - b. If YES, who does the refueling? _____
- 10) Is there a landing pad on your property? Yes No
- 11) Do you require all participants to carry CSA approved avalanche beacons, probes and shovels? Yes No
 - a. If NO, please state why: _____
- 12) Do your clients use AirBags or AvaLung devices? Yes No
 - a. If NO, please state why: _____
- 13) Do you require all participants to use releasable bindings? Yes No
 - a. If NO, please state why: _____
- 14) Do you own a lodge? Yes No
 - a. If YES, do you carry a separate liability policy for the lodge? Yes No
 - i. If NO, do you require terms for the lodge (a separate application will be required)? Yes No
 - b. If you do not own your lodge, do you subcontract your lodging to another company? Yes No
 - i. If YES, are you added as additional Insured to their liability policy? Yes No
 - ii. If NO, are participants responsible for their own lodging? Yes No

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: _____

Brokerage: _____ Contact: _____

Tel: _____ Fax: _____ 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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