



**ADVENTURE TOURISM GENERAL APPLICATION**

**1. Client Information**

|  |  |                   |  |
|--|--|-------------------|--|
| 1. Legal name:   | <input style="width:100%;" type="text"/> |                   |  |
| 2. Operating name:   | <input style="width:100%;" type="text"/> |                   |  |
| 3. Contact name:   | <input style="width:100%;" type="text"/> | 4. Email address: | <input style="width:100%;" type="text"/> |
| 5. Phone:  | <input style="width:100%;" type="text"/> | 6. Website:       | <input style="width:100%;" type="text"/> |
| 7. Street Address:   | <input style="width:100%;" type="text"/> | 8. City:          | <input style="width:100%;" type="text"/> |
| 9. Province:   | <input style="width:100%;" type="text"/> | 10. Postal code:  | <input style="width:100%;" type="text"/> |
| 11. Is Building Owned or Leased? If Neither please explain: <input style="width:100%;" type="text"/> |  |                   |  |

**2. Risk Information**

| 1. Description of operations:  | <input style="width:100%;" type="text"/>              |   |   |
|--|---|---|---|
| 2. Describe any operations, marketing, or business travel outside of Canada:   | <input style="width:100%;" type="text"/>              |   |   |
| 3. Inception date of business:   | <input style="width:100%;" type="text"/>              | 4. Years of relevant experience:                      | <input style="width:100%;" type="text"/>              |
| 5. List all industry associations which the insured is a member in good standing:<br><input style="width:100%; height:30px;" type="text"/> |   |   |   |
| 6. List all regulatory bodies which the insured is subject to:<br><input style="width:100%; height:30px;" type="text"/>                    |   |   |   |
| 7. Provide the following information for all business activities:  |   |   |   |
| Activity   | # Participants  | \$ Revenue  | Operating Season                                      |
| <input style="width:100%; height:20px;" type="text"/>  | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> |
| <input style="width:100%; height:20px;" type="text"/>  | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> |
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| <input style="width:100%; height:20px;" type="text"/>  | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> |
| 8. Percentage of participants that are minors: <input style="width:100%;" type="text"/>  |   |   |   |
| 9. Do minors participate with a legal guardian: <input style="width:100%;" type="text"/>   |   |   |   |
| 10. Can participants complete the waiver online: <input style="width:100%;" type="text"/>  |   |   |   |
| 11. Are waivers witnessed by an employee: <input style="width:100%;" type="text"/>   |   |   |   |
| 12. Is a waiver mandatory for all activities: <input style="width:100%;" type="text"/>   |   |   |   |
| 13. Describe how and where legal documents are stored: <input style="width:100%; height:30px;" type="text"/>                               |   |   |   |
| 14. Outline all subcontractors including their <input style="width:100%; height:30px;" type="text"/>                                       |   |   |   |

insurance:

15. Do all guides carry first aid kits and communications equipment:

16. Is all client equipment checked for safety and adequacy:

17. Outline equipment logging and maintenance procedures:

18. Outline any non-certified safety equipment used or sold:

19. Outline how many staff are younger than 18 and their duties:

20. Do staff participate in Search and Rescue operations while being paid:

21. Outline all employee training:

22. Outline pre-trip safety talk:

23. How are employee qualifications verified:

### 3. Auto Exposure

1. List year, make, model of all vehicles owned by the insured:

2. Describe how and when staff or clients use their own vehicles:

3. Is all vehicle maintenance performed by a qualified mechanic:

4. Is a pre-trip safety inspection performed on all vehicles:

5. Auto liability limit(s) carried:

### 4. Insurance History

1. Has the insured ever been cancelled, declined, or refused for insurance:

2. Provide date & description for all claims, potential claims, and incidents including preventative measures:

3. Outline any disciplinary action ever taken against the insured, the organization, or any employees:

### 5. Coverage Requested

1. Liability limit:  2. Deductible:   
3. Effective date:  4. Expiry date:

5. Outline all mobile property to be insured including year, make, model, and serial number:

6. Outline all other property to be insured including year built, fire protection, construction, and seasonal occupancy:

7. Outline any liquor liability coverage requested:

8. Outline any non-owned auto coverage requested:

## 6. Additional Information

**The following information is required in order to provide a quote.**

- |   |   |
|---|---|
| 1. Sample waiver and medical questionnaire.       | 5. Risk management plan.                |
| 2. Schedule of property to be insured.            | 6. A sample of pre-trip information.    |
| 3. Sample marketing materials.                    | 7. A photocopy map of operational area. |
| 4. Photo(s) of location, building, property, etc. | 8. Details of any claims or incidents.  |

## 7. Notes

## 8. Declaration

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:**

1. Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
2. The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
3. All exclusions in the Policy apply regardless of any answers or statements in this Application.
4. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.
5. Applicant understands that the limit of liability, deductible, term of coverage and other terms and conditions in any Policy issued in response hereto may be different than those requested herein and Applicant agrees to such differences.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_