

SECTION 1: BROKER DETAILS

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Website: _____

General email: _____ Contact E-mail: _____

Contact Name: _____

SECTION 2: RISK DETAILS

2.1 Effective Dates

Policy period required from (effective date): _____ to (expiry date): _____

2.2 Mailing information

Name of Insured as it is to appear on policy: _____

Name of Organization (if different): _____

Mailing Address: _____

2.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) _____

2.4 Webpage: _____

2.5 Names All Partners or Officers of Corporation: _____

2.6 Additional Insureds (As they are to appear on the policy)*

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.7 Provide number of years the business has been in operation: _____

Provide number of years at the present location: _____

Qualifications in running this type of ride: _____

2.8 Does the insured: ☐ Own ☐ Lease premises

If leased, who is the owner of premises: _____

Address: _____

- 2.9 Are you accredited by an organization? ☐ Yes ☐ No
If yes, please describe: _____
Are you a member of any organization relating to your business? ☐ Yes ☐ No
If yes, please describe: _____

- 2.10 Who designed the course? _____
Were certificates of Insurance obtained? ☐ Yes ☐ No
Who constructed the course? _____
What was the completion date of construction? _____
Does the client require an operating permit from the provincial safety authority? ☐ Yes ☐ No
If yes, provide a copy of the client's operating permit and inspection from the provincial safety authority.
- 2.11 How often is the course inspected? ☐ Daily ☐ Monthly ☐ Annually
By Whom? _____
- 2.12 What is the height of the course? _____
What is the length of the course? _____
How long does the ride last? _____
Are any portable elements used? (i.e. challenge walls. Etc.) or unique obstacles employed? ☐ Yes ☐ No
If yes, please describe: _____

- 2.13 Please indicate the total number of:
Instructors: _____ Team Leaders: _____ Guides: _____ Ground Patrols: _____
- 2.14 What is the ratio of participants to instructors? _____
Anticipated Receipts: \$ _____
Percentage of Participants: Under 18 years of age: _____% Over 18 years of age: _____%
- 2.15 Minimum Age: _____ Maximum Age: _____
- 2.16 Are all participants required to sign an agreement to participate or a waiver and release form? ☐ Yes ☐ No
If yes, provide a copy of the client's waiver
- 2.17 Is the course ever rented to outside groups or individuals? ☐ Yes ☐ No
If yes, is supervision provided? ☐ Yes ☐ No
Gross Receipts generated from leased periods: _____
If yes, Please forward a copy of the contract used for these periods.
- 2.18 Do you ever rent your facility to outside users? ☐ Yes ☐ No
If yes, please provide a copy of the rental agreement and fee schedule.

2.19 Does the group do any of the following:

Course design / Construction?

☐ Yes ☐ No

Instructor Certification?

☐ Yes ☐ No

Site / Course Accreditation?

☐ Yes ☐ No

2.20 How far is the nearest hospital? _____

Please provide a copy of emergency evacuation procedures.

2.21 Please check if any of the following activities are done in conjunction with the challenge course:

☐ Canoeing / Kayaking

☐ Orienteering

☐ Spelunking

☐ Rock Climbing / Mountaineering

☐ Other: _____

2.22 Apart from the operations mentioned on this application, are there any other operations conducted on the same premises?

☐ Yes ☐ No

If yes, please provide details including gross receipts: _____

IMPORTANT CHECKLIST

Please ensure the following are included with your submission:

☐ Copy of Operations/training/safety manual (including emergency plans, search and rescue procedures/hiring procedures)

☐ Copy of Inspection Report by provincial association

☐ Copies of any brochures, ads or other literature concerning your course and/or services provided

☐ Resume or descriptions of previous training for all instructors

☐ Copies of the waiver and release forms or consent forms signed by all participants

☐ Loss runs and/or detailed account of any past losses

☐ Photo or diagram of course elements

SECTION 3: CLAIMS INFORMATION

3.1 Does the Insured have a formal loss-control program?

☐ Yes ☐ No

If yes, please provide details: _____

3.2 Does the Insured have a formal employee safety-training program?

☐ Yes ☐ No

If yes, please provide details: _____

3.3 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports.
(Please use additional sheet if necessary.):

SECTION 4: LIMITS OF LIABILITY REQUIRED

4.1 Commercial General Liability	\$	_____
Each Occurrence Limit	\$	_____
Products - Completed Operations Aggregate Limit	\$	_____
Personal Injury Limit	\$	_____
Tenants Legal Liability Limit	\$	_____
Medical Expense Limit - Per Occurrence/Per Person	\$	_____
Non-Owned Automobile Limit:		
- Liability	\$	_____
- Physical Damage	\$	_____
Employee Benefits Limit	\$	_____
Employers Liability Limit	\$	_____
Advertising Injury Limit	\$	_____
Other: _____	\$	_____

SECTION 5: DECLARATIONS

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

SECTION 6: ADDITIONAL INFORMATION

[illegible]