



**Adventure Tourism General Liability Application
Cambrian Special Risks**



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Sudbury ON P3E #e1
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SECTION 1: APPLICANT INFORMATION

1. Official /Legal Name of Organization : _____
2. Address: _____
Street Number Street Name Apartment / Suite Number
3. City: _____ Province: _____ Postal Code: _____
4. Phone: (____) _____ Fax: (____) _____
5. Website Address : _____
6. Will you require an additional named insured to be added to the policy? Yes No
 If "Yes", please provide their information: _____

SECTION 2: UNDERWRITING INFORMATION

1. Inception date of business:
2. Is your business: Sole Proprietorship Partnership Incorporated Company
3. Do you operate in countries other than Canada? Yes No
4. Affiliations: Provincial National Paid Membership Other
5. Activities and Gross Receipts:

*****PLEASE PROVIDE US WITH SUPPLEMENTAL GUIDE INFORMATION QUESTIONNAIRE FOR EACH*****

Please indicate your activities, participants and gross receipts as requested.

If new venture, please estimate:

Operation	Ye s	No	Total Participants	Total Trip Days	Gross Revenue Split
Canoeing / Kayaking	<input type="checkbox"/>	<input type="checkbox"/>			
Hiking / Backpacking	<input type="checkbox"/>	<input type="checkbox"/>			
Snowmobile / ATV	<input type="checkbox"/>	<input type="checkbox"/>			
Cross Country Skiing / Snowshoeing	<input type="checkbox"/>	<input type="checkbox"/>			
Cycle Touring	<input type="checkbox"/>	<input type="checkbox"/>			
Rafting	<input type="checkbox"/>	<input type="checkbox"/>			
Trail Rides	<input type="checkbox"/>	<input type="checkbox"/>			
Sleigh / Wagon Rides	<input type="checkbox"/>	<input type="checkbox"/>			
Fishing	<input type="checkbox"/>	<input type="checkbox"/>			
Hunting	<input type="checkbox"/>	<input type="checkbox"/>			
Rock Climbing / Top Racing	<input type="checkbox"/>	<input type="checkbox"/>			
Dog Sledding	<input type="checkbox"/>	<input type="checkbox"/>			
Unsupervised side trips*	<input type="checkbox"/>	<input type="checkbox"/>			

Rental (equipment with tour)	<input type="checkbox"/>	<input type="checkbox"/>			
(stand alone)	<input type="checkbox"/>	<input type="checkbox"/>			
Accommodation (not part of package)	<input type="checkbox"/>	<input type="checkbox"/>			
Food and beverage	<input type="checkbox"/>	<input type="checkbox"/>			
Liquor sales	<input type="checkbox"/>	<input type="checkbox"/>			
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>			

* Our program is designed for guided tours only. If your operations differ, please explain. (Please note, this may affect your eligibility for insurance):

6. Is your facility licensed for all these activities that you conduct? Yes No

If "No", please explain:

7. To help assist us to better understand your organization, we require the following information

COPY OF	YES	NO	IF "NO", EXPLAIN
Letter of Patent (if incorporated)	<input type="checkbox"/>	<input type="checkbox"/>	
Last financial statements	<input type="checkbox"/>	<input type="checkbox"/>	
All insurance policies	<input type="checkbox"/>	<input type="checkbox"/>	
Participant Registration Forms	<input type="checkbox"/>	<input type="checkbox"/>	
Waivers / Release Forms being used	<input type="checkbox"/>	<input type="checkbox"/>	
Resumes & Certifications for each guide	<input type="checkbox"/>	<input type="checkbox"/>	
Any available advertising materials / brochures	<input type="checkbox"/>	<input type="checkbox"/>	

8. Do you have a filing system for these records (above mentioned) and how long do you maintain your records?

9. Do you use sub-contractors to deliver part of your services offering? Yes No

If "Yes", do you require a proof of insurance from contractors? Yes No

10. Do you provide services to other business as a sub-contractor? Yes No

11. Is all the equipment provided by you for all activities? Yes No

If "Yes" or "No", please give details

12. Are you responsible for providing the licenses for activities or sports which require licences? Yes No

If "Yes", please give details

13. Limits Requested: \$1 million \$2 million \$5 million

SECTION 3: STAFFING PROCEDURES

1. Number of Employees: _____ Number of employees who are Guides: _____

2. How are each guide's certification, qualification and experience verified? Please describe:

3. Do you hire or employ anyone younger than 18 years old? Yes No

If "Yes", please give responsibilities assigned to the person:

4. Do you provide training or review the procedures for equipment and safety with the staff prior to each trip? Yes No

If any exceptions are made to this, please advise details of the same:

5. Are all Head Guides certified for advance first aid training? Yes No
6. What type of security and/or background checks are performed on employees providing babysitting services?
7. Please submit the supplementary guide information questionnaire for each guide.

SECTION 4: TRIP INFORMATION

1. Please indicate dates & participant/guide information for all trips scheduled for the season. Use another sheet if necessary. Is your facility licensed?

Start Date	Finish Date	Estimated Participants	Number of Guides

2. What is your **minimum** guide to participant ratio?
3. Please outline educational information given to groups prior to trip commencement. Attach credentials of those teaching these classes or use separate page.
4. Do you have any overnight trips? Yes No
If "Yes" describe the lodging
5. Do you have any potential for travel to the United States? Yes No

SECTION 5: PARTICIPANTS SAFETY

1. Do you follow the standard safety measures as set by your governing body? Yes No
2. Do you have a client (participant) package of information for safety issues, medical information, waivers, rules regulations and clothing checklist for trips which is given to the client in advance of the trip?
 Yes No
If "Yes", please submit a sample.
3. Is a client medical questionnaire collected? Yes No Please submit a sample.
4. Do you have a formal written safety program including safety equipment worn by participants while on trip?
 Yes No If "Yes", please attach a copy.
5. Do you have an emergency evacuation procedure in place and an emergency communication system while on trip outings? Please describe in detail

6. Do you have a regular equipment maintenance and inspection schedule? Yes No

Please give details

7. How is the equipment transported or is it at the site ahead of the trip commencement? Please provide details
8. Do you provide Alcoholic beverages Supply food and meals, on trips or at any other time to the participants? If you do please give details
9. Do you have an incident and post incident reporting plan Yes No? Please explain
10. Do you have guide protocols Yes No? Please explain

SECTION 6: AUTOMOBILE EXPOSURE

1. Do you transport equipment and participants with your own or leased vehicles? Yes No

If "Yes" please explain:

2. Limits of Insurance carried : \$
3. Average lengths of road or vehicle travel: kilometres or miles.
4. Type of road used : Highway Rural City Routes Off-road
5. Do you have any owned or leased vehicles inspected by a qualified mechanic? Yes No
- If "Yes", is the inspection report logged into a permanent file in case of misadventure? Yes No
6. Do you have a regular maintenance program in place to ensure standard vehicle safety? Yes No
7. Do participants use their own vehicle(s) as well? Yes No

If "Yes, please explain:

SECTION 5: INSURANCE & LOSS HISTORY INFORMATION

1. Do you currently carry any Commercial General Liability or Professional Liability Insurance? Yes No
2. If "Yes", please provide details below:
Current Carrier: Premium: Type of Policy:
Policy #: Limit: Effective Dates:
3. Has any insurer ever declined, cancelled or imposed special conditions for any coverage, for you or your facility in the past? Yes No
4. Have you or your facility ever been subject to disciplinary proceedings for professional misconduct by a professional society or any statutory registration board? Yes No
5. Are you aware of any circumstances which may result in a claim against you or your facility? Yes No

If you answered "Yes" to any question in 3, 4 and/or 5 then you must provide full details on a separate page.

6. Loss History: please provide details below (attach additional page(s) if necessary):

Year	Insurer	Premium	Details of Loss(es)	# of Loss(es)	Total Amount(s) Paid

SECTION 6: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks/Echelon until accepted by Cambrian Special Risks/Echelon but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that Cambrian Special Risks/Echelon requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	

SUPPLEMENTARY GUIDE INFORMATION QUESTIONNAIRE

*****PLEASE COMPLETE ONE FORM FOR EACH GUIDE*****

1. **GENERAL INFORMATION:**

Your position is: Head Guide Assistant Guide Apprentice

Your name and address:

Telephone Number:

Fax Number:

2. **EXPERIENCE & CERTIFICATION:**

Years operating as Head / Assistant / Apprentice Guide:

Number of trips operating as Head / Assistant / Apprentice Guide:

Experience as a Guide:

Is this a full time occupation? Yes No

Please indicate number of hours worked per year:

Please indicate your level of first aid training:

What are your certifications that qualify you to be a guide?

Does your certifying body require you to continue your education to maintain your certification?

Yes No

If "YES", please describe:

If "NO", please describe if you pursue continuing education on your own:

3. **CLAIM INFORMATION:**

Have you ever been involved in an accident in the past for this type of activity? Yes No

If "Yes", please give details:

4. Please provide a copy of information on the certification program.