Adventure Tourism Liability Application

Cambrian Special Risks Insurance Services
130 Paris Street
Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866) 308-2784
Email: quotes@cambrianspecialrisks.com

SECTION 1: APPLICANT INFORMATION

1. Official / Legal Name of Organization:

2. Address:

   City: Province: Postal Code:

3. Phone: Fax:

4. Website Address :

5. Will you require an Additional Insured to be added to the policy? ☐ Yes ☐ No
   If "Yes", please provide name, mailing address and reason to be added:

SECTION 2: INSURANCE INFORMATION

1. Policy period From: _____ To: _____

2. Limit required: ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ Other: _____

3. Are you aware of any incident which may result in a claim against you? ☐ Yes ☐ No
   If "Yes", please provide details:

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

Coverage	Limit Carried	Premium	Total Losses

5. Previous Carrier: Renewal Offered? ☐ Yes ☐ No
   If "No", please explain in detail the reason for non-renewal:

SECTION 3: UNDERWRITING INFORMATION

1. Please provide a complete description of your operations:

2. Inception date of business: _____

3. Is your business: ☐ Sole Proprietorship ☐ Partnership ☐ Incorporated Company

4. Do you operate in countries other than Canada? ☐ Yes ☐ No

5. Affiliations: ☐ Provincial ☐ National ☐ Paid Membership ☐ Other

6. Activities and Gross Receipts: $_____

7. Please indicate all of your activities, participants and gross receipts. If this is a new venture, please estimate.

Operation	Yes	No	Total Participants	Total Trips and Number of Days	Gross Revenue Split
Canoeing / Kayaking	☐	☐			
Hiking / Backpacking	☐	☐			
Snowmobile / ATV	☐	☐			
Cross Country Skiing / Snowshoeing	☐	☐			
Cycle Touring	☐	☐			
Rafting	☐	☐			
Trail Rides	☐	☐			
Sleigh / Wagon Rides	☐	☐			
Fishing	☐	☐			
Hunting	☐	☐			
Rock Climbing / Top Racing	☐	☐			
Dog Sledding	☐	☐			
Unsupervised side trips*	☐	☐			
Rental (equipment with tour)	☐	☐			
(stand alone)	☐	☐			
Accommodation (not part of package)	☐	☐			
Food and beverage	☐	☐			
Liquor sales	☐	☐			
Other (Please Specify)	☐	☐			
Other (Please Specify)	☐	☐			
Other (Please Specify)	☐	☐			
Other (Please Specify)	☐	☐			
Other (Please Specify)	☐	☐			

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

9. Is your facility licensed for all these activities that you conduct? ☐ Yes ☐ No
   If "No", please explain:

10. Do you have a filing system for your records? ☐ Yes ☐ No
    If "Yes", how long do you maintain your records?

11. 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

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

13. Is all the equipment provided by you for all activities? ☐ Yes ☐ No
    Please provide details:

12. Do you offer stand alone equipment rentals? ☐ Yes ☐ No

14. Are you responsible for providing the licenses for activities or sports which require licences? ☐ Yes ☐ No
    If "Yes", please give details

SECTION 4: STAFFING PROCEDURES

1. Number of employees? _____

2. Number of employees who are Guides? _____

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

4. Who is responsible for supervising and managing the touring operations?

5. Do you hire or employ anyone younger than 18 years old? ☐ Yes ☐ No
   If "Yes", please give responsibilities assigned to the person:

6. 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:

7. Are all Head Guides certified for advance first aid training? ☐ Yes ☐ No

8. Are all Head Guides certified for wilderness first aid training? ☐ Yes ☐ No

9. Are all Head Guides certified by the Association of Canadian Mountain Guides (ACMG) or another body or association? ☐ Yes ☐ No

10. What type of security and/or background checks are performed on employees providing babysitting services?

SECTION 5: TRIP INFORMATION

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

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 operate trips in teams? ☐ Yes ☐ No

6. Please attach a copy of your itinerary, including the exact location by trip name/trail name/location of trailhead/location of trail end/length and difficulty/duration of trip.

7. What percentages of your activities are done on:
   a) private trails _____%
   b) public trails _____%

8. Do you have any potential for travel to the United States? ☐ Yes ☐ No

SECTION 6: 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

If “Yes”, 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?

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

11. Are helmets used by all participants? ☐ Yes ☐ No
    If “No”, please explain

12. Do you have a minimum age requirement for participants? ☐ Yes ☐ No
    If “Yes”, please specify the minimum age: _____

13. If participants are under the age of 18, do you get a consent form and waiver signed by a parent or legal guardian? ☐ Yes ☐ No

14. How many of the participants are classified as:

    Novice Level (little or no experience): _____ Intermediate (some experience): _____
    Senior Level: _____ Advanced Level (certified): _____

15. Describe how you obtain information on current snow pack/avalanche conditions/weather conditions.

16. Do the guides carry communication devices? ☐ Yes ☐ No

17. Describe actions taken and decisions made to avoid specific hazards in these activities (i.e. things you do or do not do):

18. Describe actions taken and decisions made to reduce the frequency of accidents in these activities (preventing accidents) and to reduce the severity of accidents:

19. 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

SECTION 7: 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

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

SECTION 8: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:

2. To assist us in becoming more knowledgeable about your association we require the following information:
   a) Copy of your letter patent (if incorporated)
   b) Copy of insurance face sheet from current insurer
   c) Copy of registration form
   d) Copy of any waiver/release forms in use
   e) Last financial statements
   f) Resumes & Certifications for each guide
   g) Any available advertising materials/brochures
   h) Copy of your itinerary, including the exact location by trip name/trail name/location of trailhead/location of trail end/length and difficulty/duration of trip
   i) Copy of your 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
   j) Copy of your sample client medical questionnaire collected

SECTION 9: 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 Insurance Limited until accepted by Cambrian Special Risks Insurance Limited 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.

Applicant Name: Applicant Signature:

Date:

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

Cambrian SPECIAL RISKS INSURANCE SERVICES

Supplementary Guide Information Questionnaire

Cambrian Special Risks Insurance Services
130 Paris Street
Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866)-308-2784
Email: quotes@cambrianspecialrisks.com

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

SECTION 1: GENERAL INFORMATION

1. Your position is: ☐ Head Guide ☐ Assistant Guide ☐ Apprentice
2. Your name and address:
3. Telephone Number: Fax Number:

SECTION 2: EXPERIENCE AND CERTIFICATION

1. Years operating as Head / Assistant / Apprentice Guide: _____
2. Number of trips operating as Head / Assistant / Apprentice Guide: _____
3. Experience as a Guide:
4. Is this a full time occupation? ☐ Yes ☐ No
5. Please indicate number of hours worked per year: _____
6. Please indicate your level of first aid training:
7. What are your certifications that qualify you to be a guide?
8. 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:

SECTION 3: CLAIMS

1. Have you ever been involved in an accident in the past for this type of activity? ☐ Yes ☐ No
   If "Yes", please give details:

SECTION 4: OTHER INFORMATION

1. Please provide a copy of information on the certification program.
2. Please attach a copy of your resume.