

Adventure Application

GENERAL INFORMATION
Name of Insured (list all legal entities):
Mailing Address:
Insurance Contact:
Business Phone:
Cellular Number:
Fax Number:
Email Address:
Website:

PLEASE NOTE THAT IF AN INSURANCE POLICY IS ISSUED SUBSEQUENT TO UNDERWRITERS RECEIPT OF THIS APPLICATION, IT WILL ATTACH TO AND FORM PART OF THE POLICY. COVERAGE UNDER THAT POLICY RELIES ON THE ACCURACY OF THE INFORMATION PROVIDED HEREIN.

1. Expiry Date of current policy? _____
2. Expiry Premium of current policy? _____
3. Current Insurance Company? _____
4. Current Insurance Policy Number? _____
5. Has your insurance been canceled or non-renewed during the last 5 years? Yes No
If Yes, please explain _____
6. Number of years in business? _____ Number of years as owner? _____
7. Are you are a: Sole Partnership Corporation Partnership Joint Venture
8. Length of operating season (number of months)? _____ from _____ to _____

CLAIMS HISTORY

9. Please describe all claims/law suits that you have had within the last 5 years. N/A
1. Year: _____ Type: _____ Amt. paid: _____
Description: _____

2. Year: _____ Type: _____ Amt. paid: _____
Description: _____

PROPERTY INFORMATION

1. Address information from where you operate:

Location #1: _____

Legal description: _____

Use/Occupancy: _____

Name of responding fire hall/township/city? _____

Location #2: _____

Legal description: _____

Use/Occupancy: _____

Name of responding fire hall/township/city? _____

Location #3: _____

Legal description: _____

Use/Occupancy: _____

Name of responding fire hall/township/city? _____

2. Loss Payee/Mortgage Information:

Loss Payee #1: _____

Mailing Address: _____

Amount of Mortgage or % of total: _____

Loss Payee #2: _____

Mailing Address: _____

Amount of Mortgage or % of total: _____

3. Building and Contents Schedule (Please complete a STRUCTURE DETAIL form provided for all buildings with a value of \$50,000 or more than 700 ft².)

Name or Description of Building	New Replacement Cost of Building	New Replacement Cost of Contents/Equipment	Total Cost Building & Contents/Equipment
TOTAL			

4. Miscellaneous Property/Equipment Schedule - Please list all other equipment that you need insured:

Description	Actual Cash Value Limit per Unit	New Replacement Cost Limit per Unit	Total
TOTAL			

5. **Watercraft Schedule** - Please list all Rafts, Boats and Motors that you need insured:

Description	Actual Cash Value Limit per Unit	New Replacement Cost Limit per Unit	Total
TOTAL			

If insuring watercrafts, please answer the following:

- a) Please choose the following coverage: 1) **All Risk:** *Broadest coverage available. Covers fire, theft, collision, sinking etc. While on land or water. Subject to Actual Cash Value settlement if equipment is older than 3 years.*
- 2) **Property Coverage:** *Boats and motors are insured for the same perils as your property and buildings which includes fire, theft and vandalism only while on your property. This cover does not apply to Boats and Motors while they are afloat. Subject to Actual Cash Value settlement if equipment is older than 3 years.*

a) How are they transported? _____

b) Where are they stored during your rafting season and in what type of facility? _____

c) Where are they stored during your **off** season and in what type of facility? _____

6. Do you require Business Interruption coverage? Yes No
 Limit Required: \$ _____

If No, would you prefer Extra Expense coverage? Yes No
 Limit Required: \$ _____

7. Do you require increased Crime coverage? (\$1,000 included if you have property insured) Yes No
 If Yes, what limit \$ _____
 a. What is your maximum amount of cash on hand at any given time? _____

7. Equipment Breakdown Insurance Coverage provides coverage for breakdown of equipment such as compressors, generators, owned transformers, etc)
 Do you want a quotation this coverage? Yes No

LIABILITY - Provide Actual Revenues for Last Season

Activity/Operation	Are these activities or operations conducted at your premises?	Are these activities or operations concessioned?	Revenues
Rafting/Kayaking – guided (rapids 3-5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Rafting/Kayaking – float (rapids 1 & 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other Flat Water operations (Canoeing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Rafting/Kayaking/Canoeing Schools	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Lodging - Hotel/Motel/Campsite	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Food Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Please initial each page

Activity/Operation	Are these activities or operations conducted at your premises?	Are these activities or operations concessioned?	Revenues
Liquor Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Transportation Costs (to and from put in & take out)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retail Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment Rentals (Canoes, Kayaks, Bikes, wet suits, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mountain Biking (supplementary application required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Horseback Riding/Saddle Animals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Wagon /Sleigh Rides	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Climbing Walls/ Rock Climbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Zip Lines / Ropes Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Canyoneering/Cave Expeditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Paintball Park (supplementary application required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Bungee Jumping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Children Camps/Day Camps	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Minding Services(supplementary application required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Facility Rentals (meetings/weddings etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Spa / Massage Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Winter Operations/Activities (brief description of operations required on page 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Swift Water Rescue Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
First Aid / CPR Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TOTAL REVENUES:			\$

1. Do you require all rafting participants to sign a Waiver of Liability? Yes No

Please attach a copy of your waiver

2. Do you do a safety instruction prior to each trip? Yes No

If No, please explain:

3. Do you formally assess client's skills? Yes No

If Yes, please specify: _____

4. Describe your emergency procedures: _____

5. Do you require the use of helmets? Yes No

If No, please explain: _____

6. Do you require the use of life jackets? Yes No

If No, please explain: _____

7. Do you carry radio transmitters/cellular/satellite phones? Yes No

Please initial each page

8. Do you allow clients to individually "float rapids"? Yes No

9. Do you have self-guided trips?
If Yes, what qualifications/experience is/are required by your clients to participate? _____

10. Do you promote fun runs, marathons, bodysurf, cliff jumping, private expeditions, or competitive/social events?
 Yes No
If Yes, please give full details _____

11. Do you operate watercrafts over 14 metres/45.94 feet in length? Yes No

12. List the name of Rivers on which you operate:

Name	What Class (1 - 5)	Miles/Km

13. Do you organize
a) trips outside of Canada? Yes No
b) booking adventure trips or activities for Third Party Operators Yes No
c) winter oriented adventure? Yes No
i.e.: alpine skiing, cross-country skiing, ski rentals, ice climbing, etc...
If Yes, please describe: _____

14. Do you engage in any Zip Lining or any type of "Ropes" activity? Yes No
If Yes, please explain: _____

15. Do you have any concessionaires or leasehold agreements? Yes No
If Yes, please explain: _____

16. Do you sponsor fireworks displays? Yes No

17. Do you sponsor or host entertainment or special events? Yes No
If Yes, please explain: _____

18. Do you or a Third Party offer spa type services? Yes No

If Yes, please answer the following:

- a) If a Third Party offers the spa type services, do you obtain a Certificate of Insurance with your Company listed as an Additional Insured? Yes No N/A
- b) Please describe the services offered below with number of staff or Third Party staff by category. Separate insurance may be required depending on the services provided.
- c) Has your staff received formal training in the service / category that they are practicing? Yes No N/A
- d) Are your staff members in good standing of their provincial association (i.e.: Ontario Massage Therapist Association)? Yes No N/A

Services / Category	Offered – yes or no?	Number of Employees
Clerical		
Non-Registered Massage Therapy		
Registered Massage Therapy		
Acupuncture		
Manicures / Pedicures		
Facials		
Spa Therapy		
Body Treatments		
Makeup Artistry		
Waxing		
Reflexology		
Artificial Nails		
Eyelash / Eyebrow Tinting		
*Ear Candling		
*Tanning		
*Botox		
*Acupuncture		
*Laser Treatments		
Other -		
Other -		

19. Do you sell any alcoholic beverages at your location? Yes No
 If Yes, please answer the following:
- a) Name Liquor License is in: _____
- b) Has your liquor license ever been revoked or suspended? Yes No
 If Yes, explain: _____
- c) Have you ever been fined by a government regulator? Yes No
 If Yes, explain: _____
- d) Do all servers receive any type of alcoholic awareness training? Yes No
 If Yes, describe training (i.e. SIP/TIPS/TAMS) _____
- e) Is there any other underlying Liquor Liability coverage being provided? Yes No
 If Yes, explain and attach a copy of the certificate of insurance: _____
- f) Are there written company procedures on how to handle patrons who are visibly impaired and/or unruly? Yes No
 Is staff trained in these procedures? Yes No
20. Do you provide Child Care/Daycare Services? Yes No
 If yes, please complete a the Abuse Application attached
21. Do you have a camping area? Yes No
 If Yes, provide the number of campsites: _____
22. Do you have a pool or swimming area? Yes No
 If Yes, is it roped off? Yes No
 Do you have lifeguards on duty? Yes No
 If No, are there signs "Swim at your own risk" posted? Yes No
23. Do you offer shuttle service to the rafting site for your clients? Yes No
 (If you shuttle guests with a licensed automobile, it is your responsibility to arrange proper automobile insurance as the Commercial General Liability coverage being applied for under this application does not provide Automobile Liability.)
24. Do you require to carry Forest Fire Expense limits in excess of \$250,000? Yes No
 If Yes, what limit is required: _____

EMPLOYEE INFORMATION

1. Number of guides: _____ Annual payroll: _____
2. Do your guides have whitewater experience? Yes No
3. What level of whitewater certification do your guides have? _____
4. Do all guides have swift water rescue certification? Yes No
If No, please explain: _____

5. Describe employee training procedures: _____

6. Do you have a guide manual? Yes No
If Yes, please attach a copy.

ACCIDENTAL DEATH AND DISMEMBERMENT

The Rafting Program includes Accidental Death and Dismemberment coverage with a \$50,000 limit per recipient (for owners, dependents and managers). Please list the name and age of two recipients for a maximum of \$100,000. Please ask your broker about increased limits or cost to add other recipients.

Name	Birth Date	Limit

Total Temporary Disability coverage is available for the Accidental Death and Dismemberment recipients listed above.

Do you wish to obtain a quotation for this coverage? Yes No

NOTE: The content of the following affects your insurance coverage PLEASE READ CAREFULLY

I understand that this form and all information supplied will be relied upon by the insurance company in determining whether to provide the insurance coverage herein requested and that the business information form will become a part of any contract of insurance entered into. Any material misrepresentation or false statement may entitle the insurance company to rescind the policy, voiding all insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and that, to the best of my knowledge, all information provided in this form is complete, true and correct. I further warrant that I have made or will make the necessary maintenance inspections and that all necessary repairs have been made to ensure that my property and operations are and will remain in compliance with any underwriting criteria furnished by me.

Signature: _____

Date: _____

Please complete for all buildings over 700 square feet or \$50,000 in value or more

Name of Insured: _____
Building Name: _____

1. Year Built _____ Renovated? Yes No If Yes, please describe _____
2. Construction of Walls: Steel Steel/Concrete Concrete Block Frame
 Log Mixed (Frame/Masonry) Other _____
3. Exterior Finish: Masonry Brick Veneer Wood Metal Clad Siding
 Log Siding Other _____
4. Winterized? Yes No % that the Building is winterized _____
5. Roof: Style: Flat Peak Mansard Other _____
Construction: Wood Steel Concrete Other _____
Covering: Shingles Steel Asphalt Other _____
Replaced: Yes No If Yes, what year? _____
6. Floor Grade: Concrete Wood Second & Above
7. Basement: Yes No
8. Number of Stories _____ (excluding the basement)
9. Area (Sq.Ft.): Basement _____ 1st fl _____ 2nd fl _____ 3rd fl _____ Decks _____ (covered or not)
10. Electrical protection Fused Circuit Breakers Installed or Updated when? _____
11. Heating: Oil Natural Gas Electric Forced Air Hot Water Boiler
 Steam Woodstoves Fireplaces # _____ Space Heaters - Type _____
Updated? Yes No If Yes, what year? _____
12. Plumbing: Updated? Yes No If Yes, what year? _____ Partial or Full update
13. Extinguishers: Are your extinguishers serviced annually? Yes No
14. Distance to nearest Fire Hydrant _____ ft Municipal Yes No
15. Distance to Private Fire Hydrant: _____ ft
16. Distance to nearest Firehall _____ kms Volunteer Fire Department Paid Fire Department
17. Sprinkler System: None Full Partial If Partial _____% Centrally Monitored? Yes No
18. Fire Protection System: Smoke Detectors Heat Detectors, Centrally Monitored? Yes No
19. Burglar Alarm System: Yes No Centrally Monitored? Yes No
Alarm Monitoring Company Name: _____
20. Is there a deep fat fryer unit in this building? Yes No
If Yes, is there: Automatic fire suppression system for each deep fat fryer unit? Yes No
Is there a semi-annual maintenance contract for each unit? Yes No
Do you have Class K wet chemical portable fire extinguisher as backup? Yes No
21. Do you have a propane appliance in this building? Yes No
If Yes, please describe, including make, model and age _____

Please complete the following if Abuse Coverage is required under your Commercial General Liability:

Name of the Insured:

Definition:

Wherever used in this supplement, "Abuse" means any act or threat involving molestation, harassment, corporal punishment or any other form of physical, sexual or mental abuse.

Operations/Activities:

Do you conduct any operations/activities with children, youth or vulnerable adults as follows:

- 1) Day Trips/Camps: Yes No, Supervised , Unsupervised or Both
- 2) Overnight Trips/Camps Yes No, Supervised , Unsupervised or Both
- 3) Maximum number of children/youth at any given time: _____

Supervised means an authority figure who is involved in supervising the children/youth or vulnerable adults (i.e. teachers, parents, group leaders, clergy, guardian) and performing the activities with the child offered by your organization.

Policies and Procedures:

	<u>Yes</u>	<u>No</u>
Are abuse and neglect laws reviewed with all employees and volunteers?	<input type="checkbox"/>	<input type="checkbox"/>
Does the organization have a written policy with regard to abuse and abuse prevention?	<input type="checkbox"/>	<input type="checkbox"/>
Has it been reviewed and approved by legal counsel?	<input type="checkbox"/>	<input type="checkbox"/>
Is this policy reviewed in detail with all employees, volunteers or any person acting on behalf of the insured that have client contact?	<input type="checkbox"/>	<input type="checkbox"/>
Does this policy include:		
Requirements for reporting all incidents?	<input type="checkbox"/>	<input type="checkbox"/>
A formal abuse response procedure?	<input type="checkbox"/>	<input type="checkbox"/>
Detailed investigation procedures with regard to incidents or abuse?	<input type="checkbox"/>	<input type="checkbox"/>
The requirement to report all incidents related to an actual or suspected abuse?	<input type="checkbox"/>	<input type="checkbox"/>
The requirement that more than one person is present at all times that clients are in the organization's care?	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for monitoring new employees and volunteers during client contact?	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees and volunteers trained in recognizing possible abuse?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide us with a copy of the written procedures in place with respect to:

Attached	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	The screening and criminal record check procedures for new employees (including leased and temporary workers), or volunteers
<input type="checkbox"/>	<input type="checkbox"/>	The procedures in the prevention of "abuse"
<input type="checkbox"/>	<input type="checkbox"/>	Initial and ongoing training of employees (including leased and temporary workers) and volunteers
<input type="checkbox"/>	<input type="checkbox"/>	Investigation procedures on abuse or allegations including reporting procedures and management

How long have these procedures been in place: _____
 How do you make sure the procedures are understood and adhered to: _____
 Who is (are) responsible for the implementation of the procedures: _____

Employee details:

Please provide the breakdown of employees/volunteers in the following table:

Job Title	Number of Employees	Number of Volunteers	Job Title	Number of Employees	Number of Volunteers
Child care providers			Counselors		
Owner/ Manager/ Supervisor			Teaching staff		
Trip Leaders			Religious/Pastoral		
Guides			Other ()		

(*) Other includes any position where the employee is in a relation of trust, authority or works closely with vulnerable people

Over the past ten years:

Have there been any claims or lawsuits arising from "abuse" made against you or any other person associated with your organization: Yes No

If Yes, provide all the details and describe any change to procedures adopted as a result:

Have there been any allegations or incidents made against you or any other person associated with your organization:

Yes No

If Yes, provide all the details:

Previous "abuse" insurance (3 years):

Insurer	Limit	Period	Claims made	Occurrence
	\$		<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>

Warranty Statement

The undersigned warrants that to the best of their knowledge, the statements set forth in this Application and any supplementary applications are true. The undersigned also warrants that they have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that they will immediately report such changes to the Insurer.

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the insurer to issue this insurance. However, should the insurer issue a policy, this Application shall serve as the basis of such policy and will be attached to and form part thereof.

Date: _____ Authorized representative: _____ Title _____

CLIENT NAME: _____

Please attach a picture of the unit, flue pipe and chimney showing as much as possible of each.

Address of premises where unit is installed: _____

Which building is the heating unit located: _____

HEATING UNIT:

1. Type of unit: _____

2. Date of installation: _____

3. Was the unit installed by a WETT* certified technician: Yes No

If yes, please provide their name: _____

And certification number: _____

4. Which room is the unit located in: _____

OR Is the stove located in an outbuilding: Yes No

5. What certification logo is printed on the label:

ULC CSA W/H ITS None Other: _____

6. What is the make and model of the unit: _____

7. What type of fuel is used: Wood Pellet Other: _____

8. What quantity of fuel is used per year: _____

9. How often is the chimney cleaned: Twice per year Once a year Other: _____

10. Is the chimney cleaned by a WETT* certified chimney sweep: Yes No

11. If the unit is a Pellet Stove does the vent extend 5ft vertically and 2ft horizontally from the wall:
 Yes No

12. If it is a Fireplace Insert, does the chimney have a metal liner from the top of the stove to the top of the chimney:
 Yes No

13. If the unit is an Outdoor Furnace, how far is it from the nearest building: _____

14. If the unit is an Outdoor Furnace, what type of liquid is used in the boiler: _____



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Personal Information Commercial Client Agreement

BETWEEN: R.L. Gougeon Limited/Gougeon Insurance Brokers West Ltd.
(the "Broker ")

AND

(the "Client")

The parties acknowledge that the Broker is being retained by the Client to acquire or renew a policy or policies of insurance for the Client, under which certain individuals, including the Client's employees, servants, agents and representatives may be insured (hereinafter called "insured individuals"). Accordingly, each of the parties may need to collect, use and disclose the personal information of such insured individuals.

FOR GOOD AND VALUABLE CONSIDERATION, the receipt and sufficiency of which is hereby acknowledged, each of the parties hereto agrees to collect, use and disclose the personal information of such insured individuals in a manner that a reasonable person would consider appropriate in the circumstances. Each of the parties further agrees to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information.

FOR THE SAID CONSIDERATION, the Client further covenants and warrants that the Client has obtained the appropriate consent from such insured individuals to disclose their personal information to the Broker.

Date:

per:

(Client)

Print Name

(Authorized signing officer)