

## BACKCOUNTRY LODGE OPERATORS PROPERTY AND LIABILITY INSURANCE APPLICATION

<b>GENERAL INFORMATION</b>
Name of Applicant (list all legal entities):
Mailing Address:
Legal Address of locations to be insured:
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. The applicant is a     Corporation     Partnership     Joint Venture  
                                    Club (nonprofit)     Other    \_\_\_\_\_
2. The applicant is the:     Owner                       Lessee
3. Has any insurer cancelled or non-renewed coverage during the last 5 years?  Yes             No  
 If "Yes", explain: \_\_\_\_\_
4. Number of years in operation: \_\_\_\_\_

<b>PROPERTY SECTION</b>
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1. Expiry date of current policy? \_\_\_\_\_
2. Does Someone Live On-Site?     Yes - Winter Only  
    Yes – Year Round  
    No
3. When closed, does someone regularly inspect the property?     Yes             No             N/A  
 If yes, how often \_\_\_\_\_

4. Please explain precautions taken to protect the property when closed

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5. Do you have a fire pump on site?  Yes  No  
 If yes, H.P. \_\_\_\_\_ # of feet of fire hose \_\_\_\_\_ diameter of hose \_\_\_\_\_

6. Do you have a deep fat fryer unit?  Yes  No  
 If yes, is there an automatic fire suppression system?  Yes  No  
 a. Is there an annual maintenance contract for each unit?  Yes  No  
 b. Do you have Class K wet chemical portable fire extinguisher as backup?  Yes  No  
 c. Do all deep fat fryers have thermostats?  Yes  No

7. Do you use propane appliances in any of your buildings  Yes  No

If yes, please describe:

a) Are the propane appliances vented to the outside?  Yes  No  
 b) Do you have CO detectors in all buildings with propane appliances?  Yes  No  
 c) Are your guests provided written instructions on using and operating the propane appliances?  Yes  No

8. Please list all applicable Mortgagees and or Loss payees:

Mortgagee / Loss Payee#1: (Name & Address):

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Mortgagee / Loss Payee #2: (Name & Address):

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9. Do you own and require coverage for any of the following **Miscellaneous Property** listed below:

Description of Property	Replacement Cost
Sidewalks	\$
Landscaping/Trees	\$
Powerlines/Transformers	\$
Lighting	\$
Underground Sewer and Waterlines	\$
Underground Gas Lines	\$
Underground Electrical Systems	\$
Reservoirs	\$
Dams	\$
Bridges	\$
Overpasses	\$
Other Infrastructure	\$
Other	\$
<b>TOTAL:</b>	<b>\$</b>

10. **Property Schedules** - Please attach existing property schedules from your present insurance policy or fill out the schedules provided at the end of this application.

11. **Business Interruption:**

- a. Do you want to purchase Business Interruption coverage?  Yes  No  
 b. If yes, limit Requested \$\_\_\_\_\_ (the attached Business Interruption Worksheet must be completed)

12. **Crime:**

- a. Our package policy includes \$1,000 in coverage. Do you wish to purchase a higher crime limit?  Yes  No  
 If yes, limit requested \$\_\_\_\_\_ (If limit is \$50,000.00 or more please complete the Crime Supplemental Application)

13. **Equipment Breakdown (Boiler & Machinery Coverage):** Provides coverage for equipment breakdown of the following types of equipment: electrical panels, generators, owned transformers etc.

- Do you want to purchase this coverage?  Yes  No  
 If yes, please answer the following questions:

a. What is your maximum value of refrigerated goods during your operation season? \$ \_\_\_\_\_

b. Provide details on your generators:

Number of Generators	
Size of Generators	
Provide Year/Make/Model	
Maintenance Contract in place?	
If yes, how often are generators serviced?	
Do you have a Back-up Generator set-up for use?	
Does the back-up have an auto-start?	
If no back-up, please advise what you would do in a generator failure?	

14. **Director's and Officer's Liability** is available at competitive pricing.

- a. Do you want to purchase this coverage?  Yes  No  
 If yes, please answer the following questions:

a. Is the organization in arrears in its payments of monies payable to Revenue Canada or the provincial ministries of revenues (including source deductions, GST and PST)?  Yes  No

b. Is the organization currently or has it at any time during the past three years been in breach of any of its debt covenants, loan agreements, contractual obligations, or does it anticipate any such breach occurring within the next 12 months?  Yes  No

c. If the organization holds a charitable status, has the status ever been removed or been subject to review?  Yes  No

15. **Accidental Death and Dismemberment Coverage** is available for your volunteers.

- a. Do you want to purchase this coverage?  Yes  No

**COMMERCIAL GENERAL LIABILITY SECTION**

1. Expiry date of current policy: \_\_\_\_\_

2. Limit of Liability insurance required: \$ \_\_\_\_\_

3. Description of business activities that are to be insured: \_\_\_\_\_

4. Describe details of any special events or activities: \_\_\_\_\_

5. Do you have any business activities in the United States of America other than sales visits?  Yes  No

6. Do you have any assets in the United States of America?  Yes  No  
If "Yes", explain: \_\_\_\_\_

7. From where do your guests originate?

	Percentage %
Local	
Provincial	
United States	
Other	

8. Estimated annual gross receipts by activity: Lodge/Skiing Revenue: \$ \_\_\_\_\_

Other Revenues: \$ \_\_\_\_\_

Other Revenues: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

9. Total number of employees:

Full/Part-time/ seasonal etc	
Volunteers:	
Contracted Personnel	
Estimated Annual Payroll	\$

10. Are all employees covered under Workers' Compensation?  Yes  No

11. Do you obtain written confirmation from Workers' Compensation in respect to coverage for your contracted personnel?  Yes  No

12. a. Do you screen guests for food and drug allergies?  Yes  No

b. Do you have systems in place to deal with these issues?  Yes  No

13. Do you screen guests for special medical conditions and/or medications?  Yes  No
14. Are all skiers required to sign a waiver or Acknowledgement of Risk form?  Yes  No
15. After the guest signs the waiver, do you verify they have read and understood the waiver?  Yes  No
16. How long are waivers retained? \_\_\_\_\_
17. Do your brochures and website contain a copy of your waiver and advise prospective clients that they will be required to sign it?  Yes  No
18. Is a skier orientation program provided?  Yes  No
19. Do you have guests that are minors except for those that are part of a family group?  Yes  No
20. Do all guides have Association of Canadian Mountain Guides (ACMG), Canadian Ski Guide Association (CSGA) or equivalent certification?  Yes  No

If "No", please outline guides' qualifications:

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21. Do you have your own domestic water supply?  Yes  No

If "Yes", what purification treatment is used?

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Is testing maintained to Provincial Government standards?  Yes  No

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22. Cost of work or operations performed by independent contractors (corporate or individual):  N/A

Helicopters	\$	Contracted Personnel:	\$
Hotel Accommodation	\$	Auto Transportation:	\$
Meals:	\$	Alterations/Maintenance:	\$
New Construction:	\$	Others, please specify:	\$

23. Automobile Liability (Excess Automobile Liability Insurance may be provided if we have the following information)  N/A

a. Please provide number of owned/leased vehicles:

Private Passenger		Trailers	
Vans		Tankers	
Buses		Light Truck (up to 1 ton)	
Ambulances		Heavy Truck (over 1 ton)	
Tractors		Others (specify below)	

b. Are any of the above vehicles engaged in the following?

i. Long haul (over 160 kilometres/100 miles) operations?  Yes  No

Operating in the United States?  Yes  No

If "Yes", please state number and type:

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ii. Transportation of explosives, munitions, corrosives, liquefied petroleum gas (including butane or propane), radioactive materials or other hazardous commodities?  Yes  No

If "Yes", please give details:

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iii. Transportation of gasoline and/or fuel use?  Yes  No

If "Yes", please give details:

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iv. Transportation of public or employees?  Yes  No

c. i. Limit of Automobile Liability insurance: \$ \_\_\_\_\_

ii. Name of insurer: \_\_\_\_\_

iii. Expiry date: \_\_\_\_\_

24. Aviation Liability:  N/A

a. Make, model and seating capacity of all aircraft owned, leased or chartered:

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b. Are any of your employees involved in piloting of aircraft?  Yes  No

c. Do you want terms for Helipad Landing Liability insurance?  Yes  No

d. Are you involved in the supplying, handling or storage of aviation fuel or other aviation products and services?  Yes  No

If "Yes", please give details:

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e. Is your corporation and your directors, officers, employees, contracted employees and agents added as insureds to all aviation policies of aircraft charter companies?  Yes  No

- f. Does your corporation have a HOLD HARMLESS AGREEMENT with your helicopter charter companies or WAIVER OF SUBROGATION from their insurers?  Yes  No

If "Yes", please provide a copy.

- h. Do you want terms for Sudden & Accidental Pollution of Crown Lands?  Yes  No

25. List all leased or non-owned premises in your care, custody or control.  N/A

<i>Location</i>	<i>Occupancy</i>	<i>Estimated Value</i>
		\$
		\$
		\$

26. Watercraft Liability:  N/A

Description of watercraft used or chartered, area of operation and use:

27. List (or provide loss runs) all insurance claims during last five (5) years:  N/A

<i>Date</i>	<i>Name of Claimant</i>	<i>Details of Loss</i>	<i>Amount Claimed</i>	<i>Claim Paid</i>
			\$	\$
			\$	\$
			\$	\$

28. Does the Applicant or any person(s) to be covered under this policy have knowledge or information of any specific fact that may reasonably give rise to a claim?  Yes  No

If "Yes", please details:

29. Additional information, if any:

**DUTY OF DISCLOSURE**

In addition to providing all basic information necessary to enable us to place your risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers. In this respect, you must provide all information relating to the risk, whether favorable or not, which would influence the judgment of a prudent insurer in determining whether he will take the risk, and, if so, for what premium and on what terms. If you do not disclose all such information, insurers have the right to void the policy from its inception, which will lead to claims not being paid.

We know of no other relevant facts that might affect underwriters' judgment when considering this application.

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

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

Name: \_\_\_\_\_

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



## Property Schedules

1. List all **Buildings, Stock and Equipment** to be insured.

Please also complete a **Building Structure Detail Form** (attached) for every structure **over 700 square feet or \$50,000 in value or more**, i.e. Main Lodge, Maintenance Building etc...

Item #	Building Name	Size (Sq. Ft)	Cost/ft	Building (Replacement Cost)	Equipment (Replacement Cost) <b>Stock (Actual Cash Value)</b>
<b>BUILDING, STOCK AND EQUIPMENT TOTAL:</b>				\$	\$

2. List all **Mobile Equipment** to be insured: (i.e. Grooming machines, bulldozers, loaders, snowmobiles, portable air compressors, etc.). Do not include Licensed Vehicles.

Item #	Year	Description	Serial Number	Value (Actual Cash Value)
<b>MOBILE EQUIPMENT TOTAL:</b>				<b>\$</b>

3. List all **Miscellaneous Equipment** to be insured (snowmaking equipment, generators, etc)

Item #	Employee Name	Description of Property	Replacement Cost
<b>MISC. EQUIPMENT TOTAL:</b>			<b>\$</b>

**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: Date Last Serviced \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_
14. Fire Protection System:  Smoke Detectors  Heat Detectors, Centrally Monitored?  Yes  No
15. 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 an annual maintenance contract for each unit?  Yes  No  
Do you have Class K wet chemical portable fire extinguisher as backup?  Yes  No
16. Do you have a propane appliance in this building?  Yes  No  
If Yes, please describe, including make, model and age \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ POLICY # \_\_\_\_\_

**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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\*WETT provides training and certification for people who are involved in the installation, inspection and maintenance of "solid fuel" heating appliances. For more information, go to [www.wettinc.ca](http://www.wettinc.ca)

## BUSINESS INTERRUPTION | STATEMENT OF VALUES

(For Use with Profits Form)

Name of Insured: \_\_\_\_\_

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

**Declined (initial here)**

**All ENTRIES TO BE ON AN ANNUAL BASIS**

(For each item applicable to your business, determine the amount which would be insured during one entire year of normal operations.)

	COLUMN 1 Actual Values for Year Ended 20_____	COLUMN 2 Estimated Values for Year Ending 20_____
<b>(A) NET PROFIT / LOSS</b> - Estimate for twelve months	\$	\$
<b>(B) STANDING CHARGES</b> (Important – See NOTE 1 below)		
1. Advertising	\$	\$
2. Auditors' and Professional Fees	\$	\$
3. Data Processing under Contract	\$	\$
4. Delivery and other Services under Contract	\$	\$
5. Depreciation	\$	\$
6. Director's Fees	\$	\$
7. Insurance Premiums – Life, Accident and Group and Pension Fund Contributions	\$	\$
8. Insurance Premiums – Fire, Casualty and Sundry (including Unemployment Insurance Contributions)	\$	\$
9. Interest on Debentures and Bonds	\$	\$
10. Interest on Mortgages and Loans	\$	\$
11. Leases	\$	\$
12. Lighting, Heating, Power (at least to contract minimum)	\$	\$
13. Maintenance of Property and Machinery	\$	\$
14. Printing, Stationery and Postage	\$	\$
15. Rent(s)	\$	\$
16. Royalties (if payable whether operating or not)	\$	\$
17. Salaries and Wages/Classification of Payroll:	\$	\$
a) Officers, Executives and Permanent Staff	\$	\$
b) Foreman and skilled employees whose services could not be dispensed with pending resumption of normal operation	\$	\$
c) Ordinary Payroll - calculated over 90 day period Enter your highest 90 day value <b>OR</b>	\$	\$
d) If coverage for full 12 months is required, enter your coverage amount on this line		
18. Subscriptions and dues to trade and credit organizations	\$	\$
19. Taxes – Municipal	\$	\$
20. Telephone and all other Service Contracts	\$	\$
21. Travelling Expenses	\$	\$
22. Upkeep of Automobiles	\$	\$
23. Miscellaneous Standing Charges	\$	\$
24. Other:	\$	\$
25. Other:	\$	\$
<b>B TOTAL</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL OF A AND B (No's 1 to 25) IS AMOUNT OF INSURANCE REQUIRED</b>	<b>\$</b>	<b>\$</b>

I / We hereby certify that the above statement of Actual Values as shown in Column 1 is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Official Title \_\_\_\_\_  
 (This statement must be signed by Insured if an individual, by a partner if a partnership or by an officer if a corporation)

**NOTE 1:** Generally speaking, a Standing Charge is an item or expense which in the event of a total interruption, would not be eliminated or, in the event of a partial interruption would not be reduced in proportion to the reduced earnings. Listed from 1 to 25 are typical standing charges, others may be added as required. If your accounting methods make use of other terms to define Standing Charges, it is quite permissible to list them in that way. If you are insuring on an all Standing Charges basis you may list the total of all expenses and deduct the total of those expenses which are not standing charges to arrive at the actual value.

**NOTE 2:** It is important to keep in mind that an interruption to the business arising out of the insured perils could occur towards the end of the next annual term and it is therefore, necessary to anticipate at least two years ahead when calculating the amount of insurance required.

Please initial each page

**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)