

HELI/CAT SKIING PROPERTY PACKAGE AND LIABILITY INSURANCE APPLICATION

GENERAL INFORMATION
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:

- The applicant is a Corporation Partnership Joint Venture
 Club (nonprofit) Other _____
- The applicant is the: Owner Lessee
- Has any insurer cancelled or non-renewed coverage during the last 5 years? Yes No
 If yes, explain: _____

PROPERTY SECTION

- Expiry date of current policy? _____
- Does Someone Live On-Site? Yes - Winter Only
 Yes – Year Round
 No
- When closed, does someone regularly inspect the property? Yes No N/A
 If yes, how often _____
- Please explain precautions taken to protect the property when closed
- Distance to nearest Fire Hydrant: _____ ft/metres N/A

6. Distance to Private Fire Hydrant: _____ ft. N/A
7. Distance to nearest Firehall _____ miles/kms N/A
 If applicable, Volunteer OR Paid Fire Department
8. Do you have a fire pump on site? Yes No
 If yes, H.P. _____ # of feet of fire hose _____ diameter of hose _____
9. 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
10. 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

11. Please list all applicable Mortgagees and or Loss payees:
 Mortgagee / Loss Payee#1: (Name & Address):

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

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

Description of Property	Replacement Cost
Parking Lots/Roads/Sidewalks	\$
Landscaping/Trees	\$
Powerlines/Transformers	\$
Lighting	\$
Underground Snowmaking, Air and Water Lines	\$
Underground Sewer and Waterlines	\$
Underground Gas Lines	\$
Underground Electrical Systems	\$
Golf Course – Greens, Tees and Fairways	\$
Reservoirs	\$
Dams	\$
Bridges	\$
Overpasses	\$
Other Infrastructure	\$
Other	\$
TOTAL:	\$

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

14. Business Interruption:

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

15. Crime:

- a. Our package policy included \$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)

16. Equipment Breakdown (Boiler & Machinery Coverage): Provides coverage for equipment breakdown of the following types of equipment: Heavy rotating machinery, snowmaking pumps, snowmaking compressors, generators, owned transformers, lift drive motor(s) and gear boxes.

- a. Do you want to purchase this coverage? Yes No
 If yes, please answer the following questions **only if your premises cannot be accessed by vehicle:**

- a. How do you access your premises? _____
- b. What is your maximum value of refrigerated goods during your operation season? \$ _____
- c. 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?	

17. Director's and Officer's Liability is available a 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

18. **Accidental Death and Dismemberment Coverage** is available for your volunteers.
 a. Do you want to purchase this coverage? Yes No
 If yes, how many volunteers do you have? _____

COMMERCIAL GENERAL LIABILITY SECTION

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. Location and description of business activities that are to be insured:

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

3. Do you have any assets in the United States of America? Yes No

If "Yes", explain: _____

4. Number of years in operation: _____

5. Limit of Liability insurance required: _____

6. What is your preferred deductible? (Minimum of \$10,000) _____

7. What is your estimated number of skier days for next season? _____

8. From where do your guests originate?

	Percentage %
Local	
Provincial	
United States	
Other	

9. Estimated annual gross receipts by activity: Skiing Revenue: \$ _____

Food and Beverage: \$ _____

Ski/Equipment Rental: \$ _____

Ski Shop Sales: \$ _____

Accommodation, Hotel/Lodge: \$ _____

Other Revenues: \$ _____

Other Revenues: \$ _____

TOTAL: \$ _____

10. Estimated annual payroll: \$ _____

11. Total number of employees:

Full time year round	
Seasonal	
Practicum Students:	
Volunteers:	
Contracted Ski Guides:	
Other Contracted Employees	

12. Are all employees and contractual workers covered under Workers' Compensation? Yes No

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

14. Owned or operated facilities:

Number of Bedrooms:		Massage:	
Dining/Lounge:		Tennis/Racquet Courts	
Hot Tubs:		Heli-hiking:	
Swimming Pools:		Heli-fishing:	
Sauna:		Others (please specify):	

15. Describe details of any special events or activities:

16. 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

17. Do you screen guests for special medical conditions and/or medications? Yes No

18. Are all skiers provided with updated reports on the conditions of the proposed daily runs? Yes No

19. Are all skiers required to sign a waiver or Acknowledgement of Risk form? Yes No

20. After the guest signs the waiver, do you verify they have read and understood the waiver? Yes No

21. How long are waivers retained? _____

Are waivers retained in a non-combustible receptacle? Yes No

22. 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

23. Is a skier orientation program provided? Yes No

24. Do you have guests that are minors except for those that are part of a family group? Yes No
25. 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:

26. Describe in detail your sewage treatment facilities.

27. Are these facilities built, maintained and operated to Provincial Government standards? Yes No
28. Do you have your own domestic water supply? Yes No

If "Yes", what purification treatment is used?

Is testing maintained to Provincial Government standards? Yes No

29. Describe all other activities or exposures not included above:

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

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

31. Any use or handling of radioisotopes for ordinary industrial purposes or incidental to normal business? Yes No

If "Yes", please provide details:

32. Automobile Liability:

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)	

Other (please specify):

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:

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:

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

If "Yes", please give details:

iv. Transportation of public or employees? Yes No

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

ii. Name of insurer: _____

iii. Expiry date: _____

33. Aviation Liability:

N/A

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

- 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:

- 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.

- g. Do you want terms for Aviation Refueling Liability insurance? Yes No

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

- 34. 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>
		\$
		\$
		\$
		\$

- 35. Watercraft Liability: N/A

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

36. 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>
			\$	\$
			\$	\$
			\$	\$
			\$	\$

37. 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:

38. 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) Stock (Actual Cash Value)
BUILDING, STOCK AND EQUIPMENT TOTAL:				\$	\$

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)
MOBILE EQUIPMENT TOTAL:				\$

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

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

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. Basement: Yes No
7. Number of Stories _____ (excluding the basement)
8. Area (Sq.Ft.): Basement _____ 1st fl _____ 2nd fl _____ 3rd fl _____ Decks _____ (covered or not)
9. Electrical protection Fused Circuit Breakers Installed or Updated when? _____
10. Heating: Oil Natural Gas Electric Forced Air Hot Water Boiler
 Steam Woodstoves Fireplaces # _____ Space Heaters - Type _____
Updated? Yes No If Yes, what year? _____
11. Plumbing: Updated? Yes No If Yes, what year? _____ Partial or Full update
12. Extinguishers: Date Last Serviced _____ None
13. Distance to nearest Fire Hydrant _____ ft/metres None Municipal Yes No
14. Distance to Private Fire Hydrant: _____ ft. None
15. Distance to nearest Firehall _____ miles/kms None Volunteer Paid
16. Sprinkler System: None Full Partial If Partial _____% Centrally Monitored? Yes No
17. 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
18. 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: _____

*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

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_____
(A) NET PROFIT / LOSS - Estimate for twelve months	\$	\$
(B) STANDING CHARGES (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	\$	\$
Ordinary Payroll - calculated over 90 day period	\$	\$
c) Enter your highest 90 day value OR	\$	\$
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 TOTAL	\$	\$
TOTAL OF A AND B (No's 1 to 25) IS AMOUNT OF INSURANCE REQUIRED	\$	\$

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)