



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

RESORTS/LODGES

General Information (Please Print Or Type)

1. Name of Insured: _____
Mailing Address: _____
Location: _____
Website address: _____

2. Desired effective date _____
Expiring Premium: _____
Target Premium: _____
Current Insurance Company: _____
Has Applicant been declined, cancelled or refused insurance in the past? _____ If yes, details _____

3. Description of Operations: _____

4. How long has lodge been in operation? _____
Manager's a/o Caretakers Name _____ How many years experience? _____
Number of Employees: _____ Full-Time: _____ Part-Time: _____
Does the Manager a/o Caretaker live on site? _____ if yes, is there a valid tenants package in place _____

5. Claims History- list all claims open and closed from the past 5 years:

6. Is operation open year round or seasonally? Provide details: _____

6. Is there any activities involving trampolines and/ or inflatable jumping pillows: _____ Yes _____ NO
if yes please explain: _____

7. Indicate limits carried, corresponding premiums paid and total losses for the past 5 years (Attach company loss history - verification if required)

Coverage	Limit Carried	Premium	Total Losses
CGL	_____	_____	_____
Property	_____	_____	_____
Crime	_____	_____	_____
EBI	_____	_____	_____
Other	_____	_____	_____

Number of buildings _____ # of Cabins _____ # of RV sites _____ #of Campsites _____

Is cooking in any or all structures? _____

8. **CONSTRUCTION**

Select the Construction Class, which best describes your building:

- Fire Resistive Masonry, Non Combustible Non Combustive
 Masonry Masonry Veneer Frame

9. **PROTECTION**

Select the distance between your building and the nearest Municipal Fire Hydrant:

Fire Department: Paid F/T Paid P/T VFD

Within 500 Feet Between 500 and 1000 feet Over 1000 feet

Insureds Occupancy: _____ Other occupancies: _____ Year Built: _____

Height of building: _____ Heating type: _____ General Housekeeping: _____

Total Building Sqft: _____ Applicants Sqft: _____ Sprinklered: No Yes _____ % is Sprinklered

Alarm System: Monitored Local None Is the monitoring company ULC Approved No Yes

Miscellaneous Information: _____

10. **COVERAGE REQUIREMENTS**

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Transit	
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Boats/Motors – if any please attach list including horsepower	
Other	

CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery or	
Broad Form Money & Securities or	
3D	
Other	

Optional Coverages: (Select Any of the Following Optional Coverages You Require

- Sewer Backup
 Flood
 Earthquake

11. A) RECREATIONAL PROGRAMS :

*****PLEASE PROVIDE US WITH SUPPLEMENTAL APPLICATIONS FOR EACH SEPARATE ACTIVITY INDICATED BELOW*****

Operation	Total Participants	Total Trip Days	Gross Revenue Split	Waivers Signed
Canoeing/ Kayaking				
Hiking/ Backpacking				
Snowmobile/ATV				
Cross Country Skiing/ Snowshoeing				
Cycle Touring				
Rafting				
Trail Rides				
Sleigh/ Wagon Rides				
Fishing				
Hunting				
Rock Climbing/ Top Roping				
Dog Sledding				
Rentals (circle): With Tour Stand Alone				
Other (Please Specify)				

PLEASE INDICATE WHICH PROGRAMS LISTED ABOVE ARE CONTRACTED OUT: _____

IF CONTRACTED OUT, DO YOU REQUIRE CERTIFICATES OF INSURANCE NAMING YOURSELF AS AN ADDITIONAL INSURED? _____

B. OTHER REVENUES:

Use	Gross Receipts
Accommodations	
Food Service	
Liquor	
Boat Rental	
Other revenue	

If restaurant/ lounge/pro shop is subcontracted, do you request a certificate of insurance and request to be added as an additional insured? _____

12. **STAFFING PROCEDURES:**

PLEASE COMPLETE SUPPLEMENTARY GUIDE INFORMATION QUESTIONNAIRE (PROVIDED BELOW) FOR EACH IN HOUSE GUIDE EMPLOYED BY YOU.

How is each guide's certification, qualifications or experiences verified. Please explain:

Procedures for equipment and safety should be reviewed with your staff prior to each trip. Please confirm that this is your procedure. If any exceptions are made to this, please advise details of same.

STAFFING PROCEDURES CONTINUED:

List all emergency first aid kits as well as emergency signal devices that you carry while on trips. It is required that a least one staff member have advance first aid training in case of medical emergency (Broken arm / leg, etc.) Please explain your situation:

Do you hire or employ anyone younger than 18 years of age? If so, please explain responsibilities of this person: _____

13. **TRANSPORTATION:**

Do you transport equipment and participants with your own or leased vehicles? ___Yes ___No

If yes, please explain: _____

Limits of Insurance carried: \$ _____

Average lengths of road or vehicle travel _____ km or _____ miles.

Type of road used: ___Highway ___Rural ___City Routes ___Off-road

Do participants use their own vehicles as well? _____Yes _____No

If Yes, please explain: _____

Do you have an aircraft? _____

Name of current carrier/ limits of insurance held: _____

Do you operate an airstrip? _____

14. **Do you have the following: (If yes, please provide copies for underwriting):**

	Yes	No
Marketing Materials (brochures, etc)	_____	_____
Written Emergency Plans	_____	_____
Safety Inspection Checklist	_____	_____
Maintenance Log	_____	_____
Video Surveillance	_____	_____

Describe Areas of Coverage: _____

15.

Maintenance:

Describe regular maintenance of facility: _____

Do you document this maintenance in writing? _____

Describe Floor Surface in all areas: _____

Are rubber mats or rugs utilized? _____

Do you have parking facilities available? _____

If yes: a) Who is responsible for repairs/ maintenance? _____

b) How often is parking lot inspected for needed repairs? _____

c) Who is responsible for snow/ice removal? _____

16.

Water Supply

Is the water supply private or public? If private, who is responsible for testing and submitting samples to the proper authorities? _____

17.

Security:

a) Who handles disturbances/ fights/ ejections/ crowd control in your facility: _____

b) Please describe procedures: _____

18.

Safety:

a) Do you provide a first aid station? _____

b) Who staffs the station? Is there an attendant on duty at all times? _____

c) What are the response times for the following:

Fire Station: _____

Police: _____

Hospital: _____

19.

Do you have any potential to travel to the United States?: _____

20.

Indicate any other coverages and limits that will be carried in conjunction with the coverage you desire from SPECIAL RISK INSURANCE MANAGERS LTD. _____

Past Insurance Experience

21.

Do you presently carry insurance? _____ YES _____ NO

If yes, with which Insurance Carrier? _____

Has any Insurance Carrier cancelled or refused coverage? _____

If yes, explain: _____

Coverage and Loss History – PLEASE BE ADVISED THAT WE MAY NOT QUOTE IF THIS AREA IS NOT FULLY COMPLETED.

IMPORTANT - PLEASE READ CAREFULLY:

1. It is understood and agreed that coverage does not apply to bodily injury to a participant unless you implement sufficient procedures to secure from each participant and deliver to us simultaneously with notice of a participant claim a valid release and waiver of liability and indemnity agreement form as attached and made part of the policy dated and signed by the participant prior to the time of the occurrence in which said participant was injured.
2. Provided you have implemented such procedures, if you are unable to secure and provide such agreement despite your best efforts, coverage shall not be prejudiced, however, you must assume the first \$25,000.00 each occurrence (including supplementary payments) resulting from a claim which would be covered under participants liability.
3. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting this application.

This application is attached to and forms part of the policy. Please ensure that the application is completed in full, signed, dated and witnessed warranting same.

Signature of Owner /Operator

Print Full Name

Date

Signature of Witness

Print Full Name

SUPPLEMENTARY GUIDE INFORMATION QUESTIONNAIRE

(PLEASE COMPLETE ONE FORM FOR EACH GUIDE)

1. GENERAL INFORMATION:

Your position is: _____ Head Guide _____ Ass't Guide _____ Apprentice

Your name and address: _____

Telephone Number: _____ Fax Number: _____

2. EXPERIENCE & CERTIFICATION:

Years operating as Head / Ass't / Appren Guide: _____

Number of trips operating as Head / Ass't / Appren 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: _____

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?

Describe: _____

If not, do you pursue continuing education on your own? Describe: _____
