



[Commercial Lines]

## HUNTING & FISHING LIABILITY SUPPLEMENT



T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: [info@cansure.com](mailto:info@cansure.com) W: [www.cansure.com](http://www.cansure.com)

# HUNTING & FISHING LIABILITY SUPPLEMENT

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Tel: \_\_\_\_\_

Broker Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Insured (Full Legal Name): \_\_\_\_\_

Operation is involved in the following:  Hunting  Fishing

Years of experience in this or similar operation: \_\_\_\_\_ Experience: \_\_\_\_\_ Operating: \_\_\_\_\_

**HUNTING:** What species of animal(s) do you specialize in hunting? \_\_\_\_\_

**FISHING:** What types of waters are fished?  Salt Water  Fresh Water Lakes & Ponds  Rivers

How many trained staff do you employ? \_\_\_\_\_

List Names	Years of Experience	Qualifications a/o Certifications

Do you conduct Pre Activity briefing with Participants?  Yes  No

Do you have a written Safety and Procedures manual?  Yes  No

Do you have a process check to be followed by all staff?  Yes  No

Have you, or would you, decline someone from participating?  Yes  No

If "Yes" to above, for what reasons? \_\_\_\_\_

Do Guides carry any communication devices with them?  Yes  No

If "Yes" to above, what type? If "No", explain why not: \_\_\_\_\_

Is a log or journal kept to record any incidences?  Yes  No

**(Details logged in a book may identify who witnessed the incident, who was working, what happened, etc.)**

What is the maximum number of Participants per trip, tour or camp? \_\_\_\_\_ Over 18 years of age: \_\_\_\_\_ Under 18 years: \_\_\_\_\_

Are minors permitted to participate?  Yes  No

If "Yes" to above, are all minors accompanied by a guardian or parent?  Yes  No

What is the Guide to Guest Ratio? \_\_\_\_\_ Number of Guides: \_\_\_\_\_ to \_\_\_\_\_ Number of Guests: \_\_\_\_\_

**HUNTING:** If there are more than 2 Guests per 1 Guide, please explain: \_\_\_\_\_

Are there any age limitations for Participants?  Yes  No

Does this activity require any special safety equipment?  Yes  No If "Yes", please describe below:

Are all Participants required to use this safety equipment?  Yes  No

Do you enforce alcoholic beverage restrictions?  Yes  No

Do you require each Participant to fill out a Health/Fitness information questionnaire?  Yes  No

Do you prescreen Participants for ability and prior experience?  Yes  No

Do you have any objection to requesting this type of information if it is not already done?  Yes  No

**Please be sure to attach copies of waivers and health/fitness questionnaires**

Describe the time frame for which activities are conducted:  Hourly  Daily  Weekly

Please describe area of operations, with details of terrain and hazards, below. Include additional documentation if available.

Percentage of total receipts for this operation/activity: \_\_\_\_\_ %

Are Sub-Contractors used by the operations?  Yes  No If "Yes", Percentage of sales derived from Sub-Contractors: \_\_\_\_\_ %

Are Certificates of Insurance secured from all Sub-Contractors?  Yes  No

Is the Applicant shown as an Additional Insured on the Certificates?  Yes  No

## NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please print name: \_\_\_\_\_

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