

ADVENTUREGUARD APPLICATION

INDUSTRY ASSOCIATIONS/GOVERNING BODIES/GUIDE CERTIFICATIONS

APPLICANT

Legal Name of Applicant:

Operating Name:

Website:

Mailing Address:

City:

Province:

Postal Code:

DESIRED EFFECTIVE DATE OF COVERAGE:

REQUESTED LIMITS:

Are you a nonprofit association or an incorporated company?

Date of incorporation:

Name of Person completing this application:

Position:

Please state your nonprofit mission statement or if n/a please provide a detailed description of all operations:

Number of Active Members:

Number of Associate Members:

What percentage of Members are minors?

Members are: Individuals Companies Associations

Do you have any operations outside of Canada? Yes No

If yes, please describe:

Do you have any affiliated or subsidiary company which operates for profit? Yes No

If yes, please describe:

Do you have any stockholders or persons who profit from your operations, with the exception of salaried or contracted employees?

Yes No

If yes, please describe:

FINANCIAL INFORMATION:

Please state size of operating budget (Revenue + Cash Assets): \$

Please indicate where you derive your income:

- | | |
|-------------------------------------|---|
| a) Dues from Members | % |
| b) Fundraising | % |
| c) Donations from General Public | % |
| d) Government Grants or Allocations | % |
| e) Fees for Services | % |
| f) Other - describe: | % |

Are you a registered charity? Yes No

Tax exempt? Yes No

Staffing:

- | | |
|--|---|
| Number of Paid Directors: | % |
| Number of Volunteer Directors: | % |
| Number of Officers: | % |
| Number of Paid Professionals (consultant or employee): | % |
| Number of Paid Clerical Employees: | % |
| Number of Volunteer Staff: | % |

Do you currently have an insurance program for your members?

Yes No

If yes, please provide details (current carrier, limits, scope of coverage, optional coverages, and premium):

Has your organization, or any Director or Officer of the organization for which this insurance is proposed, have any knowledge of any pending Federal, Provincial, or local legal action or proceeding against the organization and/or its Directors, or Officers?

Yes No

Are there any Directors or Officers indebted to the Organization?

Yes No

If yes, please provide details:

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ASSOCIATION OPERATIONS:

Does your association:

a. Provide training for guides or instructors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Issue certification for these trained guides or instructors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Set standards for qualifications and certification of instructors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Publish technical manuals or guidelines for their industry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Proctor examinations for guides trained by a subcontracted company, who upon successful examination will be considered to be 'certified by the association'?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to any of these questions, please provide full details of training program, qualifications to become certified, recertification process, qualifications of subcontractors to offer your courses, and process for continued education to maintain current certification.

Does your association:

a. Groom Trails?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. If yes, do you own or lease grooming equipment:	
ii. Do you require liability insurance for grooming equipment:	
iii. Who uses this equipment, and what are their qualifications?	
b. Provide trail maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. If yes, how often?	
ii. Who performs maintenance?	
c. Build trails from raw land?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Build stunts on trails?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. If yes, please describe the types of stunts, level of ability stunts are intended for, and details on the maintenance and construction:	
e. Own land?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Hold tenure within any provincial or national park?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Issue permits for trail use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Number of permits issued to Association Members:	
ii. Number of permits issued to Non Members:	
iii. Does your permit contain a Waiver & Assumption of Risk?	
1. Please provide a copy for our review.	
h. Ensure proper signage waiving liability to trail users throughout the trail network	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Please provide sample sign wording. (photo if available)	
i. Patrol trails?	Yes <input type="checkbox"/> No <input type="checkbox"/>
j. Have a waiver of subrogation agreement in place for any landowner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. If yes, please explain:	

Please provide any other information you feel would be helpful in understanding your association:

INSURANCE HISTORY:

- Have your organization ever been declined for liability insurance coverage? Yes No
If yes, please explain:
- Has your insurance coverage ever been cancelled by any insurance company? Yes No
If yes, please explain:
- Have you had a liability claim, or do you have any incident that MAY ARISE in a claim pending for the past five years:
Yes No If yes, please explain:
- Please provide your previous insurer and premium amount for the past three years:

YEAR	INSURANCE COMPANY	PREMIUM	LIMIT OF LIABILITY

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BROKER INFORMATION:

Brokerage:	Contact:
Tel:	Fax:
Email:	
Is this an existing account for your brokerage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How long have you held this account:	Target Premium:
Current Insurer:	Current Policy #:
Current Limits:	Expiry:
Last date you inspected this risk as the broker:	Month:
	Year:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Insured Signature:	Date:
Broker Signature:	Date:
Broker Email:	

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizcommercial@premiergroup.ca **

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