

RESORTS/LODGES

General Information

Name of Insured: _____

Mailing Address: _____

Insured Location: _____

Website address: _____

Seasonal or Annual Operation: _____ If Seasonal, months of operation _____

Does the resort have full road access? Yes or No If not, is the resort accessed by Boat or Fly in Only?

Desired effective date: _____

Expiring Premium: _____

Target Premium: _____

Current Insurance Company: _____

Has Applicant been declined, cancelled or refused insurance in the past? _____ If yes, details _____

Full Description of Operations: _____

Is there Guided Fishing or Hunting trips by the Insured: _____

If yes, our Guided Hunting OR Fishing Supplement Application will be require to be completed and returned

How long has lodge been in operation? _____

How many years' experience does the insured have operating a resort/lodge or campground? _____

Manager's a/o Caretakers Name _____ and how many years' experience

Does the Manager a/o Caretaker live on site? _____ if yes, is there a valid tenants package in place _____

Number of Employees: _____ Full-Time: _____ Part-Time: _____

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

PROPERTY:

CONSTRUCTION - Select the Construction Class, which best describes your building:

- | | | |
|---|---|---|
| <input type="checkbox"/> Fire Resistive | <input type="checkbox"/> Masonry, Non Combustible | <input type="checkbox"/> Non Combustive |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Masonry Veneer | <input type="checkbox"/> Frame |

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

What is the original age of all the buildings? _____

Type of Plumbing? _____

Type of Electrical? _____

Type of Heating? _____

Roof - construction and last replaced? _____

Are there space heaters in any of the buildings? _____

****If any woodstoves – Must be CSA or ULC approved units; professionally installed and WETT certified**

Require WETT inspection for review - this will be required prior to quoting

PUBLIC FIRE PROTECTION

Fire Department - Paid F/T Paid P/T VFD Distance/Response Time _____

Municipal Hydrants - Within 500 Feet Between 500 and 1000 feet Over 1000 feet

Private Hydrants on property - Yes No

PRIVATE FIRE PROTECTION

Smoke Detection in each building? _____

Fire Extinguishers in each building? _____

Any other Private Protection, if so, please list: _____

PROPERTY / BI / EQUIPMENT BREAKDOWN	AMOUNT OF INSURANCE
Main Lodge	
Dwelling	
Cabin(s); indicate if more than one including values separately	
Other Buildings (list required)	
Contents	
Equipment	
Contractors Equipment (list required)	
Office Contents	
Computer/EDP	
Profits – 12 Month POI	
Non-Motorized Watercraft (list required)	
Motorized Watercraft (list required including hp)	
EQUIPMENT BREAKDOWN	



SPECIAL RISK
INSURANCE MANAGERS

Suite 103, 8411 – 200th St. Langley BC. V2Y 0E7
TOLL FREE 1800 993 6388 | FAX 604 888 1008 | WWW.SRIM.CA

CRIME COVERAGES	AMOUNT OF INSURANCE
3D Coverage – Employee Dishonesty:	
3D Coverage – Other Covers	
Other	

LIABILITY: Limit Required: \$2,000,000 / \$3,000,000 / \$5,000,000

EXPOSURE	GROSS REVENUES
Accommodations	
Food	
Liquor	
Boat Rental	
Convenience Store	
Other (please list)	

Restaurant / Lounge / Recreation Hall Or Pub:

Is there a restaurant/lounge or bar? If yes, please advise which one or all _____

Is there liquor being served? _____

*If yes, we will require our Hospitality Application to be completed and returned

Workshop

Does the insured have a workshop on premises? _____ If yes, please advise:

Is there any millwork/carpentry work: _____

Is there any automotive work: _____

Is there any welding operations _____

AMENITIES

Is there cooking allowed in any of the cabins? _____

Do any structures have Hot Plates: _____

Are there BBQ's? _____

Are there fire pits? _____

Playground? If yes, advise the age, ground cover, type of equipment and how often it is maintained _____

Is there a land or water trampoline or water inflatables, please list: _____

Are there any long term rentals offered (excess of 30 consecutive days) _____



Is there a Swimming Pool? If yes – please advise:

Is there a lifeguard? _____

Are rules clearly posted for all guests using the pool? _____

Is there parental supervision required for children using the pool? If so, what age _____

Is the pool fenced and locked after operating hours? _____

Who is responsible for the maintenance? _____

Lake or Beach Front -Is there a designated swimming area? _____

Rules posted for guests use? _____

Is there a convenience store? If so, is there tobacco, liquor, lottery, hunting/fishing equipment, fireworks or propane sold? _____

WATERCRAFT

Are waivers signed by guests who chose to rent or use non-motorized (canoe/kayak/paddle boards) or motorized watercraft? Yes No

Are parents or legal guardians required to sign waivers for their children aged 18 and under? _____

OTHER AMENITIES:

Provide a list of activities offered by the insured: _____

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:	_____	



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 airstrip? _____

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? _____

Water Supply

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

Security:

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

Please describe procedures: _____



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: _____

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

Past Insurance Experience

- Do you presently carry insurance? _____ YES _____ NO
- If yes, with which Insurance Carrier? _____
- Has any Insurance Carrier cancelled or refused coverage? _____
- If yes, explain: _____

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: _____
