

Mountaineering Insurance Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____	to	_____
(effective date)		(expiry date)

2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____ _____

2.3 What is the insured?

- Corporation
 Partnership
 Joint Venture
 Individual
 Other (specify) _____

2.4 Physical Address of Organization (if different than mailing):

Address: _____

2.5 Webpage: _____

2.6

Does the Insured: Own Lease premises
 If leased, who is the owner of premises: _____
 Address: _____

2.7

Names of All Partners or Officers of Corporation:

2.8 Name, Address and Description of Operations of all Subsidiary Companies:

2.9

Are there any operations or trips outside of Canada? Yes No
 If yes, please provide details:

2.10 Additional Insureds (As they are to appear on the policy)*

Name	Relationship	Address

*Subject to approval by K&K Insurance Canada

2.11

Provide number of years the business has been in operation:	
Total experience in this type of business:	
What is the maximum ration of guides to participants:	

Please attach a copy of operations manual or provide a brief narrative report summary on operation

2.12 Associations of which you are a member:

2.13 Type of Organization:

<input type="checkbox"/> Club	Number of Club Members:	
<input type="checkbox"/> Climbing Walls	Gross Receipts: \$	
<input type="checkbox"/> Portable Walls	Number of Event Days:	
<input type="checkbox"/> Outdoor Climbing (rock / Ice)	Gross Receipts: \$	
For outdoor climbing, what locations does the insured operate at?		
<input type="checkbox"/> Competition	Gross Receipts: \$	
	Number of Participants:	
<input type="checkbox"/> Other (specify):		

2.14 Activities Include:

<input type="checkbox"/> Trekking	<input type="checkbox"/> Expedition	<input type="checkbox"/> Skiing
<input type="checkbox"/> Ski Mountaineering	<input type="checkbox"/> Climbing (rock / ice)	<input type="checkbox"/> Climbing Walls
<input type="checkbox"/> Portable Climbing Wall	<input type="checkbox"/> Other (specify):	

2.15

Does the client test the ability of participants prior to participating? Yes No

If yes, please provide details.

2.16

Do leaders or guides require any medical training such as CPR or First aid? Yes No

Provide details of the experience and training that leaders or guides require:

2.17

Apart from the operations mentioned on this application, are there any other operations conducted on the same premises? Yes No

If yes, please describe (include gross receipts):

Section 3: Liability

3.1 Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No

If yes, please provide details:

<p>b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If no, please advise procedures followed and details of contracts used:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>				
<p>c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If no, in whole or part, please explain:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>				
<p>If yes, in whole or part, please attach a copy of the waiver.</p>				

3.2 Protective Liability

<p>a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, what is the annual cost of work?</p>				
	Let	\$		
	Sublet	\$		

If yes, please give details of the sublet:

b) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

3.3 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please provide explanation.

3.4 Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No

If yes, please give details:

b) Does the Insured rent or lease vehicles from others? Yes No

If yes, (i) How often per year? :

(ii) Are any of these vehicles driven in the United States? Yes No

c) Does the Insured contract services from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:				
<hr/>				
<hr/>				
d) Are vehicles used to transport anyone?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how often and for what purpose?				
<hr/>				
<hr/>				

Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				
<hr/>				

4.2

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				

4.3

Does the Insured have a formal premises snow/ice clearance procedure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				
<hr/>				

4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

Section 5: Limits of Liability Required

5.1 Commercial General Liability

Each Occurrence Limit		\$
Products - Completed Operations Aggregate Limit		\$
Personal Injury Limit		\$
Tenants Legal Liability Limit		\$
Medical Expense Limit - Per Occurrence/Per Person		\$
Non-Owned Automobile Limit:		
- Liability		\$
- Physical Damage		\$
Employee Benefits Limit		\$
Employers Liability Limit		\$
Advertising Injury Limit		\$
Other:		\$

Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 7: Additional Information

Additional Information: