

Ropes Course 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 Webpage: _____

2.5 Names All Partners or Officers of Corporation:

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

Name	Relationship	Address

*Subject to approval by K&K Insurance Canada

2.7

Provide number of years the business has been in operation:	_____
Provide number of years at the present location:	_____
Qualifications in running this type of ride:	_____

2.8

Does the Insured: <input type="checkbox"/> Own <input type="checkbox"/> Lease premises	
If leased, who is the owner of premises:	_____
Address: _____	

2.9

Are you accredited by an organization?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:				

Are you a member of any organization relating to your business?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:				

2.10

Who designed the course? _____	
Who constructed the course? _____	
Provide details of their experience constructing similar types of courses: _____ _____	
What was the completion date of construction? _____	
Does the client require an operating permit from the provincial safety authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide a copy of the client's operating permit and inspection from the provincial safety authority.	

2.11 How often is the course inspected?

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
By Whom? _____		

2.12

What percentage of the course is:	High Element? _____ %
	Low Element: _____ %
Are any portable elements used? (i.e. challenge walls. Etc.) or unique obstacles employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe: _____ _____	

2.13

Please indicate the total number of instructors (including directors): _____	
Is the Course Director currently certified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
By who? _____	
How many assistant instructors are certified? _____	
By who? _____	
If not certified, describe what other training is required: _____ _____	

Do instructors or attendants have any medical training such as first aid or CPR? Yes No

What experience and training do instructors or attendants require?

2.14

What is the ratio of participants to instructors? _____

What is the anticipated number of participants in the coming year? _____

Anticipated Receipts: \$ _____

Average number of hours each participant is in attendance? _____

Number of Participants: Under 12 years of age: _____

12 to 18 years of age: _____

Over 18 years of age: _____

2.15

Is Participant Accident Insurance required? Yes No

2.16

Are all participants required to sign an agreement to participate or a waiver and release form? Yes No

If yes, provide a copy of the client's waiver

2.17

Is the course ever rented to outside groups or individuals? Yes No

If yes, is supervision provided? Yes No

Gross Receipts generated from leased periods: \$ _____

If yes, please forward a copy of the contract used for these periods.

2.18

Do you ever rent your facility to outside users? Yes No

If yes, please provide a copy of the rental agreement and fee schedule.

2.19 Does the group do any of the following:

Course design / Construction?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Instructor Certification?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Site / Course Accreditation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.20

How far is the nearest hospital?
Please provide a copy of emergency evacuation procedures.

2.21

<p>What safety equipment or measures are in place to prevent injuries? Please provide as much detail as possible.</p> <hr/> <hr/> <hr/>

2.22 Please check if any of the following activities are done in conjunction with the challenge course:

<input type="checkbox"/> Canoeing / Kayaking	<input type="checkbox"/> Orienteering
<input type="checkbox"/> Spelunking	<input type="checkbox"/> Rock Climbing / Mountaineering
<input type="checkbox"/> Other:	

2.23

<p>Apart from the operations mentioned on this application, are there any other operations conducted on the same premises?</p> <p>If yes, please provide details including gross receipts:</p> <hr/> <hr/>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
--	--

Section 3: Liability

3.1

<p>a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, please provide details:</p>				
<hr/> <hr/>				
<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/> <hr/>				
<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/> <hr/>				

3.2 Protective Liability

a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what is the annual cost of work?				
	Let \$	<hr/>		
	Sublet \$	<hr/>		
If yes, please give details of the sublet:				
<hr/>				
<hr/>				
b) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3.3 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please provide explanation.				
<hr/>				
<hr/>				
<hr/>				

Important Checklist

Please ensure the following are included with your submission:	
<input type="checkbox"/>	Copy of Operations/training/safety manual (including emergency plans, search and rescue procedures/hiring procedures)
<input type="checkbox"/>	Copy of Inspection Report by provincial association
<input type="checkbox"/>	Copies of any brochures, ads or other literature concerning your course and/or services provided
<input type="checkbox"/>	Resume or descriptions of previous training for all instructors
<input type="checkbox"/>	Copies of the waiver and release forms or consent forms signed by all participants
<input type="checkbox"/>	Loss runs and/or detailed account of any past losses
<input type="checkbox"/>	Photo or diagram of course elements

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:		

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:		

4.3 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: