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 K&K Insurance Brokers, Inc. Canada

## WHITE-WATER RAFTING INSURANCE APPLICATION

### INSURED

1. Named Insured as it is to appear on policy: \_\_\_\_\_

2. a) Mailing Address: \_\_\_\_\_  
 (Number) (Street) (City) (Prov.) (Postal Code)

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Web Site: \_\_\_\_\_

b) Address of Actual Operation (if different than mailing):

\_\_\_\_\_  
 (Number) (Street) (City) (Prov.) (Postal Code)

3. Does Insured:  Own  Lease premises? Insured is:  Individual  Corporation  Partnership

Names of All Partners or Officers of Corporation: \_\_\_\_\_

4. Doing Business As: \_\_\_\_\_

5. Name, Address and Description of Operations of all Subsidiary Companies:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Additional Insureds Relationship Address

As they are to appear on the policy (MUST be approved by K&K)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Owner of Premises: \_\_\_\_\_

Address: \_\_\_\_\_

8. Length of time in business at this location: \_\_\_\_\_ years Total experience in this type of business: \_\_\_\_\_ years

9. Associations of which you are a member: \_\_\_\_\_

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

**BROKER**

1. Name of Agent/Brokerage: \_\_\_\_\_

2. Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**GENERAL INFORMATION**

1. Length of operating season? From: \_\_\_\_\_ To: \_\_\_\_\_

2. Do you live on site? During Operating Season?  Yes  No  
During "Off-Season"?  Yes  No

3. What customer weight restriction do you implement? \_\_\_\_\_  
Age Restriction? \_\_\_\_\_

4. Do you require the use of helmets?  Yes  No

If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are your PFD's/Wetsuits Canadian Certified?  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you Rent Equipment to others?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do all rafts carry

Emergency Signal Devices?  Yes  No  
Radio Transmitters/Cellular Phones?  Yes  No  
20 Meter Throw Ropes?  Yes  No  
A Repair Kit?  Yes  No  
An Inflation Pump?  Yes  No

8. Do you promote fun runs, marathons, private expeditions or other competitive/social events?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do all guides

Hold a current CPR Certificate?  Yes  No  
Hold a current First Aid Certificate?  Yes  No

10. Please attach a list of guides, and their certifications and experience.

11. Please attach copies of your emergency procedures and your training procedures manuals.

12. List all Associations pertaining to your operations of which you are a member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Attach an outline of your instructional procedures for your clients.

14. Do your clients sign a waiver?  Yes  No  
If under 18, is a parental waiver signed?  Yes  No  
Are children under 18 accompanied by an adult?  Yes  No

**\*Please attach a copy of the waiver**

15. Do you organize any excursions or trips outside Canada?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. List the Rivers on which you operate:

| Name | Class (1-5) | Kilometres | Percentage of Use |
|------|-------------|------------|-------------------|
|      |             |            |                   |
|      |             |            |                   |
|      |             |            |                   |
|      |             |            |                   |

17. Do you provide food services?  Yes  No

18. Do you sell alcoholic beverages?  Yes  No  
**If yes, please complete the Liquor Liability Application and attach.**

19. List all Rafts, Boats and Motors owned. Attach a list if space is not sufficient.

| Number | Type | Length | Number of Passengers | Motors-Horsepower |
|--------|------|--------|----------------------|-------------------|
|        |      |        |                      |                   |
|        |      |        |                      |                   |
|        |      |        |                      |                   |
|        |      |        |                      |                   |

20. Are independent operators used for any operations?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Are your guides hired as employees?  Yes  No  
Or as independent contractors?  Yes  No  
How many are hired in an operating year?  Yes  No  
Are Certificates of Insurance obtained from Independent Contractors?  Yes  No

21. Who is your present Insurance Carrier? \_\_\_\_\_

What is the expiring premium? \_\_\_\_\_

Does this policy cover all the operations of the insured?  Yes  No

22. Claims History – Indicate past five years:

| Date of Occurrence | Description of Occurrence | Amount Paid | Amount Outstanding | Deductible |
|--------------------|---------------------------|-------------|--------------------|------------|
|                    |                           |             |                    |            |
|                    |                           |             |                    |            |
|                    |                           |             |                    |            |
|                    |                           |             |                    |            |
|                    |                           |             |                    |            |

23. Please provide deductible or self-insured retention amounts for each year noted in question 22.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect  
Any deductible provision(s) contained in existing or previous insurance policies?  Yes  No

24. Do you have a swimming pool?  Yes  No  
 Do you have tennis courts?  Yes  No  
 Do you provide sleeping facilities? Cabins, lodges, etc.  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. If you require property coverage on your rafts and related gear, please attach an itemized list of equipment including values of each.

**26. THE FOLLOWING MUST BE COMPLETED IN ORDER TO OBTAIN A QUOTATION**

| Operation                   | Total # of Participants | Gross Revenue January 1 - December 31 |
|-----------------------------|-------------------------|---------------------------------------|
| River Rafting - Class 1 - 3 |                         |                                       |
| River Rafting - Class 4 - 5 |                         |                                       |
| Float Trips                 |                         |                                       |
| Kayaking                    |                         |                                       |
| Canoeing                    |                         |                                       |
| Hiking                      |                         |                                       |
| Mountain Climbing           |                         |                                       |
| Mountain Biking             |                         |                                       |
| Horseback Riding            |                         |                                       |
| Boat Rentals                |                         |                                       |
| Swimming Facilities         |                         |                                       |
| Campgrounds                 |                         |                                       |
| School Trips-               |                         |                                       |

|                   |  |  |
|-------------------|--|--|
| Other Activities- |  |  |
| Other Activities- |  |  |
| Food Sales-       |  |  |
| Liquor Sales-     |  |  |
| Retail Sales-     |  |  |

**1. Limits of Liability required:**

**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: _____                                      | \$ _____ |

**2. 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: \_\_\_\_\_  
 \_\_\_\_\_

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?  Yes  No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?  Yes  No

If no, please advise procedures followed and details of contracts used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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?  Yes  No

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?  Yes  No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?  Yes  No

If no, in whole or part, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If yes, in whole or part, please attach a copy of the waiver

**3. Protective Liability**

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ \_\_\_\_\_ Sublet? \$ \_\_\_\_\_

Please describe the types of work let or sublet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Professional Liability - Staff Employees and Contractors**

Please list number of employees and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Workers Compensation**

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

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft?  Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

**7. 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 provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes (i) How often per year? \_\_\_\_\_ (per year)

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

c) Does the Insured contract services from others?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**8. Please give details of all liability insurance carried by the Insured during the past five years:**

Type of Policy      Policy Number      Company      Expiry Date      Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Please attach a copy of the Insured's most recent audited financial statement.**

10. Does the Insured have a formal loss-control program?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does the Insured have a formal employee safety-training program?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Does the Insured have a formal premises snow/ice clearance procedure?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the Insured have a formal equipment or premises maintenance procedure?  Yes  No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire 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 Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Agent/Broker: \_\_\_\_\_