

KAYAK / CANOE / SUP – RENTAL / TOURS / LESSONS

Broker (Name and Contact) _____

Name of Insured: _____ Business Name: _____ Website: _____

Mailing Address: _____

Location Address: _____

Years in Business: _____

Applicant is: Individual Partnership Corporation Joint Venture Other

Please indicate **limits required for General Liability:** _____

Are you looking for **annual** or **short term** quote: _____ Is this a seasonal operation? Yes No

Please list all Provinces, Territories or Countries in which you operate: _____

SUBMISSION REQUIREMENTS FOR ALL OPERATIONS

Sample Copy of **EQUIPMENT RENTAL AGREEMENT**

Sample Copy of **WAIVER & RELEASE OF LIABILITY**

Total Gross Revenues for all operations: \$ _____

New ventures must insert anticipated/projected gross revenues

Operation	Yes	No	Gross Revenue
Kayak / SUP / Canoe Lessons			
Kayak / SUP / Canoe Rental			
Kayak / SUP / Canoe Tours <i>** supplement required</i>			
Rafting <i>** supplement required</i>			
Other (Please Specify) i.e. retail			

Are all guests, clients, students required to Sign a Release of Liability Prior to renting any equipment? Yes No

Confirm parent/guardian signs waiver and/or release for any minor: Yes No

Do you hire sub-contractors, Independent Contractors? Yes No

If yes, do they carry their own separate insurance? Yes No

Do you keep a log of all equipment inspections and repairs including the date and type of repair? Yes No

Do you deliver equipment to renters? Yes No Where is equipment delivered: _____

What is maximum length of rental term: _____

Do you inspect each piece of equipment after each rental and make repairs immediately? Yes No

Do you maintain and retire the equipment per manufacturer's recommendations? Yes No

Do you log ALL INCIDENTS regardless of severity? Yes No

Do you verify that the primary renter is of the age of majority & all minors accompanied by adult(s)? Yes No

Is liquor provided/allowed? Yes No

Do you provide transportation? Yes No

If yes, please confirm automobile coverage is in place with a minimum liability limit of \$2,000,000 Yes No

LESSONS

Where are lessons provided? _____ # of participants per instructor: _____

Do all instructors carry first aid? Yes No

Confirm there are instructor emergency protocols in place:

PAST INSURANCE HISTORY

- List and explain any losses that have been paid by any of your insurance policies: _____
- If no losses please confirm none: _____

Please provide a detailed description of operations or list any additional information or remarks that may help us in evaluating your application

IMPORTANT - PLEASE READ CAREFULLY

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