



**#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008**

## **FISHING/ WILDERNESS LODGES**

### **General Information (Please Print Or Type)**

1. Name of Insured: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of Facility if different from above: \_\_\_\_\_  
Address of Facility: \_\_\_\_\_  
Website address: \_\_\_\_\_
  
2. Affiliations: (a) National \_\_\_\_\_ International \_\_\_\_\_
  
3. Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured.  
\_\_\_\_\_  
  
\*If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, with respect to your activity or operation.
  
4. Desired effective date \_\_\_\_\_
  
5. How long has lodge been in operation? \_\_\_\_\_  
Manager's Name \_\_\_\_\_ How long has manager been at this facility? \_\_\_\_\_  
Qualifications/ Experience of Manager: \_\_\_\_\_
  
6. Number of buildings \_\_\_\_\_ Number of Cabins \_\_\_\_\_  
Are guests allowed to cook in cabins? \_\_\_\_\_
  
7. Is operation open year round or seasonally? Provide details: \_\_\_\_\_  
\_\_\_\_\_

8. A) RECREATIONAL PROGRAMS :

**\*\*\*PLEASE PROVIDE US WITH SUPPLEMENTAL APPLICATIONS FOR EACH SEPARATE ACTIVITY INDICATED BELOW\*\*\***

Operation	Total Participants	Total Trip Days	Gross Revenue Split	Waivers Signed
Canoeing/ Kayaking				
Hiking/ Backpacking				
Snowmobile/ATV				
Cross Country Skiing/ Snowshoeing				
Cycle Touring				
Rafting				
Trail Rides				
Sleigh/ Wagon Rides				
Fishing				
Hunting				
Rock Climbing/ Top Roping				
Dog Sledding				
Rentals (circle): With Tour Stand Alone				
Other (Please Specify)				

PLEASE INDICATE WHICH PROGRAMS LISTED ABOVE ARE CONTRACTED OUT: \_\_\_\_\_

IF CONTRACTED OUT, DO YOU REQUIRE CERTIFICATES OF INSURANCE NAMING YOURSELF AS AN ADDITIONAL INSURED? \_\_\_\_\_

**B. OTHER REVENUES:**

Use	Gross Receipts
Accommodations	
Food Service	
Liquor	
Boat Rental	
Other revenue	

If restaurant/ lounge/pro shop is subcontracted, do you request a certificate of insurance and request to be added as an additional insured? \_\_\_\_\_

9. **STAFFING PROCEDURES:**

**PLEASE COMPLETE SUPPLEMENTARY GUIDE INFORMATION QUESTIONNAIRE (PROVIDED BELOW) FOR EACH IN HOUSE GUIDE EMPLOYED BY YOU.**

How is each guide's certification, qualifications or experiences verified. Please explain:

\_\_\_\_\_

Procedures for equipment and safety should be reviewed with your staff prior to each trip. Please confirm that this is your procedure. If any exceptions are made to this, please advise details of same.

\_\_\_\_\_

**STAFFING PROCEDURES CONTINUED:**

List all emergency first aid kits as well as emergency signal devices that you carry while on trips. It is required that a least one staff member have advance first aid training in case of medical emergency (Broken arm / leg, etc.) Please explain your situation:

\_\_\_\_\_

Do you hire or employ anyone younger than 18 years of age? If so, please explain responsibilities of this person: \_\_\_\_\_

10. **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 an airstrip? \_\_\_\_\_

11. **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: \_\_\_\_\_

12. **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? \_\_\_\_\_

13. **Security:**

a) Who handles disturbances/ fights/ ejections/ crowd control in your facility: \_\_\_\_\_

b) Please describe procedures: \_\_\_\_\_

14. **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: \_\_\_\_\_

15. Do you have any potential to travel to the United States?: \_\_\_\_\_

16. **Desired Coverage Limits**

\_\_\_\_\_ General Liability \_\_\_\_\_

\_\_\_\_\_ Property \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

17. Indicate any other coverages and limits that will be carried in conjunction with the coverage you desire from SPORTS-CAN INSURANCE CONSULTANTS LTD. \_\_\_\_\_

18. Is insurance coverage to be extended on a blanket basis \_\_\_\_\_

**Are all coaches/trainers of house run programs certified?** \_\_\_\_\_

Please explain certification process \_\_\_\_\_

**Past Insurance Experience**

19. Do you presently carry insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, with which Insurance Carrier? \_\_\_\_\_

Has any Insurance Carrier cancelled or refused coverage? \_\_\_\_\_

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

**Coverage and Loss History – PLEASE BE ADVISED THAT WE MAY NOT QUOTE IF THIS AREA IS NOT FULLY COMPLETED.**

20. Indicate limits carried, corresponding premiums paid and total losses for the past 3 years (Attach company loss history - verification if required)

Coverage	Limit Carried	Premium	Total Losses
General Liability	_____	_____	_____
Participant Liability	_____	_____	_____
Excess Medical	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Other _____	_____	_____	_____

**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: \_\_\_\_\_

\_\_\_\_\_