



OUTDOOR CLUBS/TOURS

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

2. **Mailing Address:**

Website Address: _____

3. The property currently being used is: Owned Leased

Is there any other insurance on the property? If so, please state: _____

4. In operation since: _____ Total number of members or participants: _____

5. If activities are based on memberships, are non-members permitted to participate? Yes No

6. Are trails or buildings maintained by Applicant? Yes No

7. Is this a seasonal operation? Yes No
If Yes, please specify months: _____

8. **Estimated Payroll** _____ No. of principal(s) & employees: _____

Are all employees covered under WSIB? Yes No

If No, please list numbers by job description and estimated payroll:

9. **Estimated Total Receipts:** _____

10. Nature of activities:

| a) | Activity | Yes | No | % of No. of Trips Per Year | Average Duration | Average No. of Participants Any One Trip |
|----|---|--------------------------|--------------------------|----------------------------|------------------|--|
| | Hiking or Bicycling | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | Mountaineering - specify roped/non-roped: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | Rock Climbing | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | Mountain Bikes | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | Quick Descent Cycling | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | Camping | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | ATVs or snowmobiles | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | Canoeing | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | Ocean Kayaking | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | White Water Kayaking/Rafting | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | Hunting/Fishing - please specify: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | Back Country/Cross Country Skiing | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| | Other - please specify: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

b) Where are trips/tours taken? _____

Any trips outside of Canada? _____

What equipment is supplied by insured?

c) **Please also provide copy of brochure and schedule of trips for upcoming year.**

11. What is experience of principal(s) and/or staff?

12. Are there written procedures in event of emergencies?

Are all incidents recorded? Yes No

Are any of your tour guides trained in First Aid and/or CPR? Yes No

Please provide full details:

13. What age groups are allowed? _____

Are waivers required to be signed by all participants? Yes No

If No, please explain:

Please attach copy of waiver.

Are waivers required to be signed by parents, if participants are under legal age? Yes No

14. Are independent contractors used for any operations? Yes No

If so, please specify receipts and activity:

Is proof of insurance obtained from operator? Yes No

If No, please explain:

If Yes, please provide what limits they are required to provide: _____

Does Applicant have any agreements assuming liability? Yes No

If so, please describe and provide copies:

15. Does applicant presently carry insurance? Yes No

If Yes, who is the present insurer:

If No, please explain: _____

Premium: _____ Limit: _____

Is the present insurance Claims Made?

Yes No

If Yes, state retro date:

Are they willing to renew?

Yes No

If No, please explain:

Does the policy cover all operations of the Insured?

Yes No

If No, please describe:

16. Claims History

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

| Date of Occurrence | Describe Occurrence And Injury or Damage | AMOUNT | | | | Status |
|--------------------|--|---------|------|----------|------------|--------|
| | | Reserve | Paid | Expenses | Deductible | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Are you aware of any other incidents which may result in claims against you?

Yes No

If Yes, give details:

17. Non-Owned Automobile

Number of employees using their automobile on company business:

Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details):

Please indicate limit(s) of liability required: _____

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 basis 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.

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.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____
EMAIL: _____

**For contact information visit:
www.markelinternational.ca**



CONCUSSION SUPPLEMENT

PLEASE ANSWER ALL QUESTIONS IF THEY DO NOT APPLY, INDICATE "N/A"

1. **Is there a plan developed and implemented to consider Concussion Management?** Yes No
- a) For those activities requiring headgear and other protective equipment, is it approved by a recognized and authoritative certifying organization? n/a Yes No
- b) Are Coaches completing a course that addresses concussion awareness and managing potential concussions prior to being allowed to coach? Yes No
- c) Is a meeting **held** or distribution of information where all coaches are introduced to the basic principles of First Aid, and are therefore prepared to administer First Aid at all activities, including practices, games and tournaments? Yes No
- d) Is there an immediate removal of a participant who appears to have suffered a head injury or concussion? Yes No
- e) Is there a Return-to-Play policy that requires any player who has sustained a head injury or who is suspected of having sustained a head injury to:
- i) Visit a licensed health care professional for evaluation and clearance? Yes No
and
- ii) Sign (for youth players, have parent/legal guardian sign) a head injury information/awareness sheet before returning to practice or game play? Yes No

NOTE: This Supplement becomes part of the application and does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

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Dated

Applicant’s Signature