



RIVER RAFTING APPLICATION

PLEASE ANSWER ALL QUESTIONS

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

GENERAL INFORMATION

Legal Operating Name (Doing Business As): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Winter Address (if different than Summer): _____

City: _____ Province: _____ Postal Code: _____

Contact Person: _____ Email: _____

Business Phone #: _____ Winter phone# (if different than Summer): _____

Fax #: _____ Residence #: _____ Cell #: _____

Any Association Memberships?: _____

1. Expiry Date of Policy: _____ Expiry Premium of current policy: _____

2. Current Insurance Company: _____ Current Insurance Policy No: _____

3. Has your insurance been canceled or non-renewed during the last 5 years? Yes No

If yes, please explain: _____

4. Number of years in business: _____ Number of years as owner: _____

5. Are you a: Corporation Partnership Joint Venture Other: _____

6. Length of operating season: _____ Number of Months: _____

From: _____ To: _____

7. Do you live on site during operating season? Yes No

Do you live on site during "off" season? Yes No

If No, does someone inspect the premises? Yes No

Who does the inspection? _____ How often? _____

FIVE YEAR CLAIMS HISTORY

Please describe any claims/law suits that you have had within the last 5 years. (Continue on separate page, if necessary.)

1. Year: _____ Type: _____ Amt. Paid: _____

Description:

2. Year: _____ Type: _____ Amt. Paid: _____

Description:

3. Year: _____ Type: _____ Amt. Paid: _____

Description:

4. Year: _____ Type: _____ Amt. Paid: _____

Description:

5. Year: _____ Type: _____ Amt. Paid: _____

Description:

LIABILITY

1. Last Year's Opening Date? _____ Last Year's Closing Date? _____

2. What customer weight and age restriction do you implement? _____

3. Do you require the use of helmets? Yes No
If no, please explain: _____

4. Do you require the use of lifejackets? Yes No
If no, please explain: _____

5. Are your lifejackets / PFDs / wetsuits used Canadian certified? Yes No
If no, please explain: _____

6. Do you use waivers? Yes No
If Yes, do you require all participants to sign a waiver? **Please attach a copy.** Yes No

7. Do you carry radio transmitters/cellular/satellite phones? Yes No

8. Do all rafts carry – 20 meter throw ropes? Yes No

9. Number of first aid kits per trip: _____

10. Do you allow clients to individually "float rapids"? Yes No

11. Do you have self-guided trips? Yes No

If Yes, what qualifications/experience are required by your clients to participate?

12. What is your guide to client ratio? _____

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

If yes, please give full details

14. Do you engage in any "ropes" activity? (i.e.: High Ropes Course) Yes No

If yes, please explain:

15. Do you formally assess client's skills? Yes No

If Yes, please specify:

16. Do you do a safety instruction prior to each trip? Yes No

If No, please explain:

17. Describe your emergency procedures:

18. List of Rivers in which you operate:

Name	Class (1 – 5)	Miles/Km	% of sales

19. Please list all Rafts, Boats and Motors owned. It is very important to list all items to ensure proper LIABILITY coverage.

Number	Type	Length	Approx. No. of Passengers	Motors – H.P.

20. Do you organize off premises trips/excursions? Yes No

If Yes, are any of the trips:

a) wilderness adventure? Yes No

b) outside of Canada? Yes No

c) winter adventure oriented? i.e.: alpine skiing, camping, ice climbing, cross-country skiing Yes No

If Yes, please explain:

21. Are there any non-sporting non-recreational activities that have not already been addressed? Yes No

If Yes, please describe:

22. Do you have any concessionaires or leasehold agreements? Yes No

If Yes, please explain:

23. Do you sponsor any fireworks displays? Yes No

If Yes, you will be required to complete the Fireworks Supplemental Application

24. Do you sponsor any other entertainment events? Yes No

If Yes, please explain:

25. Do you or a Third Party offer spa type services? Yes No

If Yes, please answer the following:

- a) If a Third Party offers the spa type services, do you obtain a Certificate of Insurance with your Company listed as an Additional Insured? Yes No
- b) Please provide the services offered and number of staff or Third Party staff by category. Separate insurance may be required depending on the services provided.

Services/Category	Offered yes or no?	Own Staff or Third Party Staff	Number
Massage Therapy			
Registered Massage Therapy			
Manicures / Pedicures			
Facials			
Spa Therapy			
Body Treatments			
Makeup Artistry			
Waxing			
Reflexology			
Artificial Nails			
Eyelash / Eyebrow Tinting			
Other:			
Other:			

- c) Has your staff received formal training in the service/category that they are practicing? Yes No
- d) Are your staff members in good standing of their provincial association? (i.e.: Ontario Massage Therapist Association) Yes No

26. Food Services – Seating Capacity: Cafeteria _____ Lounge _____ Formal Dining/Restaurant _____

27. Do you sell any alcoholic beverages at your location? Yes No

If Yes, please answer the following:

- a) Describe the licensed facility on your premises:
- b) Name Liquor License is in: _____
- c) Opening and closing hours for liquor sales: _____
- d) Has your liquor license every been revoked or suspended? Yes No
- If Yes, please explain:
- e) Have you ever been fined by AGCO or other government regulator? Yes No
- If Yes, please explain:

f) Type of alcoholic beverages sold: _____
g) Annual Gross Sales: _____ h) Seating Capacity: _____

i) Are Patrons allowed to carry alcoholic beverages onto the premises? Yes No

If Yes, please describe:

j) If facility is completely enclosed, are minors allowed to enter? Yes No

k) Do all servers receive any type of alcoholic awareness training? Yes No

If Yes, describe training (i.e. SIP/TIPS/TAMS):

l) Is there a limit placed on the quantity of alcoholic beverages purchases at one time? Yes No

Explain: _____

m) Is there any other underlying Liquor Liability coverage being provided? Yes No

If Yes, explain and attach a copy of the certificate of insurance: _____

n) Are there written company procedures on how to handle patrons who are visibly impaired and/or unruly? Yes No

o) Is staff trained in these procedures? Yes No

28. Do you provide Child Care/Nursery Services? Yes No

If Yes, please complete the Child Care Supplement Application attached.

29. What percentage of your patrons stay on site? _____ 30. What is the capacity (# of sites/lodges)? _____

31. If you have camping/lodging, is it open to people that are not rafting clients? Yes No

If Yes, what is the common area where alcohol is allowed?

What supervision exists and what procedures are in place on handling of someone who is visibly impaired?

32. Is alcohol allowed outside site area (i.e.: roadways, common areas, etc.)? Yes No

33. How is the nighttime campground supervision handled?

34. Do you have a swimming area? Yes No

If Yes, is it roped off? Yes No

35. Do you have lifeguards on duty? Yes No

If No, are there signs "Swim at your own risk, children are parents responsibility"? Yes No

36. Do you offer shuttle service to the rafting site for your clients? Yes No

If Yes, do you use your own automobiles or rent vehicles? _____

37. Are there any day camp activities? Yes No

If Yes, please describe:

38. Do you book any adventure trips or activities for other companies? Yes No

EMPLOYEE INFORMATION

1. Number of guides: _____ Full time: _____ Part time _____

2. % of guide staff that are return employees _____ 3. % of guide staff that are new employees _____

4. Number of other employees: _____ 5. Annual payroll: _____

6. Do your guides have whitewater experience? Yes No

7. What level of whitewater certification do your guides have? _____

8. Do all guides have swift water rescue certification? Yes No

If No, please explain: _____

9. Do your guides have lifeguard certificates? Yes No

10. Describe training procedure:

11. Do you have a guide manual? **If Yes, please attach a copy.** Yes No

PROPERTY INFORMATION

1. Name of responding fire hall township / city? _____

2. Address Information:

Location	Legal Description	Occupancy
Location #1		
Location #2		
Location #3		

3. Loss Payee/Mortgage Information:

Loss Payee	Mailing Address	Amount of Mortgage or % of Total

- 4. How are rafts transported?

- 5. Where are your rafts stored during your rafting season and in what type of facility?

- 6. Where are your rafts stored during your **off** season and in what type of facility?

7. Building and Contents Schedule:

Name or Description of Building	New Replacement Cost of Building	New Replacement Cost of Contents	Total Cost Building & Contents
	\$	\$	\$
TOTAL	\$	\$	\$

8. Watercraft Schedule – Please list all Rafts, Boats and Motors that you need insured:

Description	Actual Cash Value Limit per Unit	Number of Units	Total
	\$		\$
TOTAL	\$		\$

9. Please complete a Structure Detail for all buildings, with a value of \$50,000 or more than 700 ft².

10. Do you require Business Interruption coverage? Yes No

If Yes, please complete the SUPPLEMENTARY BUSINESS INTERRUPTION WORKSHEET

Limit Required: \$ _____

11. Do you require Crime coverage? Yes No Limit \$ _____

If Yes, what is your maximum amount of cash on hand at any given time: \$ _____

a) Do you own an Automatic Teller Machine (ATM)? Yes No

b) What is the maximum amount of cash the machine can hold? \$ _____

c) Where is the machine located? _____

d) Is the machine bolted down)? Yes No

e) Briefly describe your procedure for filling the machine? _____

12. Do you require Equipment Breakdown coverage? Yes No Limit Required \$ _____

GROSS RECEIPTS / ACTIVITIES

Please use only Last Year's Receipts and number of Customer Trips. In order to provide a quotation, this section must be completed. If a new venture, please estimate.

a) Provide split in revenues by breaking out your food, liquor, transportation and retail revenues from your ticket sales or other revenues shown below in b):

Operation	Is Activity Offered? Yes or No	Is this a 3 rd party service? Yes or No (include comments)	Last Year's Revenue from January 1 to December 31
Food			
Liquor			
Transportation			
Retail Sales			
Booking Agents			
		Total A	

b) Provide split in revenues for the following:

Operation	Is Activity Offered? Yes or No	Is this a 3 rd party service? Yes or No (include comments)	Last Year's Revenue from January 1 to December 31
River Rafting - guided			
River Rafting – self guided			
River Rafting – family float (some minor rapids – typically Class I or II)			
Winter Operations			

Operation	Is Activity Offered? Yes or No	Is this a 3rd party service? Yes or No (include comments)	Last Year's Revenue from January 1 to December 31
Kayaking – hard shell			
Kayaking - inflatable			
Canoe – flat water			
Canoe – white water			
Lessons/Camps – on water			
Lessons/Camps – on land			
Children Camps / Day Camps			
Child Minding Services – if yes, supplementary application is required			
Lodging – Hotel/Motel/Condo/Campsite			
Equipment Rental (canoes, kayaks, bikes)			
Other Rental (wet suits)			
Marina Power Boat Rentals			
		Total B	

c) Are any of the following activities / operations offered?

Operation	Is Activity Offered? Yes or No	Is this a 3rd party service? Yes or No (include comments)	Last Year's Revenue from January 1 to December 31
Bicycling – mountain biking			
Horseback Riding			
Wagon Rides			
Mountaineering (Rock Climbing)			
Climbing Walls			
Paintball			
Water Tubing			
Skateboarding			
Roller Boarding / Blading			
Volleyball			
Golf Course			
Concerts			
Tennis Courts			
Swimming Pool			

Operation	Is Activity Offered? Yes or No	Is this a 3 rd party service? Yes or No (include comments)	Last Year's Revenue from January 1 to December 31
Swimming Beach Area			
Bungee			
Gliding			
Parasailing			
Spa / Massage			
Other Sports Activities			
Other			
		Total C	
Total A+B+C			

I understand that this form and all information supplied will be relied upon by the insurance company in determining whether to provide the insurance coverage herein requested and that the business information form will become part of any contract of insurance entered into. Any material misrepresentation or false statement may entitle the insurance company to rescind the policy, voiding all insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on this form and that, to the best of my knowledge, all information provided in this form is complete, true and correct. I further warrant that I have made or will make the necessary maintenance inspections and that all necessary repairs have been made to ensure that my property and operations are and will remain in compliance with any underwriting criteria furnished by me.

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

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**