

SECTION 1: APPLICANT INFORMATION

- Official / Legal Name of Organization:
- Address:

	Street Number	Street Name	Apartment / Suite Number
City:	Province:	Postal Code:	
- Phone: Fax:
- Website Address :
- Will you require an Additional Insured to be added to the policy? Yes No
If "Yes", please provide name and mailing address:

SECTION 2: INSURANCE INFORMATION

- Policy period From: To:
- Limit required: \$1,000,000 \$2,000,000 \$5,000,000 Other
- Are you aware of any incident which may result in a claim against you? Yes No
If "Yes", please provide details:
- Previous Carrier: Renewal Offered? Yes No
If "No", please explain in detail the reason for non-renewal:
- Loss History, please provide details below (attach additional page(s) if necessary):

Coverage	Limit Carried	Premium	Total Losses
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SECTION 3: UNDERWRITING INFORMATION

- Inception date of business: _____
- Is your business: Sole Proprietorship Partnership Incorporated Company
- Do you operate in countries other than Canada? Yes No
- Affiliations: Provincial National Paid Membership Other

5. Activities and Gross Receipts: \$_____

6. Please indicate your activities, participants and gross receipts. If new venture, please estimate:

Operation	Yes	No	Total Participants	Total Trips and Number of Days	Gross Revenue Split
Canoeing / Kayaking	<input type="checkbox"/>	<input type="checkbox"/>			
Hiking / Backpacking	<input type="checkbox"/>	<input type="checkbox"/>			
Snowmobile / ATV	<input type="checkbox"/>	<input type="checkbox"/>			
Cross Country Skiing / Snowshoeing	<input type="checkbox"/>	<input type="checkbox"/>			
Cycle Touring	<input type="checkbox"/>	<input type="checkbox"/>			
Rafting	<input type="checkbox"/>	<input type="checkbox"/>			
Trail Rides	<input type="checkbox"/>	<input type="checkbox"/>			
Sleigh / Wagon Rides	<input type="checkbox"/>	<input type="checkbox"/>			
Fishing	<input type="checkbox"/>	<input type="checkbox"/>			
Hunting	<input type="checkbox"/>	<input type="checkbox"/>			
Rock Climbing / Top Racing	<input type="checkbox"/>	<input type="checkbox"/>			
Dog Sledding	<input type="checkbox"/>	<input type="checkbox"/>			
Unsupervised side trips*	<input type="checkbox"/>	<input type="checkbox"/>			
Rental (equipment with tour)	<input type="checkbox"/>	<input type="checkbox"/>			
(stand alone)	<input type="checkbox"/>	<input type="checkbox"/>			
Accommodation (not part of package)	<input type="checkbox"/>	<input type="checkbox"/>			
Food and beverage	<input type="checkbox"/>	<input type="checkbox"/>			
Liquor sales	<input type="checkbox"/>	<input type="checkbox"/>			
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>			
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>			

7. Our program is designed for guided tours only. If your operations differ, please explain. (Please note, this may affect your eligibility for insurance):

8. Is your facility licensed for all these activities that you conduct? Yes No
If "No", please explain:

9. Do you have a filing system for your records? Yes No
If "Yes", how long do you maintain your records?

10. Do you use sub-contractors to deliver part of your services offering? Yes No
If "Yes", do you require a proof of insurance from contractors? Yes No

11. Do you provide services to other business as a sub-contractor? Yes No

12. Is all the equipment provided by you for all activities? Yes No
Please provide details:

12. Do you offer stand alone equipment rentals? Yes No

13. Are you responsible for providing the licenses for activities or sports which require licences? Yes No
If "Yes", please give details

SECTION 4: STAFFING PROCEDURES

1. Number of employees? _____

2. Number of employees who are Guides? _____

3. How are each guide's certification, qualification and experience verified? Please describe:

4. Who is responsible for supervising and managing the touring operations?

5. Do you hire or employ anyone younger than 18 years old? Yes No
If "Yes", please give responsibilities assigned to the person:
6. Do you provide training or review the procedures for equipment and safety with the staff prior to each trip? Yes No
If any exceptions are made to this, please advise details of the same:
7. Are all Head Guides certified for advance first aid training? Yes No
8. Are all Head Guides certified for wilderness first aid training? Yes No
9. Are all Head Guides certified by the Association of Canadian Mountain Guides (ACMG) or another body or association? Yes No
10. What type of security and/or background checks are performed on employees providing babysitting services?

SECTION 5: TRIP INFORMATION

1. Please indicate dates & participant/guide information for all trips scheduled for the season. Use another sheet if necessary.

Start Date	Finish Date	Estimated Participants	Number of Guides

2. What is your minimum guide to participant ratio? _____
3. Please outline educational information given to groups prior to trip commencement. Attach credentials of those teaching these classes or use separate page.
4. Do you have any overnight trips? Yes No
If "Yes" describe the lodging
5. Do you operate trips in teams? Yes No
6. Please attach a copy of your itinerary, including the exact location by trip name/trail name/location of trailhead/location of trail end/length and difficulty/duration of trip.
7. What percentages of your activities are done on:
a) private trails
b) public trails
8. Do you have any potential for travel to the United States? Yes No

SECTION 6: PARTICIPANTS SAFETY

1. Do you follow the standard safety measures as set by your governing body? Yes No
2. Do you have a client (participant) package of information for safety issues, medical information, waivers, rules regulations and clothing checklist for trips which is given to the client in advance of the trip? Yes No
If "Yes", please submit a sample.
3. Is a client medical questionnaire collected? Yes No
If "Yes", please submit a sample.

4. Do you have a formal written safety program including safety equipment worn by participants while on trip? Yes No
If "Yes", please attach a copy.
5. Do you have an emergency evacuation procedure in place and an emergency communication system while on trip outings?
Please describe in detail
6. Do you have a regular equipment maintenance and inspection schedule? Yes No
Please give details
7. How is equipment transported or is it at the site ahead of the trip commencement?
8. Do you provide Alcoholic beverages Supply food and meals, on trips or at any other time to the participants?
If you do please give details:
9. Do you have an incident and post incident reporting plan? Yes No
Please explain
10. Do you have guide protocols? Yes No
Please explain
11. Are helmets used by all participants? Yes No
If "No", please explain
12. Do you have a minimum age requirement for participants? Yes No
If "Yes", please specify the minimum age: _____
13. If participants are under the age of 18, do you get a consent form and waiver signed by a parent or legal guardian? Yes No
14. How many of the participants are classified as:
Novice Level (little or no experience): _____ Intermediate (some experience): _____
Senior Level: _____ Advanced Level (certified): _____
15. Describe how you obtain information on current snow pack/avalanche conditions/weather conditions.
16. Do the guides carry communication devices? Yes No
17. Describe actions taken and decisions made to avoid specific hazards in these activities (i.e. things you do or do not do):
18. Describe actions taken and decisions made to reduce the frequency of accidents in these activities (preventing accidents) and to reduce the severity of accidents:
19. Have you or your facility ever been subject to disciplinary proceedings for professional misconduct by a professional society or any statutory registration board? Yes No

SECTION 7: AUTOMOBILE EXPOSURE

1. Do you transport equipment and participants with your own or leased vehicles? Yes No
If "Yes" please explain:
2. Limits of Insurance carried : \$
3. Average lengths of road or vehicle travel: _____ kilometres or _____ miles.
4. Type of road used : Highway Rural City Routes Off-road

5. Do you have any owned or leased vehicles inspected by a qualified mechanic?
If "Yes", is the inspection report logged into a permanent file in case of misadventure? Yes No
 Yes No
6. Do you have a regular maintenance program in place to ensure standard vehicle safety? Yes No
7. Do participants use their own vehicle(s) as well?
If "Yes, please explain: Yes No

SECTION 8: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:
2. To assist us in becoming more knowledgeable about your association we require the following information:
- a) Copy of your letter patent (if incorporated)
 - b) Copy of insurance face sheet from current insurer
 - c) Copy of registration form
 - d) Copy of any waiver/release forms in use
 - e) Last financial statements
 - f) Resumes & Certifications for each guide
 - g) Any available advertising materials/brochures
 - h) Copy of your itinerary, including the exact location by trip name/trail name/location of trailhead/location of trail end/length and difficulty/duration of trip
 - i) Copy of your client (participant) package of information for safety issues, medical information, waivers, rules regulations and clothing checklist for trips which is given to the client in advance of the trip
 - j) Copy of your sample client medical questionnaire collected

SECTION 9: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION	
Agent Name:	Address:
Broker Name:	City:
E-Mail:	Province:
Phone:	Postal Code:
Fax:	

Cambrian Special Risks Insurance Services

130 Paris Street

Sudbury ON P3E 3E1

Phone: (888) 339-6069 Fax: (866)-308-2784

Email: quotes@cambrianspecialrisks.com

*** PLEASE COMPLETE ONE FORM FOR EACH GUIDE ***

SECTION 1: GENERAL INFORMATION

1. Your position is: Head Guide Assistant Guide Apprentice
2. Your name and address:
3. Telephone Number: Fax Number:

SECTION 2: EXPERIENCE AND CERTIFICATION

1. Years operating as Head / Assistant / Apprentice Guide: _____
2. Number of trips operating as Head / Assistant / Apprentice Guide: _____
3. Experience as a Guide:
4. Is this a full time occupation? Yes No
5. Please indicate number of hours worked per year: _____
6. Please indicate your level of first aid training:
7. What are your certifications that qualify you to be a guide?
8. Does your certifying body require you to continue your education to maintain your certification? Yes No
If "Yes", please describe:

If "No", please describe if you pursue continuing education on your own:

SECTION 3: CLAIMS

1. Have you ever been involved in an accident in the past for this type of activity? Yes No
If "Yes", please give details:

SECTION 4: OTHER INFORMATION

1. Please provide a copy of information on the certification program.
2. Please attach a copy of your resume.