



# Recreational Liability Program

**Beacon Underwriting Ltd**

20439 Fraser Hwy.  
Langley, B.C.  
V3A 5N9

Phone: (604) 532-6864  
Toll Free: 1-877-532-6864  
Fax: (604) 532-6894

**Broker:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**General Information**

1) Applicants Name/Legal Entity: \_\_\_\_\_

a) Business Form:     Corporation     Partnership     Individual     Other \_\_\_\_\_

2) Mailing Address: \_\_\_\_\_

3) Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Address: \_\_\_\_\_

4) Present or Proposed Effective Date: \_\_\_\_\_

5) Has any insurance carrier ever cancelled or refused you or your business coverage? Yes  No

6) Description of Operations: \_\_\_\_\_

7) Years of Operation: \_\_\_\_\_ Years of Experience in this or similar Operation: \_\_\_\_\_  
Describe if less the 3 years in operation: \_\_\_\_\_

8) Seasonal Operations?: What seasons/months are you open?

Summer \_\_\_\_\_ to \_\_\_\_\_      Fall \_\_\_\_\_ to \_\_\_\_\_  
Winter \_\_\_\_\_ to \_\_\_\_\_      Spring \_\_\_\_\_ to \_\_\_\_\_

9) Maximum Guest/Participant Capacity of the operations \_\_\_\_\_ at any one time.

10) Waiver(s) used in operation?:     Yes     No

11) Province(s) or Territories of Operations: \_\_\_\_\_

12) Are any activities performed outside of Canada? Describe. \_\_\_\_\_

13) Gross Receipts:      Total \$ \_\_\_\_\_

Are Sub-Contractors used by the operations?  Yes     No    \_\_\_\_\_% or total sales derived from Subs.

Are Certificates of Insurance, showing applicant as additional insured, secured from Subs and kept on file?  Yes     No

14) # of Employees \_\_\_\_\_      Payroll \$ \_\_\_\_\_

15) Do you belong to any professional affiliations/associations with respect to your operations:  
\_\_\_\_\_

16) Previous Insurance History	Company	Coverage	Limit	Premium
Last year				
2 years ago				
3 years ago				

17) Loss History (5 Years): Describe all losses in the last 5 years. Including details of claim status, the amount paid, if it was declined or if it is still open and pending settlement. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Activities – if selecting more than one show percentage of activity for overall operation.**

Yes	No	Do the operations include?	%			
<input type="checkbox"/>	<input type="checkbox"/>	Guided Canoe/Kayak Tours		<input type="checkbox"/>	<input type="checkbox"/>	Rental of Sporting Equipment (attach details)
<input type="checkbox"/>	<input type="checkbox"/>	Mountain Biking		<input type="checkbox"/>	<input type="checkbox"/>	Trap, Skeet, Sport Clays or Archery Range
<input type="checkbox"/>	<input type="checkbox"/>	Snowshoeing		<input type="checkbox"/>	<input type="checkbox"/>	Rock/Ice Climbing with Rope or Special Equip
<input type="checkbox"/>	<input type="checkbox"/>	Fishing		<input type="checkbox"/>	<input type="checkbox"/>	Skiing – x country, heli-skiing
<input type="checkbox"/>	<input type="checkbox"/>	Boats/Kayaks/Canoes/Bicycle rentals		<input type="checkbox"/>	<input type="checkbox"/>	Ropes Courses
<input type="checkbox"/>	<input type="checkbox"/>	Dog Sledding		<input type="checkbox"/>	<input type="checkbox"/>	Tubing
<input type="checkbox"/>	<input type="checkbox"/>	4 x 4 Tours		<input type="checkbox"/>	<input type="checkbox"/>	Bird Watching
<input type="checkbox"/>	<input type="checkbox"/>	Snowmobiles/ATV's Tours		<input type="checkbox"/>	<input type="checkbox"/>	Survival Wilderness Camping
<input type="checkbox"/>	<input type="checkbox"/>	Hunting		<input type="checkbox"/>	<input type="checkbox"/>	Ice Skating (natural ice outdoor rink)
<input type="checkbox"/>	<input type="checkbox"/>	Bicycle Tours		<input type="checkbox"/>	<input type="checkbox"/>	Scuba Diving
<input type="checkbox"/>	<input type="checkbox"/>	Retail operations (attach details)		<input type="checkbox"/>	<input type="checkbox"/>	Hot Air Ballooning
<input type="checkbox"/>	<input type="checkbox"/>	Trail Rides, Hay Rides, Sleigh Rides, Pack Horses		<input type="checkbox"/>	<input type="checkbox"/>	Rafting – Water Classification 1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	Hiking/Backpacking		<input type="checkbox"/>	<input type="checkbox"/>	Other Sporting Activities not described – (attach details or describe below)

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

**Staffing Procedures:**

1) How many trained staff do you employ? \_\_\_\_\_

List Names	Years Exp.	Qualifications &/or Certifications / First Aid Certification

- 2) Are all guides certification and qualifications verified? Yes  No  Please Explain \_\_\_\_\_
- 3) .Is there a written safety and procedures manual followed by all staff? Yes  No
- 4) Do guides carry communication devices with them? Yes  No
- 5) Are all trained guides listed above trained in first aid? Please indicate certification above or explain situation: Yes  No

**Trip Information:**

Please indicate dates & participant/guide information for all trips scheduled for the season:

1) How many trained staff do you employ? \_\_\_\_\_

Start Date	Finish Date	No # of participants	Number of guides

- 2) What is the guide to participant ratio? \_\_\_\_\_
- 3) Please outline educational information given to group/participant prior to trip commencement.  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4) Is there any overnight trips? If so describe accommodations:  
 \_\_\_\_\_  
 \_\_\_\_\_
- 5) Please enclose a copy of map, drawing or description that the trip will take and identify trails used in operations.
- 6) Are trips on private or public land? Describe. \_\_\_\_\_  
 \_\_\_\_\_

**Participant Safety:**

- 1) Do you follow the standard safety measures as set out by your governing body? Please indicate governing body and describe  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2) Do you prescreen participants for ability and prior experience? Yes  No

- 3) Do you supply your clients (participants) a package of information for safety issues, medical information, waivers, rules, regulations and clothing checklist? Yes  No
- 4) Do the activities that clients participate in require special safety equipment? Please describe. Yes  No
- 
- 5) Are they required to use this safety equipment mentioned above? Yes  No
- 6) What is your policy regarding alcoholic beverages while on trips (during, before, and after)?
- 
- 7) Please describe food preparation facilities and methods while on trips \_\_\_\_\_
- 
- 8) Please describe how equipment is transported to the sight or is equipment already at site at the commencement of the trip? Describe \_\_\_\_\_
- 
- 9) Are owned/leased vehicles used in operations? Are the vehicles inspected by qualified mechanics? Please explain the maintenance programs for these vehicles and indicate whether or not these inspections are logged:
- 
- 10) If owned / leased vehicles are used in operations what limit of insurance is carried? \_\_\_\_\_

**Specific Questions on your particular operation - \* indicates applicable to all operations**

- 1) (Hunting) What Species of animal do you specialize in hunting? \_\_\_\_\_
- 2) (Fishing) What type of waters are fished? Salt Water, Fresh Water lakes and ponds, Rivers. \_\_\_\_\_
- 3) \*Have you or would you decline someone from participating? Yes  No   
If so for what reason(s)? \_\_\_\_\_
- 4) \*What is the Maximum number of Participants per trip, tour or camp. Over 18 years of age \_\_\_\_\_ under 18 years of age \_\_\_\_\_
- 5) \*Please confirm that all underage participants will be accompanied a guardian or parent. \_\_\_\_\_
- 6) \*% \_\_\_\_\_ Guided % \_\_\_\_\_ Unguided
- 7) \*Please outline all safety equipment used in operations \_\_\_\_\_
- 
- 8) \*Are there any age limitations for participants? \_\_\_\_\_
- 9) \*Describe the time frame for which the activities are conducted. Hourly / Daily / Weekly \_\_\_\_\_
- 10) \*Please describe area of operations with details of terrain or hazards. Include additional documentation if available.
- 
- 11) \*(Applicable to those risks that use trails in operations) - Do trips take place on groomed/maintained trails? Please indicate who is responsible for maintenance of trails:
- 
- 12) \*If trails are used in operations please indicate whether they would be considered mild, moderate or challenging? \_\_\_\_\_
- 13) \*(Mountain Biking & white water risks) Are helmets required to be used by all participants? Yes  No
- 14) \*(Mountain Biking, ATV, Snowmobile) Is there a regular maintenance and repair schedule in place? Yes  No
- 15) \*(Mountain Biking, ATV, Snowmobile) Do you perform an equipment safety check before embarking? Yes  No
- 16) \*(Mountain Biking) Do you travel on vehicled roads? Yes  No  if yes explain: \_\_\_\_\_
- 
- 17) In your own opinion, how many of the participants will be classified as:

Activity	Novice – little or no experience	Intermediate – some experience	Senior Level	Advanced level – certified.

**If the risk uses watercraft in operations please complete the section below:**

1. Provide details of ALL units owned and / or used in / by the insured operations.

**Power Units**

Year	Length	Make & Model	HP	S/N	Passengers

**Canoe/Kayaks**

#	Canoe or Kayak	Length	S/N	Capacity

2. Are Personal Floatation Devices provided and used by all participants?  Yes  No  
 If answered No please describe how your policy differs

3. Do you provide Lessons, Training and/or Certificates associated with the Qualifications, Use and/or Operations of Watercraft?  
 Yes  No - If Yes please describe.

**Some Certification programs are registered and insured by various Associations.**

Does your operation includes training which is registered and insured with an Association  Yes  No

4. Are the vessels operated on inland lake & rivers (Fresh) OR coastal (Salt) waters  Fresh  Salt

5. What water classifications are floated: 1 2 3 4 5

Please describe area of operations with details of terrain or hazards. Include additional documentation if available.

**To assist us in becoming more knowledgeable about your organization, we require copies of the following information; if they cannot be provided please explain:**

- **Most current financial statements**
- **Participant Registration Forms**
- **Waivers/Release forms**
- **Resumes/Certifications for each guide (include Guide Supplement)**
- **Any available advertising material or website**

Coverage Requested:	Limit	Deductible	
Liability: (based on Receipts and Exposures)	\$	\$	
TLL	\$	\$	
NOA	\$	\$	
	\$	\$	
	\$	\$	

COMPLETION AND SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM; AS WELL AS ALL SUPPLEMENTS, QUESTIONNAIRES AND SCHEDULES; SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, THE APPLICANT'S FIRM ORDER BASED ON A QUOTATION BY THE COMPANY IS REQUIRED BEFORE RISK MAY BE BOUND AND A POLICY ISSUED.

The applicants agree that reports containing personal, credit, factual record, premium payment or claims history information may be sought or exchanged in connection with this application for insurance or renewal, extension, variation or cancellation thereof.

\_\_\_\_\_  
Signature of Applicant – Title

\_\_\_\_\_  
Date.