



Great Outdoors

Completed application, photos, site plan and distance between buildings including clearance from bush/trees is required on all risks

1) Name: _____

a) Business Form: Corporation Partnership Individual Other _____

2) Mailing Address: _____

3) Phone: _____ Fax: _____ Web Address: _____

4) # of locations and legal address of each: _____

5) Present or Proposed Effective Date: _____

6) Description of Operations: _____

7) Years of Operation: _____ Years of Experience in this or similar Operation: _____

8) Seasons of Operations: What seasons/months are you open? Year Round or
 Summer _____ to _____ Fall _____ to _____
 Winter _____ to _____ Spring _____ to _____

9) Caretaker on Premises Yes No or schedule of off season inspections: _____

10) Maximum Guest/Participant Capacity of the operations _____ at any one time.

11) Waiver(s) attached: Yes No

12) Province(s) of Operations: _____

13) Are any activities preformed outside of Canada? Describe. _____

14) Receipts: Total \$ _____ - Food _____ %, Liquor _____ %

Restaurant or Bar/Lounge on Premises: Yes No

_____ % of total sales derived from Restaurant/Bar/Lounge that come from patrons **not staying** at the Lodge/Resort.

Are Sub-Contractors used by the operations? Yes No _____ % of total sales derived from Subs.

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

15) Is this a fly in facility? Certificates of Insurance is required for all aviation contractor. Include with submission. Yes No

16) Do you own or operate any Airplane landing strip, hanger or service facilities? Yes No

17) Do you Service or Repair Engines Including but not limited to Marine, Aviation, Automobiles or Equipment? Yes No

18) Do you have any Unlicensed Motorized Vehicles used in the operations. Yes No

If Yes, please attached a schedule of units with details of the intended use and confirm if guests would be involved in the activity.

19) # of Employees _____ Payroll \$ _____

20) Previous Insurance History (3 Years) Presently Previous Term Two Years ago

Insurance company	Presently	Previous Term	Two Years ago
Liability Limit			
Premium Paid			

21) 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. _____



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UNDERWRITING LTD.

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Named Insured: _____

22)

Yes	No	Do the operations include?
<input type="checkbox"/>	<input type="checkbox"/>	* Buildings (insured or not) Include Site Drawing
<input type="checkbox"/>	<input type="checkbox"/>	* Fuel Tanks / Fuel Sales
<input type="checkbox"/>	<input type="checkbox"/>	* RV sites or Campground Include Site Drawing
<input type="checkbox"/>	<input type="checkbox"/>	* Fishing
<input type="checkbox"/>	<input type="checkbox"/>	* Boats / Kayaks / Canoes
<input type="checkbox"/>	<input type="checkbox"/>	* Marina
<input type="checkbox"/>	<input type="checkbox"/>	* Swimming Pools/Lakes/Ponds
<input type="checkbox"/>	<input type="checkbox"/>	* Snowmobiles/ATV's in Tours or Operations
<input type="checkbox"/>	<input type="checkbox"/>	*Hunting
<input type="checkbox"/>	<input type="checkbox"/>	* Bicycle Tours
<input type="checkbox"/>	<input type="checkbox"/>	Retail operations (attach details and split in receipts)
<input type="checkbox"/>	<input type="checkbox"/>	* Horses including but not limited to Trail Rides, Hay Rides, Sleigh Rides, Pack Horses

Yes	No	Do the operations include?
<input type="checkbox"/>	<input type="checkbox"/>	Rental of Sporting Equipment (attach details)
<input type="checkbox"/>	<input type="checkbox"/>	Trap, Skeet, Sport Clays or Archery Range
<input type="checkbox"/>	<input type="checkbox"/>	Rock/Ice Climbing with Rope or Special Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Skiing
<input type="checkbox"/>	<input type="checkbox"/>	Health spa or fitness center
<input type="checkbox"/>	<input type="checkbox"/>	Tubing
<input type="checkbox"/>	<input type="checkbox"/>	Go-karts
<input type="checkbox"/>	<input type="checkbox"/>	Golf Course
<input type="checkbox"/>	<input type="checkbox"/>	Trampoline
<input type="checkbox"/>	<input type="checkbox"/>	Bungee Jumping
<input type="checkbox"/>	<input type="checkbox"/>	Hot Air Ballooning
<input type="checkbox"/>	<input type="checkbox"/>	Other Sporting/Hazardous Activities not described – (attach details or describe below)

*** INDICATES A REQUIREMENT TO COMPLETE A SUPPLEMENTARY APPLICATION**

Notes: _____

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.



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Coverage Outline

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Coverage	Limit	Deductible	
Deluxe Property: # of Locations			
Building Total Limits – (provide a schedule)	\$	\$	
Contents Total Limits – (provide a schedule)	\$	\$	
25,000 Exhibition Floater Increase to	\$	\$	
50,000 Transit Increase to	\$	\$	
50,000 Consequential Loss Increase to	\$	\$	
50,000 Extra Expense Increase to	\$	\$	
50,000 Accounts Receivable Increase to	\$	\$	
25,000 EDP Increase to	\$	\$	
100,000 Signs Increase to	\$	\$	
50,000 Fine Arts Floater Increase to	\$	\$	
50,000 Valuable Papers Increase to	\$	\$	
25,000 Out door Property (Docks) Increase to	\$	\$	
Business Interruption Profits Form:	\$		
Crime:			
Employee Dishonesty Form ____	\$	\$250	
In/Out (\$5,000 In/Out included with Deluxe Property)	\$	\$250	
Money Orders & Counterfeit Currency	\$	\$250	
Depositors Forgery	\$	\$250	
Inland Marine: (ACV default) complete schedules required including descriptions and serial numbers			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Liability: (based on Receipts and Exposures)	\$	\$	
TLL	\$	\$	
Forest Fire Fighting Expense	\$	\$	
Employers Liability	\$	\$	
Innkeepers Liability	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Miscellaneous Coverage:			
Fuel Stock N/P, ACV, 100% Co.	\$	\$	
	\$	\$	
	\$	\$	