



Victor Canada
 500-1400 Blair Place
 Ottawa, Ontario K1J 9B8
 Telephone 613-786-2000
 Facsimile 613-786-2001
 Toll Free 800-267-6684
 www.victorinsurance.ca

Application Addendum

Commercial General Liability Insurance Outdoor Clubs/Tours

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____
 Name of Broker Contact: _____
 Brokerage Address: _____ City: _____ Postal Code: _____
 For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

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. (a) The property currently being used is: Owned Leased
 (b) Is there any other insurance on the property? YES NO
 If yes, please provide details: _____

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 the Applicant? YES NO
7. Is this a seasonal operation? YES NO
 If yes, please specify the months: _____
8. (a) Estimated Payroll: _____
 (b) Number of principal(s) and employees: _____
 (c) Are all employees covered under WSIB? YES NO
 If no, please list the numbers by job description and estimated payroll:

9. Estimated total receipts: _____

10. (a) Nature of activities:

| Activity | Yes | No | 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? _____

(c) Are there any trips outside of Canada? YES NO

(d) What equipment is supplied by the Insured? _____

Please provide a copy of the brochure and the schedule of trips for the upcoming year.

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

12. (a) Are there written procedures in the event of emergencies? YES NO

(b) Are all incidents recorded? YES NO

(c) Are any of your tour guides trained in first aid and/or CPR? YES NO

If yes, please provide full details: _____

13. (a) What age groups are allowed? _____

(b) Are waivers required to be signed by all participants? YES NO

If no, please provide details: _____

(c) Are waivers required to be signed by parents if the participants are under the legal age? YES NO

Please provide a copy of the waiver.

14. (a) Are independent contractors used for any operations? YES NO

If yes, please specify receipts and activity: _____

(b) Is proof of insurance obtained from the operator? YES NO

If no, please provide details: _____

If yes, please indicate the limits they are required to provide: _____

(c) Does the Applicant have any agreements assuming liability? YES NO

If yes, please describe and provide copies: _____

15. (a) Does the Applicant presently carry insurance? YES NO

If yes, who is the present insurer: _____

If no, please provide details: _____

Premium: _____ Limit: _____

(b) If the present insurance claims made? YES NO

If yes, please provide the retroactive date: _____

(c) Is the present insurer willing to renew? YES NO

If no, please provide details: _____

(d) Does the policy cover all of the Insured's operations? YES NO

If no, please provide details: _____

16. Claims History

Please include the total costs from the ground up for each claim, including defence costs and deductible. Include the 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, please provide details: _____

17. Non-owned Automobile

(a) Number of employees using their automobile on company business:

Regularly: _____ Occasionally: _____

(b) Estimated annual cost of hired automobiles: _____

Estimated annual cost of automobiles operated under contract: _____

(c) Please indicate the limit(s) of liability required: _____

APPLICANT’S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor’s privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application, as permitted by law, for the insurance or a renewal, extension or variation thereof by Victor for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Date (dd/mm/yyyy): _____

Signature of Applicant: _____

Title: _____