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 K&K Insurance Brokers, Inc. Canada

## CHARTER/TOUR INSURANCE APPLICATION

Policy period required from: \_\_\_\_\_ to \_\_\_\_\_  
 (Year) (Year)

### INSURED

Named Insured as it is to appear on policy: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_

What is the Insured?  Corporation  Partnership  Joint Venture  
 Individual  Other: \_\_\_\_\_

Applicant's Business Name: \_\_\_\_\_

Locations of Operations (If different than Mailing Address): \_\_\_\_\_

How many years have you been doing business in this type of operation? \_\_\_\_\_ years

If you are new in business, how many years of prior experience have you had with this type of operation?  
 \_\_\_\_\_ years

### BROKER

Name of Agent/Brokerage: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### GENERAL INFORMATION

Of what do your operations consist? (Check all that apply)  Fishing Tours  Water Tours  
 Hunting  Hiking/Bicycling  Camping  Rockclimbing  Mountaineering  
 Whitewater Kayaking/Rafting/Canoeing  Other  Canoeing

Please describe: \_\_\_\_\_

Revenue for each operation: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

If so please list all qualifications of each principal(s) and/or staff: \_\_\_\_\_



Where are vessels kept when not in use? \_\_\_\_\_

How are they secured? \_\_\_\_\_

**Limits of Liability required:**

**Commercial General Liability**

Each Occurrence Limit	\$ _____
Products - Completed Operations Aggregate Limit	\$ _____
Personal Injury Limit	\$ _____
Tenants Legal Liability Limit	\$ _____
Medical Expense Limit - Per Occurrence/Per Person	\$ _____
Non-Owned Automobile Limit - Liability	\$ _____
- Physical Damage	\$ _____
Employee Benefits Limit	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____
Other: _____	\$ _____

**Contractual Liability**

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?  Yes  No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?  Yes  No

If no, please advise procedures followed and details of contracts used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?  Yes  No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?  Yes  No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?  Yes  No

If no, in whole or part, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, in whole or part, please attach a copy of the waiver

**Protective Liability**

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ \_\_\_\_\_ Sublet? \$ \_\_\_\_\_

Please describe the types of work let or sublet: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional Liability - Staff Employees and Contractors**

Please list number of employees and duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Workers Compensation**

Are all employees and contractors including students and volunteers covered by Workers Compensation?

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

**Non-Owned Automobile**

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?

Yes

No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Does the Insured rent or lease vehicles from others?

Yes

No

If yes (i) How often per year? \_\_\_\_\_ (per year)

(ii) Are any of these vehicles driven in the United States?

Yes

No

c) Does the Insured contract services from others?

Yes

No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d) Does the Insured contract services from others for the purpose of operating Vehicles to perform maintenance, service, haulage or snow removal operations?

Yes

No

Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)**

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Please provide deductible or self-insured retention amounts for each year noted in the previous question.

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Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect Any deductible provision(s) contained in existing or previous insurance policies?  Yes  No

**Please attach a copy of the Insured's most recent audited financial statement.**

Does the Insured have a formal loss-control program?  Yes  No

If yes, please provide details: \_\_\_\_\_

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Does the Insured have a formal employee safety-training program?  Yes  No

If yes, please provide details: \_\_\_\_\_

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Does the Insured have a formal premises snow/ice clearance procedure?  Yes  No

If yes, please provide details: \_\_\_\_\_

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Does the Insured have a formal equipment or premises maintenance procedure?  Yes  No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: \_\_\_\_\_

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I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed Insured' s or any insured' s property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, confirm that represent and I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

Agent/Broker: \_\_\_\_\_