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K&K Insurance Brokers, Inc. Canada

# OUTFITTERS & GUIDES AND GUEST RANCH LIABILITY APPLICATION

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

## INSURED

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

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

3. Address(es) of Actual Operation(s) (if different than Mailing Address): \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

4. Additional Insureds Relationship Address  
As they are to appear on the policy (MUST be approved by K&K)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Owner of Premises: \_\_\_\_\_  
Address: \_\_\_\_\_

6. Length of time in business at this location: \_\_\_\_\_ years  
Total experience in this type of business: \_\_\_\_\_ years

7. Associations of which you are a member: \_\_\_\_\_  
\_\_\_\_\_

## BROKER

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

11. Contact Person: \_\_\_\_\_

12. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## DUDE RANCH SUPPLEMENT

Number of each:

Guest lodges: \_\_\_\_\_ Swimming Pools: \_\_\_\_\_ Fishing Ponds (fishing stream=1): \_\_\_\_\_  
Guest cabins: \_\_\_\_\_ Hot Tubs (saunas, etc.): \_\_\_\_\_ # Bicycles (Rentals): \_\_\_\_\_  
ATV's: \_\_\_\_\_ Golf Courses: \_\_\_\_\_ Snowmobiles: \_\_\_\_\_  
Athletic Courts (tennis, volleyball, handball, etc.): \_\_\_\_\_

Please answer all questions:

- 1. Do you have cross-country skiing?  Yes  No
- 2. Do guest sleeping areas have smoke alarms?  Yes  No

- 3. If meals are served, are appropriate food handling and sanitation procedures followed?  Yes  No
- 4. Are pool areas enclosed by a fence?  Yes  No
- 5. Are lifesaving devices positioned by the pool?  Yes  No
- 6. Are pool regulations posted by the pool?  Yes  No
- 7. Are waivers signed by persons cross-country skiing? (If so, please attach a copy)  Yes  No
- 8. Do you rent skiing equipment?  Yes  No

**HIKING, HUNTING, FISHING GUIDES**

1. What areas do you operate in? Attach a brochure and/or describe terrain, season, activities, and associations to which you belong.

NAME/DESCRIPTION	DIFFICULTY OF HIKE (N: Novice, I: Intermediate, A: Advanced)	HIKING/CAMPING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Guides – attach resumes of all guides including all certifications

NAME	EXPERIENCE	MEDICAL TRAINING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Do you employ anyone younger than 18 years of age?  Yes  No  
 If yes, please explain their duties and selection \_\_\_\_\_

\_\_\_\_\_

4. How often do guides and staff receive a review in the proper use of equipment and procedures? \_\_\_\_\_

5. What emergency signal device(s) and medical equipment do you carry? \_\_\_\_\_

6. Do you rent any equipment from someone else for use in your operations?  Yes  No  
 If yes, please explain: \_\_\_\_\_

7. List all equipment you supply for outfitting: \_\_\_\_\_

8. Describe regular maintenance schedule for equipment, documentation responsibilities, etc.: \_\_\_\_\_

\_\_\_\_\_

**GUIDED BOAT SUPPLEMENT**

1. What rivers or lakes do you operate on? (Type is P-Paddle, O-Oar, M-Motor)

NAME/DESCRIPTION	CLASS 1-5	TYPE
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List all boats, rafts, canoes, kayaks, etc. Used, including length, person capacity, motor size (Attach a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List name, experience (number of river trips) and check certification of each guide:

Name	Experience	Red Cross Advanced First Aid & Personal Safety	Province- Certified Guide	CPR	Emergency Medical Technician
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you employ anyone younger than 18 years of age?  Yes  No  
If yes, please explain all duties: \_\_\_\_\_  
\_\_\_\_\_

5. Please attach a list of supplies and equipment used

6. How often do guides and staff receive a review in the proper use of equipment and related safety procedures?  
\_\_\_\_\_  
\_\_\_\_\_

7. Describe regular maintenance schedule for equipment, documentation, responsibilities etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you rent any equipment?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

9. What emergency signal devices do you carry (e.g. radios, flares, etc.)? \_\_\_\_\_  
\_\_\_\_\_

**SALES ANALYSIS**

Total Receipts from all Operations	\$ _____	Picnic Grounds/Camp Grounds	\$ _____
Lodging Receipts	\$ _____	Guiding/Outfitting Fishing Trips	Receipts \$ _____
Boating Rentals	\$ _____	Guiding/Outfitting Hunting Trips	Receipts \$ _____
All Food/Beverage (excluding liquor)	Receipts \$ _____	Hiking/Backpacking/Camping	\$ _____
Liquor Receipts	\$ _____	Retailers with Demos, Clinics	For Lakes or Class 1,2,3 rivers
Limited Availability; call regarding coverage.		(no use of Kayaks)	\$ _____
K&K Liquor Liability Application required.		Outfitters for Class 4, 5 rivers	or any use of Kayaks \$ _____
Horse Operations Receipts	\$ _____	Equipment Rental Receipts	\$ _____
(Trail Rides, Hay Rides, Pack Trips, etc.)		Receipts from Retail Sales	\$ _____
Biking (Guided)	\$ _____		

**MUST BE ANSWERED IN FULL**

(Quote will not be given without this information)

Apart from the operations mentioned on this application, are there any other operations  
Conducted on the same premises?  Yes  No

If yes, please describe including gross receipts: \_\_\_\_\_

**1. 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: _____	\$ _____

**2. 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

**3. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Professional Liability - Staff Employees and Contractors**

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

**5. Workers Compensation**

Are all employees and contractors including students and volunteers covered by Workers Compensation?  Yes  No

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

**6. Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft?  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

**7. 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

**8. 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

9. 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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

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

15. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, represent and confirm that 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: \_\_\_\_\_