

8. Total number of participants anticipated in the coming year: _____
 Anticipated Receipts: \$ _____

9. Percentage of Participants
 Under 18 years of age: _____ % Over 18 years of age: _____ %

10. Minimum Age: _____ Maximum Age: _____

11. Are all participants required to sign an agreement to participate or a waiver and release form? Yes No

12. Is the course ever rented to outside groups or individuals? Yes No
 If yes, do you provide supervision? Yes No
 Gross Receipts generated from leased periods: \$ _____
 Please forward a copy of the contract used for these periods.

13. Does your group do any of the following?
 Course design/Construction? Yes No
 Instructor Certification? Yes No
 Site/Course Accreditation? Yes No

14. How far is the nearest hospital? _____
Please provide a copy of emergency evacuation procedures

15. Please check if any of the following activities are done in conjunction with the challenge course:
 Canoeing/Kayaking Spelunking Orienteering Rock Climbing/Mountaineering
 If checked, please explain: _____

18. Please include the following information with your submission:
- A. Copy of Operations/training/safety manual (including emergency plans, search and rescue procedures/hiring procedures)
 - B. Copy of Inspection Report by provincial association
 - C. Copies of any brochures, ads or other literature concerning your course and/or services provided
 - D. Resume or descriptions of previous training for all instructors
 - E. Copies of the waiver and release forms or consent forms signed by all participants
 - F. Loss runs and/or detailed account of any past losses
 - G. Photo or diagram of course elements

19. Apart from the operations mentioned on this application, are there any other operations conducted on the same premises? Yes No
 Including gross receipts, please describe: _____

CLAIMS, LOSS AND INCIDENT HISTORY FOR THE PAST 5 YEARS

Date	Cause	Amount Paid Or Reserve (including fees)	Deductible or Re-imbursment	Insurer

BROKER RECOMMENDATION

New business to submitting broker's office Currently insured through submitting broker's office

If currently insured through your office, why is account being remarketed? _____

Has any company declined or cancelled any coverage? Yes No

If yes, please provide details: _____

Is applicant known to selling broker? Yes No If yes, how long? _____

Completed by: _____ Agency/Brokerage: _____

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 an 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 Questionnaire 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 Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (Print)

Signature

Date

Agent/Broker: _____