



# WHITE-WATER RAFTING INSURANCE INSURANCE APPLICATION

## INSURED

1. Name of Insured as it is to appear on policy: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Website: \_\_\_\_\_  
Address of Actual Operation (if different than mailing): \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
3. Does insured: ☐ Own ☐ Lease premises?  
Insured is: ☐ Individual ☐ Corporation ☐ Partnership  
Names of All Partners or Officers of Corporation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Doing Business As: \_\_\_\_\_
5. Name, Address and Description of Operations of all Subsidiary Companies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. 

Additional Insureds	Relationship	Address
<i>As they are to appear on the policy (MUST be approved by K&amp;K)</i>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
7. Owner of Premises: \_\_\_\_\_  
Address: \_\_\_\_\_
8. Length of time in business at this location: \_\_\_\_\_ years. Total experience in this type of business: \_\_\_\_\_ years.
9. Associations of which you are a member: \_\_\_\_\_  
\_\_\_\_\_

**Please attach a copy of operations manual or provide a brief narrative report summary on operation.**

## BROKER

1. Name of Agent/Brokerage: \_\_\_\_\_
2. Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## GENERAL INFORMATION

1. Length of operating season? From: \_\_\_\_\_ To: \_\_\_\_\_
2. Do you live on site? During Operating Season? ☐ Yes ☐ No  
During Operating Season? ☐ Yes ☐ No
3. What customer weight restriction do you implement? \_\_\_\_\_  
Age Restriction? \_\_\_\_\_
4. Do you require the use of helmets? ☐ Yes ☐ No  
If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Are your PFD's/Wetsuits Canadian Certified? ☐ Yes ☐ No  
If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you Rent Equipment to others? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do all rafts carry:  
Emergency Signal Devices? ☐ Yes ☐ No  
Radio Transmitters/Cellular Phones? ☐ Yes ☐ No  
20 Meter Throw Ropes? ☐ Yes ☐ No  
A Repair Kit? ☐ Yes ☐ No  
An Inflation Pump? ☐ Yes ☐ No
8. Do you promote fun runs, marathons, private expeditions or other competitive/social events? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do all guides:  
Hold a current CPR Certificate? ☐ Yes ☐ No  
Hold a current First Aid Certificate? ☐ Yes ☐ No
10. Please attach a list of guides, and their certifications and experience.
11. Please attach copies of your emergency procedures and your training procedures manuals.
12. List all Associations pertaining to your operations of which you are a member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Attach an outline of your instructional procedures for your clients.
14. Do your clients sign a waiver? ☐ Yes ☐ No  
If under 18, is a parental waiver signed? ☐ Yes ☐ No  
Are children under 18 accompanied by an adult? ☐ Yes ☐ No

**\*Please attach a copy of the waiver**

15. Do you organize any excursions or trips outside Canada? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. List the Rivers on which you operate:

Name:_____	Class (1-5):_____	Kilometres:_____	Percentage of Use:_____
Name:_____	Class (1-5):_____	Kilometres:_____	Percentage of Use:_____
Name:_____	Class (1-5):_____	Kilometres:_____	Percentage of Use:_____
Name:_____	Class (1-5):_____	Kilometres:_____	Percentage of Use:_____
Name:_____	Class (1-5):_____	Kilometres:_____	Percentage of Use:_____

17. Do you provide food services? ☐ Yes ☐ No

18. Do you sell alcoholic beverages? ☐ Yes ☐ No

**If yes, please complete the Liquor Liability Application and attach.**

19. List all Rafts, Boats and Motors owned. *Attach a list if space is not sufficient.*

Number:_____	Type:_____	Length:_____	Number of Passengers:_____	Motors- Horsepower_____
Number:_____	Type:_____	Length:_____	Number of Passengers:_____	Motors- Horsepower_____
Number:_____	Type:_____	Length:_____	Number of Passengers:_____	Motors- Horsepower_____
Number:_____	Type:_____	Length:_____	Number of Passengers:_____	Motors- Horsepower_____
Number:_____	Type:_____	Length:_____	Number of Passengers:_____	Motors- Horsepower_____

20. Are independent operators used for any operations? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your guides hired as employees? ☐ Yes ☐ No

Or as independent contractors? ☐ Yes ☐ No

How many are hired in an operating year? ☐ Yes ☐ No

Are Certificates of Insurance obtained from Independent Contractors? ☐ Yes ☐ No

21. Who is your present Insurance Carrier? \_\_\_\_\_

What is the expiring premium? \_\_\_\_\_

Does this policy cover all the operations of the insured? ☐ Yes ☐ No

22. Claims History – Indicate past five years:

Date of Occurrence	Description of Occurrence	Amount Paid	Amount Outstanding	Deductible

23. Please provide deductible or self-insured retention amounts for each year noted in question 22.

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

24. Do you have a swimming pool?

☐ Yes ☐ No

Do you have tennis courts?

☐ Yes ☐ No

Do you provide sleeping facilities? Cabins, lodges, etc.

☐ Yes ☐ No

If yes, please describe:

25. If you require property coverage on your rafts and related gear, please attach an itemized list of equipment including values of each.

26. THE FOLLOWING MUST BE COMPLETED IN ORDER TO OBTAIN A QUOTATION

Operation	Total number of Participants	Gross Revenue January 1 - December 31
River Rafting - Class 1 - 3		
River Rafting - Class 4 - 5		
Float Trips		
Kayaking		
Canoeing		
Hiking		
Mountain Climbing		
Mountain Biking		
Horseback Riding		
Boat Rentals		
Swimming Facilities		
Campgrounds		
School Trips-		
Other Activities-		
Other Activities-		
Food Sales-		
Liquor Sales-		
Retail Sales-		

LIMITS OF LIABILITY REQUIRED

1. 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**

A. Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)? ☐ Yes ☐ No

If yes, what is the annual cost of work? LET \$ \_\_\_\_\_ SUBLET \$ \_\_\_\_\_

If yes, 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, in whole or part, 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 give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No

If yes, (i) How often 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 attach a copy of the Insured's most recent audited financial statement.**

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

13. 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 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: \_\_\_\_\_