



[Commercial Lines]

SNOWMOBILE & ATV LIABILITY SUPPLEMENT



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PART 1 GENERAL INFORMATION

Broker: _____ Tel: _____

Broker Contact: _____ Email: _____

Name of Insured (Full Legal Name): _____

Please provide details of ALL units owned and /or used in / by the insured operations:

Year	Make & Model	CC	S/N	Value	Required Coverage
				\$	<input type="checkbox"/> Liability <input type="checkbox"/> Property
				\$	<input type="checkbox"/> Liability <input type="checkbox"/> Property
				\$	<input type="checkbox"/> Liability <input type="checkbox"/> Property
				\$	<input type="checkbox"/> Liability <input type="checkbox"/> Property

This is not an SPF#1 Application. Some provinces require a separate policy for Liability and Accident Benefits. Please confirm with your broker as to the specific legislation in the province in which you operate.

Do you allow any Third Party (customers or otherwise) to ride on, or operate the described units? Yes No

If the answer to the above is "No", please describe the use of the units listed. The balance of the supplement is not required. If "Yes", please complete.

Years of Operating in this, or similar operation: _____ Experience: _____ Operating: _____

How many trained staff do you employ? Please list below.

List Names	Years Exp.	Qualifications a/o Certifications / First Aid Certification

Do you conduct any Pre-Activity briefing with Participants? Yes No

Do you have a safety and procedures manual? Yes No

Do you have a process checklist to be followed by all staff? Yes No

Have you, or would you, decline someone from participating? Yes No If "Yes", please list reason(s) below:

Do Guides carry communication devices with them? Yes No If "Yes", what type:

If "No" to above question, explain reason(s) why not:



Is a log or journal kept to record any incidences? Yes No

(Details in a log book may identify who witnessed the incident, who was working, what happened, etc.)

What is the maximum number of Participants per trip, tour or camp? Over 18 years of age: Under 18 years:

Are minors permitted to participate? Yes No

If "Yes" to above, are all minors accompanied by a guardian or parent? Yes No

Does this activity require any special safety equipment? Yes No If "Yes", please describe below:

Do you enforce an alcoholic beverages restriction? Yes No

Do you require each Participant to complete a Health/Fitness information questionnaire? Yes No

Do you pre-screen Participants for ability and prior experience? Yes No

Do you have any objection to requesting this type of information, if it is not already done? Yes No

Please be sure to attach copies of waivers and health/fitness questionnaires

Describe the time frame for which activities are conducted: Hourly Daily Weekly

Please describe are of operation, with details of terrain or hazards, below. Please include additional documentation, if available.

Percentage of Total Receipts for this Operation / Activity: %

Are Sub-Contractors used by the operations? Yes No If "Yes", what percentage of sales derived from Sub-Contractors? _____ %

Are Certificates of Insurance secured from all Sub-Contractors? Yes No

Is the Applicant shown as an Additional Insured on the Certificates? Yes No

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____