



Toll Free phone 1-866-979-2747 Toll Free fax 1-866-488-6122 email: [info@oasisinsurance.ca](mailto:info@oasisinsurance.ca)

**PLEASE READ THIS CAREFULLY  
BEFORE PROCEEDING WITH THE APPLICATION**

1. I understand that completing and submitting this application does not result in insurance coverage. Coverage is not in effect until I have received written confirmation from OASIS.
2. I am aware that the information provided in this application must be correct, accurate and current. Incorrect information affecting the risk may result in a denial of insurance coverage at a later date.
3. I understand that there is a continuing obligation to immediately report to the insurer any changes that are material to the risk during the policy period.

**Application Form**  
**General Business Information for Commercial General Liability**

1. Name of applicant: \_\_\_\_\_
2. Operating name: \_\_\_\_\_
3. Business form:  Sole Proprietorship  Partnership  Corporation  Not for Profit
4. Business office and mailing address: \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_
5. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
6. Website address: \_\_\_\_\_
7. Does your website accurately reflect your current operations? Y/N  
If no, please explain.  
\_\_\_\_\_
8. Contact person \_\_\_\_\_ Position within organisation/company:  
\_\_\_\_\_

9. Number of years you have worked for the company: \_\_\_\_\_
10. Number of years this business has been operated by the current owner: \_\_\_\_\_  
By previous owners: \_\_\_\_\_
11. List all jurisdictions (countries, states, provinces) in which you operate: \_\_\_\_\_  
If you have Foreign exposures, please provide full details:  
\_\_\_\_\_
12. Specify split of activities conducted by the owners/employees \_\_\_% Independent contractors \_\_\_%
13. Explain how you verify your staff's qualifications, certifications and experience.  
\_\_\_\_\_  
\_\_\_\_\_
14. Are all employees covered by the Workers Compensation Act? Y/N  
Self-employed owners may voluntarily opt out and Independent Contractors may be exempted  
(refer for advise to your provincial WC office).
15. Do you use sub-contractors to deliver any part of your business or service offering? If yes, please  
describe the sub contracted services including the annual cost of work.  
\_\_\_\_\_
16. Do you require written proof that independent sub-contractors working on your behalf maintain  
their own appropriate insurance coverages? Y/N Coverage limits required \_\_\_\_\_
17. Do you sub-contract your services to other businesses? If yes, please describe the services,  
including annual value  
\_\_\_\_\_

## General Financial Information

18. Approximate number of clients for all activities for the year \_\_\_\_\_ If this is a membership  
based group please advise how many current members you have: \_\_\_\_\_
19. **Revenues:** Total operations gross revenues for all activities annually: \$ \_\_\_\_\_  
How much of this is from donations \_\_\_% Membership Fees \_\_\_% Gov't Grants \_\_\_%  
Services Provided \_\_\_\_\_%

Describe the operations fully in questions #22 & 23

Do you rent out equipment Y/N

If Yes, describe the type of equipment rented out and the % of revenue from same \_\_\_\_\_

Retail Sales \_\_\_\_\_%

Describe Retail items: \_\_\_\_\_

### **Insurance History Information**

20. Have you ever had your insurance cancelled, had insurance coverage declined or had your insurance renewal refused? Y/N

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

21. Describe all insurance claims, or pending incidents that could result in an insurance claim from the past 5 years. If 'None' please indicate so:

Date of Incident	Description of Incident	Outcome

## Activity Information

22. If this is an Outdoor Adventure business that is described below check off activities to be insured under this policy. Check all that are applicable. IF YOUR BUSINESS INCLUDES ACTIVITIES NOT LISTED HERE, PLEASE CHECK 'OTHER' AND DESCRIBE BELOW.

<b>Canoeing</b>	<b>Wildlife Viewing</b>	<b>Backpacking</b>
<b>Sea Kayaking</b>	<b>Mountain biking</b>	<b>Ski Touring or Backcountry Skiing</b>
<b>Whitewater Kayaking</b>	<b>Bicycle touring</b>	<b>Top-rope rock climbing or rappelling</b>
<b>Rafting</b>	<b>Snowmobiling</b>	<b>Rock climbing (being different from top-rope rock climbing)</b>
<b>Caving</b>	<b>Day hiking</b>	<b>Mountaineering (being the same as Alpine Climbing)</b>
<b>ATV operations</b>	<b>Mechanized skiing (Heli – Skiing and Snowcat-skiing)</b>	<b>Other</b>

23. Please expand on the description of all operations from above. If #22 above does not describe your activities, please describe your business operations as fully as possible:

\_\_\_\_\_

24. Trails. If your business operations include work on off-road trails in Canada, please advise the nature of your responsibilities for the trails. Ex. Contractor developing trails, user group maintaining trails, organization simply utilizing existing trails.

\_\_\_\_\_

How many kilometers of trails are involved? \_\_\_\_\_ Please detail any responsibilities you have if bridges are involved.

\_\_\_\_\_

25. Please indicate whether you have developed and implemented the following documents, plans, and procedures as part of your overall risk management program:

Trip or Activity Plans \_\_\_\_\_

Guide Emergency Protocols \_\_\_\_\_

Scripted Safety Talk \_\_\_\_\_

Emergency Response Plan \_\_\_\_\_

Post Incident Response Plan \_\_\_\_\_

Client Medical Questionnaire \_\_\_\_\_  
Record Keeping \_\_\_\_\_  
Equipment Inspection, Maintenance, and Replacement Program \_\_\_\_\_

Title Month Day Year

### Desired Coverage Information

26. If you currently have coverage placed elsewhere (not with OASIS):

Current Expiry Date: \_\_\_\_\_

Current Insurer: \_\_\_\_\_

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

Current Premium and limit of coverage: \_\_\_\_\_

27. Effective date of coverage desired: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

28. Commercial General Liability Insurance Limit desired:

\$1,000,000  \$2,000,000  \$5,000,000  More than \$5,000,000 (please specify) \_\_\_\_\_

29. If you require certificates of insurance for third parties, please indicate the name and address of the entity requesting the certificate as well as the reason for the certificate.

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

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited. The Applicants have reviewed contents of this application and acknowledge that all the information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Position of Applicant