



**Commercial General Liability Insurance Application for  
Off Road Vehicle Safety Instructors  
(For Safety Training Purposes Only)**

**OASIS Outdoor Adventure & Sport Insurance Solutions Inc.**  
10020 12<sup>th</sup> Ave, North Battleford, SK. S9A 3A4  
Phone 1.866.979.2747 Fax 1.866.488.6122 [info@oasisinsurance.ca](mailto:info@oasisinsurance.ca)

**Important Notice**

1. This application must be fully completed. All questions must be answered to enable a quotation to be given, but completion does not bind you or Underwriters to enter into any contract of insurance. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed application (and of any other supporting information) for future reference.
2. All facts material to the proposed insurance must be disclosed, fully and truthfully to the best of your knowledge and belief. Failure to do so may make the contract of insurance voidable or severely prejudice your rights in the event of a claim. A material fact is one likely to influence Underwriters' assessment or acceptance of the application; if you are uncertain what may be a material fact, you should consult your broker.
3. The instructor and any participant in a safety training course must maintain valid provincial auto insurance coverages with respect to the off-road vehicle been utilized and subject to the minimum requirements of the province in which you are domiciled.
4. This application is for the Commercial General Liability coverages. It is meant to be utilized strictly along with the signed approved waivers from each participant. If the trainee is a minor the parent or guardian must sign on their behalf or jointly.
5. The instructor may wish to also request the optional quote for "Participant's Accident" coverage. This coverage will pay out despite the waivers that are secured and signed. A charge per anticipated student would apply.
5. A copy of your current Instructor Certification must accompany this application.

**Coverage is not in force until approved**

**Your Broker:**

**Business Information**

Insured Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**Certified Safety Training Instructor Information (complete for each instructor)**

Name of certified Instructor: (Last, First, Middle Initial): \_\_\_\_\_

Date of Birth (Day/Month/Year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address of Certified Safety Training Instructor same as above \_\_\_ or \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

How long have you been instructing the Safety Training courses? \_\_\_\_\_

The Canadian AQCC Safety Institute (**CASI**) 192 Niagara Street, London, Ontario N5W1R6 provides certification for Quad Instructors. If this is where you have certification from please provide your Council Instructor Certification Number: \_\_\_\_\_

If you are **not CASI** certified, please indicate by which organization you became certified including a mailing address, web site and contact or email address. Ex. Canada Safety Council, contact information, as well as provide the Certification Number:

\_\_\_\_\_

Do you have additional Instructors? If so please include their full name and training info below as well:

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

Are you a member of any of the following:

The All-Terrain Quad Council of Canada	Yes ___ No ___
The Motorcyclists Confederation of Canada	Yes ___ No ___
Other motorized off-road organizations	Yes ___ No ___
Name of other organization (if applicable): _____	

## General Operations

Specify which safety training course(s) you provide:

The All-Terrain Vehicle Courses

Yes \_\_\_ No \_\_\_

The Off-Road Motorcycle Courses

Yes \_\_\_ No \_\_\_

The Snowmobile Safety Courses

Yes \_\_\_ No \_\_\_

Other: \_\_\_\_\_

Yes \_\_\_ No \_\_\_

Do you have First Aid Training? \_\_\_\_\_

What is the duration of the Safety Training course? \_\_\_\_\_

What is the normal operating season, in which you offer the Safety Training course? \_\_\_\_\_

Do you provide transportation to and from the Safety Training Site for the participants? Yes \_\_\_ No \_\_\_

If yes, please explain:

Do you supply the participants with any equipment? Yes \_\_\_ No \_\_\_

If yes, please describe items:

Yes \_\_\_ No \_\_\_

Do you rent equipment to the participants? Yes \_\_\_ No \_\_\_

If so, what items?

Yes \_\_\_ No \_\_\_

Are participants required to wear an approved Motorized Vehicle Helmet (DOT, Snell, etc.) at all times when on the safety training site? Yes \_\_\_ No \_\_\_

Are you responsible for the set-up and/or maintenance of the Safety Training Site? Yes \_\_\_ No \_\_\_

If not, please provide the name, address and telephone number of the person(s) responsible.

What is the minimum age of a participant to operate a unit in the Safety Training course? \_\_\_\_\_

If operators are under the age of majority, are all minor participants accompanied by a parent or adult guardian? Yes \_\_\_ No \_\_\_

How many Safety Training courses do you deliver in total, per calendar year? \_\_\_\_\_

What is the maximum number of participants per course? \_\_\_\_\_

List the instructor/participant ratio: \_\_\_\_\_

Do you carry communication devices while instructing the Safety Training course? Yes \_\_\_ No \_\_\_

If so, what devices do you carry? \_\_\_\_\_

Where do you conduct the Safety Training course? Please provide a name, civic address or description of location.

\_\_\_\_\_

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Are there any lakes or rivers or other hazards on the Safety Training Site property? Yes \_\_\_ No \_\_\_

Is the training site specifications within the CASI or Canada Safety Council guidelines? Yes \_\_\_ No \_\_\_

Do you require proof of provincial registration (license) and third party liability insurance on each unit to be used during the Safety Training course, before training begins? Yes \_\_\_ No \_\_\_

Do you require all participants to sign liability waivers before Safety training begins? Yes \_\_\_ No \_\_\_

Do you operate your own vehicle during safety training courses? Yes \_\_\_ No \_\_\_  
If yes, how many units? \_\_\_\_\_

Do you hire or utilize third parties vehicles during safety training courses? Yes \_\_\_ No \_\_\_

If yes, how many \_\_\_ type of vehicle \_\_\_\_\_ average number of days per year \_\_\_\_\_

### **Claims and Incident History including Near Misses**

If you require additional space to record, please include a separate sheet of paper. Be certain to include your name, address and certification number on this sheet of paper.

Describe any claims, incidents in the last five (5) years:

Are there any pending incidents that could produce an insurance claim? Yes / No  
If yes, please provide details:

Have you had any insurance policy previously declined or cancelled? Yes / No  
If yes, please explain:

**Optional Accidental Death & Dismemberment coverage:** Would you also like a quotation for up to \$25,000 AD & D coverage? Yes \_\_\_ No \_\_\_

If "Yes" the anticipated number of students to be trained annually will be: \_\_\_\_\_

The total expected training hours per student will be: \_\_\_\_\_

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 otherwise 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.

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

\_\_\_\_\_  
Date