



GENERAL LIABILITY INSURANCE APPLICATION FOR OFF-ROAD CERTIFIED SAFETY INSTRUCTORS

Important Notice

1. This application must be completed in ink, signed and dated. 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. You are recommended to request a specimen copy of the proposed master policy wording from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the coverage.
4. It is a condition precedent to coverage under any insurance provided that you and any participant in a safety training course maintain valid and collectable liability insurance with respect to the operation of an all terrain vehicle and/or off-road motorcycle with minimum limits of insurance of \$200,000 or the minimum requirements of the province in which you are domiciled whichever is greater. A copy of your policy wording or evidence of coverage must accompany this application.
5. A copy of your current ATV or Off-Road Motorcycle Instructor Certification including your certification number must accompany this application.
6. Applications can be faxed toll free to 1 866 488 6122.

Business Information

1. a. Name of Business:
- b. Name of Contact Person:
- c. Mailing Address of Business:
- d. Phone:
- e. Fax:
- f. Email Address:
- g. Website:

Safety Training Instructor Information

- 2. a. Name of Safety Instructor: (Last, First, Middle Initial):
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- b. Date of Birth (Day/Month/Year):
- c. Mailing Address of Safety Instructor:
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- d. Phone:
- e. Fax:
- f. Email Address:
- g. Website:
- h. Canada Safety Council Instructor Certification Number:
- i. Motorcycle Safety Council Instructor Certification Number:
- j. Are you a member of:
 - The All Terrain Quad Council of Canada? Yes No
Name of affiliated association:
 - The Motorcyclists Confederation of Canada? Yes No
Name of affiliated association:
 - Other off-road organization or association? Yes No
Name:
.....
- k. Association Membership Number:
- l. How long have you been instructing the safety training course?

Course Information

- 3. a. Specify which safety training course you provide:
 - The All Terrain Vehicle Rider Course: Yes No
 - The Off-Road Motorcycle Course: Yes No
 - Other: Yes No
If Yes, provide name of course and governing body and details of course content:
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- b. What is the duration of the Safety Training course?
- c. What is the normal operating season in which you offer the Safety Training course?
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- d. Do you provide transportation to and from the Safety Training Range Site for the participants? Yes No
If Yes, please explain:
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- e. Please confirm participants are required to wear an approved Motorized Vehicle Helmet (DOT, Snell, etc.)?
Yes No

- f. Are you responsible for the construction, set-up and/or maintenance of the Safety Training Range Site? Yes No
 If No, please provide the name, address and telephone number of the person(s) responsible.

- g. What is the minimum age of participants attending a safety training course?
- h. If operators are under the age of majority, are all minor participants accompanied by a parent or adult guardian?
 Yes No
- i. How many safety training courses do you deliver in total per calendar year?
- j. What is the maximum number of participants per course?
- k. List the instructor/participant ratio:
- l. Where do you conduct the Off-Road Safety Training course? Please provide a name, full mailing address, and telephone number of the owner of the property.

- m. Are there any lakes or rivers on the Safety Training Range Site property? Yes No
- n. Are all Safety Training Range Site specifications within the Canada Safety Council (or Other) guidelines?
 Yes No

Vehicle Information

- 4. a. Do you operate your own all terrain vehicle or off-road motorcycle during safety training courses? Yes No
- b. Do you hire or utilize a third parties all terrain vehicle or off-road motorcycle during safety training courses?
 Yes No
 If Yes, specify:
 Type of vehicle:
 Cost of hire: \$.....
 Average number of days hire per annum:
- c. Do you hire or supply all terrain vehicles or off-road motorcycles to participants for use on safety training courses?
 Yes No
 If Yes, please specify type and number of such vehicles you own and utilize in safety training courses:

- d. Do participants use their own all terrain vehicles or motorcycles for use on safety training courses? Yes No
 If Yes, provide details:

Insurance Information

- 5. a. Provide details of your own liability insurance covering the operation of an all terrain vehicle and/or off-road motorcycle.
Insurer:
Policy Number:
Policy Period:
Limit of Insurance:
- b. Do you require proof of provincial registration (license) and third party liability insurance up to a minimum limit of insurance of \$200,000 or the minimum requirements of the province in which you are domiciled whichever is greater on each vehicle to be used during the safety training course, before training begins? Yes No
- c. Do you require all participants to sign the approved Release, Waiver and Assumption of Risk Agreement form(s) before safety training begins? Yes No
- d. Do you require the Accidental Death & Dismemberment insurance provided by a separate Insurance Company, written only in conjunction with participation in this program? Yes No

Claims and Incident History including Near Misses

- 6. a. Describe any claims, incidents or near misses in the last five (5) years:
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- b. Are there any pending incidents or near misses that could produce an insurance claim? Yes No
If Yes, please provide details:
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- c. Have you had any insurance declined or cancelled? Yes No
If Yes, please explain:
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Signed: Name:
(Off-Road Safety Instructor)

Date:

Outdoor Adventure & Sport Insurance Solutions Inc.
1192-100th St., North Battleford, SK. S9A 0V5
Phone 1.866-979-2747 Fax 1.866.488.6122