

Adventure Operators Liability Proposal Form

SECTION 1: **DESIRED INCEPTION DATE:** _____

PROPOSERS DETAILS

1. Proposer Name: _____

2. Business Name: _____

3. Physical Address _____

City _____ Province _____ Post Code _____

4. Mailing Address _____

City _____ Province _____ Post Code _____

5. Telephone # _____ Fax # _____

Email _____ Website _____

6. Business Description: _____

7. Business Establishment date: _____

8. Is Proposer the manager of the Company? Yes No

9. Any changes in Proposers operation in last 12 months?

No Yes (describe) _____

10. Type of Ownership:

Close Corporation Individual Joint Venture
 Propriety Limited Liability (PTY) Partnership Sole Trader

11. Membership Assoc. Affiliation: _____

Association number: _____

**SECTION 2:
COVERAGE INFORMATION**

1. Limits of Liability – Policy includes 1,000,000.00/1,000,000.00 Occurrence/Aggregate

Optional Liability Limits: Increased or Decreased Limits Available (Select box)

- 2,500,000.00
 5,000,000.00
 10,000,000.00
 20,000,000.00
 25,000,000.00
 Other: R_____

2. Gross Annual Turnover: R_____

3. **Coverage Requirements:** Please complete the information requirements as listed in the table below:

COVER	LIMIT OF INDEMNITY
Public Liability	R
Products Liability/Defective Workmanship	R
Jurisdiction Extension EEC	R
Statutory Legal Defence Costs	R
Emergency Medical Expenses	R
Claims Mitigation Costs	R
	R
	R
	R

**SECTION 3:
ACTIVITIES LIABILITY INFORMATION**

1. Please indicate your activities:

Activity	<input type="checkbox"/>	Total Participants	Total Trip Days	Gross Revenue Split (R)
4X4 Tours				
Abseiling				
Acro Branch				
Aerial Boardwalk				
Aerial Cable Tour				
Archery				
Beach Horse Riding				
Big Swing				
Blokart/Land sailing				
Boat Trips (Marine/Inland)				
Bouldering				
Bridge Walking				
Bungee Jumping				
Cable Skiing				
Camel Rides				
Canoeing				
Canopy Tour				
Caving				
Clay Pigeon Shooting				
Coasteering				
Cycle Tours				
Deep Sea Fishing				
Dragon Boat Racing				
Elephant Back Safari's				
Fishing				
Gravel Karts				
Hang Gliding				
Hiking				
Horse Riding				
Horse Safari's				
Houseboat Charters				
Kayaking				
Kloofing				
Kiteboarding				
Kitesurfing				

**SECTION 4:
GEOGRAPHICAL LOCATIONS**

1. Please fill out all the details for all additional Branches or select None: None

<u>Branch Name</u>	<u>Branch Manager</u>	<u>Activities offered at Branch</u>	<u>Total Area of Usage (Km²)</u>	<u>Start GPS Co-ordinates</u>	<u>End GPS Co-ordinates</u>

2. Is alcohol served at any of the Premises? Yes No
 If Yes, Please Name them: _____

3. Are there any Weather Warning and Check Systems in place for Activities (Inland/Marine)? Yes No
 If Yes, Please give details: _____

SECTION 5:
SAFTY PROCEDURES

1. Please List all Guides (Head/Ass't/App)

Name	Certification/Qualification and Experience	Position (Head/Ass't/App)	First Aid Qualification (YES/NO)

2. Please Explain how Guides Certifications, Qualifications and/or Experiences are verified:

3. What Procedures are followed for keeping Equipment in good condition? (With Special consideration to recommendations direct from Manufacturer) _____

4. What Procedures are used to verify Fitness, Medical Soundness or Ability of each and every Participant? _____

5. What Procedures are followed to inform clients about the risks of different activities and the appropriate Safety Equipment? _____
- _____
- _____
- _____
6. Please supply Emergency Evacuation Plans for all Locations and Activities, please also supply a list of Emergency Supplies that are taken to the different Activities. For all Activities please supply a list of Equipment used.
7. Please supply the indemnity form used and signed by each participant for the different types of Activities.

**SECTION 6:
PAST INFORMATION**

1. Has the Proposer ever had Insurance Cover before? Yes No
- If YES, who was the Insurer? _____
2. Have you ever had an insurance claim? Yes No
- If YES, please explain: _____
- _____
- _____

Has any carrier ever cancelled or refused to renew similar insurance coverage?

Yes

No

 If YES, please explain: _____

FRAUD WARNING NOTICES

STANDARD: Any person, who knowingly and with intent to defraud any insurance company or other person, files an applications for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HEREWITH

ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY. THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

Authorized Signature

Date

Print Name