



ALL
INSURANCE
LTD.

All Insurance Ltd.
5203 Industrial Road * PO Box 6383 Station Main
Drayton Valley, AB T7A 1S2
www.allinsure.ca * 1 (780) 448-0100

RESORT APPLICATION

GENERAL INFORMATION		
Name of Applicant (list all legal entities):		
Name of Owners/Managers		
Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
Location Address:		
Summer Mailing Address:		
Winter Mailing Address:		
Main Contact:		
Email:		
Web Site:		
Business Phone:		
Fax:		
Home Phone:		
Cellular Phone:		
Legal Description (i.e.: Lot, Conc., Township, Postal Code)		

PLEASE NOTE THAT IF AN INSURANCE POLICY IS ISSUED SUBSEQUENT TO UNDERWRITERS RECEIPT OF THIS APPLICATION, IT WILL ATTACH TO AND FORM PART OF THE POLICY. COVERAGE UNDER THAT POLICY RELIES ON THE ACCURACY OF THE INFORMATION PROVIDED HEREIN.

- Expiry date of current policy? _____ Expiring Premium: _____
- Has any insurer canceled or non-renewed coverage during the last 5 years? Yes No
If yes, explain: _____
- The applicant is the: Owner Lessee
- Number of years operated by current owners: _____
- Number of years experience for current owners: _____
New Owners must complete the *New Owner Supplement*
- Length of operating season? number of months _____
- Approximate number of guests last season: _____



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M: 780-448-0100
C: 780-915-0035
D: 825-401-6881
Toll Free: 1-888-463-4333

8. List all claims during the last five years (or provide loss history from your current broker): None

Date of Loss	Details/Description of Loss	Amount Paid or Current Reserve

9. What measures have you taken to prevent another loss/claim?

PROPERTY

1. Do you live on site during operating season? Yes No N/A
2. Do you live on site during "off" season? Yes No N/A
If No, does someone inspect the premises? Yes No
If Yes, do you maintain an inspection log? Yes No
3. Is your resort Road Accessible Fly-In Only Boat In Only
If fly-in, do you obtain Certificate of Insurance from the Third Party with your resort listed as an Additional Insured? Yes No
4. Do you belong to an association? Yes No
5. Distance to nearest Fire Hydrant _____ feet N/A
6. Distance to nearest Firehall _____ kms Volunteer or Paid Fire Department
7. Are all buildings equipped with fire extinguishers? Yes No
Are they serviced annually by a qualified technician? Yes No
8. Do you have a deep fat fryer unit? Yes No
If Yes, is there an automatic fire suppression system? Yes No
 - a. Is there an annual maintenance contract for each unit? Yes No
 - b. Do you have Class K wet chemical portable fire extinguisher as backup? Yes No
 - c. Do all deep fat fryers have thermostats? Yes No
9. Do you use propane appliances in any of your buildings Yes No
If Yes, please describe: _____
 - a. Are the propane appliances inspected annually? Yes No
 - b. Are the propane appliances vented to the outside? Yes No
 - c. Are vents kept clean and clear of any hazards? Yes No
 - d. Do you have CO detectors in all buildings with propane appliances? Yes No
 - e. Are your guests provided written instructions on using appliances? Yes No
10. Is your drinking water provided by a municipality? Yes No
If no, describe water source: _____
11. Do you conduct sampling testing? Yes No



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If yes, through which agency? _____

12. Do you maintain a written record? Yes No

13. Is the risk on a river system?

If yes, which body of water is the property it located on? _____

14. Has there been any previous flooding in this area? Yes No

15. Is there a sauna on the premises? Yes No

a. Describe the heat source: _____

b. Was heat professionally installed? Yes No

c. Provide photos of the heat source

d. Indicate on the site map distance from the other buildings and combustibles



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LOCATIONS

Location	Description of Legal Address		
#1			
Accessibility	Road <input type="checkbox"/>	Air <input type="checkbox"/>	Water <input type="checkbox"/>

Location	Description of Legal Address		
#2			
Accessibility	Road <input type="checkbox"/>	Air <input type="checkbox"/>	Water <input type="checkbox"/>

Location	Description of Legal Address		
#3			
Accessibility	Road <input type="checkbox"/>	Air <input type="checkbox"/>	Water <input type="checkbox"/>

Location	Description of Legal Address		
#4			
Accessibility	Road <input type="checkbox"/>	Air <input type="checkbox"/>	Water <input type="checkbox"/>

Location	Description of Legal Address		
#5			
Accessibility	Road <input type="checkbox"/>	Air <input type="checkbox"/>	Water <input type="checkbox"/>

Please list all applicable Mortgagees and or Loss payees: N/A

Mortgagee / Loss Payee#1: (Name & Address):

Mortgagee / Loss Payee #2: (Name & Address):

COVERAGES

- Do you wish to purchase **Business Interruption** coverage? Yes No
- The Resort Program includes **Crime** coverage with a \$1,000 limit.

Do you wish to purchase a higher limit? Yes No
 If Yes, Limit required? \$ _____

3. Do you own or are you responsible for an Automatic Teller Machine (ATM)? Yes No
 If Yes, a. what is the maximum amount of Cash the machine can hold? \$ _____
 b. Where is the machine located? _____
 c. Is the machine bolted down? Yes No
 d. Describe briefly your procedure for filling the machine _____

4. The Resort Program includes **Accidental Death and Dismemberment** coverage with a \$50,000 limit per recipient. Please list the name and age of two recipients for a maximum of \$100,000. Please ask your broker about the cost to add other recipients or increased limits.

Name	Birth Date	Limit

LIABILITY

1. Do you have business activities in the U.S.A other than sales visits? Yes No
 If yes, please describe: _____

2. Description of business activities that are to be insured: _____

3. Please indicate which activities are offered at your facility.

General Store	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Campgrounds	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	# of sites	_____
Propane Dispensary	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Trailer Sites	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	# of sites	_____
Gasoline Sales	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Marina (slip rental)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	# of slips	_____
Land Trampoline	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Marina (engine repair)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	# of boats stored	_____
Water Trampoline	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Marina (boat storage)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Climbing Wall	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Snowmobile Rentals / Tours	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Waterskiing/Tubing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	ATV Rentals / Tours	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Sea Doo Rentals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Child Care Services	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Aircraft Facilities	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Water slide	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> indoor	<input type="checkbox"/> outdoor
Wagon Rides (hired)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pool	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Horse Riding (hired)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Canoe / Kayaking Trips	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Hunting (guided)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Wagon Rides (owned)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Hiking (guided)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Horse Riding (owned)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
House Boat Rentals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Fishing (guided)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Hiking trails	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Ice Hut Rentals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Child Play Area	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Boat & Motor Rentals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

4. Are there any other services or activities offered that are not described above? Yes No
 If yes, please describe: _____

5. Do you or a Third Party offer spa type services at your resort? Yes No

If yes, a Spa Supplemental Application will be required

6. Do you sell fireworks? Yes No

7. Do you provide fireworks displays? Yes No
 If yes, how many per season? _____

Are they carried out by a professional? Yes No

Identify _____

8. Do you hire a Third Party for your snow removal, sanding and salting in the winter? Yes No

If yes, do you obtain a Certificate of Insurance with your resort listed as an Additional Insured

Yes No

7. Provide breakdown of annual **Gross Receipts:**

Cabin/Cottage Rentals	\$ _____
Campground/Trailer Sites	\$ _____
Equipment/Boat Rentals	\$ _____
Houseboat Rentals	\$ _____
Food Services	\$ _____
Liquor Revenue	\$ _____
Gas Sales	\$ _____
Retail Sales	\$ _____
Guiding Revenues	\$ _____
Marina Revenues	\$ _____
Charter Air Revenues	\$ _____
Other (describe):	\$ _____
TOTAL	\$ _____

9. Do you have a swimming area (i.e.: beach, dock or pool)? Yes No

If Yes, is it roped / fenced off? Yes No

Do you have lifeguards on duty? Yes No

Is your 911 address posted? Yes No

If No, are there "Swim at your own risk" signs? Yes No

If you have a pool, please complete the *Outdoor Pool Questionnaire*

10. Do all decks/stairs have hand rails that comply with building code in your area? Yes No

11. Do you own vacant land or other property whereby insurance should be extended? Yes No

If Yes, what is the acreage? _____

What is the location and legal address of this property?

What is the property used for?

12. What changes in operations or construction do you anticipate in the next year? None

13. Do you own, operate or rent watercrafts greater than 10 metres in length? Yes No

14. For seadoos, houseboats, zodiacs or hovercrafts, please complete the *Watercraft Supplement*

15. Please list all additional insureds that need to be added to your policy. N/A

Name and Address	Relationship

POLLUTION

1. Do you have fuel storage tanks containing gas, diesel or oil? Yes No

a) *If Yes, is there a written tank filling procedure containing information to prevent spills and overflows?*

- Yes No
- b) *If Yes, is there a written emergency procedure outlining actions to be taken in the event of a tank leak, spill or overflow?*
- Yes No
- c) *If Yes, how often is volume reconciliation done?* _____

DIESEL/GAS/OIL ONLY

Product Stored	Above ground, Underground or indoors	Capacity in litres	Tank Construction (see codes below)	Age	Single or Double Wall Tank	Leak Detection (see codes below)	High Level Alarm (Yes or No)	Secondary Containment (Yes, No or N/A)

Tank Construction: S = Steel F = Fiberglass
Leak Detection: A = Continuous D = Daily WK = Weekly M = Monthly N = None

2. Describe any on site waste disposal activities (i.e. landfill, ponds, surface impoundment, lagoons, septic system, Leach fields, solvent recovery, incineration etc) Yes No
If Yes, please describe. _____
3. Are there any Government statutes, standards, or other city or provincial regulations for the protection of the environment with which you do not comply? Yes No
If Yes, please describe. _____ 4
4. Are there any charges, directions, stop orders or control orders laid with respect to the protection of the environment? Yes No
If Yes, please describe. _____
5. Have there been any changes in your operation during the past five years that have altered (lessened or increased) the risk of a pollution incident? Yes No
If Yes, please describe. _____
6. Is there existing environmental contamination at any of your leased or owned properties/premises? Yes No
7. List all claims made during the past 5 years for cleanup from the release of any pollutants. None
- _____



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DUTY OF DISCLOSURE

In addition to providing all basic information necessary to enable us to place your risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers. In this respect, you must provide all information relating to the risk, whether favorable or not, which would influence the judgment of a prudent insurer in determining whether he will take the risk, and, if so, for what premium and on what terms. If you do not disclose all such information, insurers have the right to void the policy from its inception, which will lead to claims not being paid.

I/We declare that during the last five years no insurance has been cancelled, declined or refused to issue me/us any form of insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance based upon the truth of the said statement.

I/We may have provide personal information in this document and by other means and I/We may in the future provide further personal information. Some of this personal information may include, but not limited to, my credit information and claims history. I/We 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 purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud and analyzing business results. I/We confirm that all individuals whose personal information is contained in this document have authorized that I/We agree to the above on their behalf.

Insured's Signature: _____

Date: _____

Broker's Signature: _____

Date: _____



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