



**APOS OUTFITTERS LIABILITY QUESTIONNAIRE (2023/24 Policy Term)**

**ALL QUESTIONS MUST BE ANSWERED IN FULL OR APPLICATION WILL NOT BE PROCESSED!**

PLEASE CONFIRM YOU ARE **NOT ENGAGED** IN ANY OF THE FOLLOWING HIGH HAZARD OPERATIONS:

- White Water Rafting / Kayaking / Body Boarding or similar activities;
- Skiing (other than cross country), snowboarding or similar activities;
- Bungee jumping, Zip Lines, Trampolines & inflatables or similar activities;
- Rock / Mountain Climbing, Ice Climbing or similar activities;
- ATV, snowmobile, or motorized operations / tours, not in conjunction with guided hunting operations;
- Any other operation that presents a higher level of danger or increased injury.

**I CONFIRM NO HIGH HAZARD OPERATIONS: Yes  No**

PLEASE CONFIRM ALL CLIENTS SIGN WAIVERS PRIOR TO TAKING PART ANY ACTIVITIES:

**I CONFIRM ALL CLIENTS SIGN WAIVERS: Yes  No**

PLEASE CONFIRM THE MAJORITY OF YOUR OUTFITTING OPERATIONS ARE IN THE PROVINCE OF ALBERTA:

**I CONFIRM THE MAJORITY OF MY OUTFITTING OPERATIONS ARE IN ALBERTA: Yes  No**

APOS OUTFITTER NUMBER(S): \_\_\_\_\_

NAME OF LICENSED OUTFITTER-GUIDE: \_\_\_\_\_

BUSINESS OR OPERATING NAME: \_\_\_\_\_

OWNER(S) OF OPERATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ANY SUBSIDIARY COMPANIES: \_\_\_\_\_

APPLICANT IS A:  Corporation  Partnership  Individual  Other (explain: \_\_\_\_\_)

Do you have a website: Yes No Website Address: \_\_\_\_\_

NUMBER OF CLIENTS TAKEN: Estimated for 2023: \_\_\_\_\_ Last year (2022): \_\_\_\_\_ In 2021: \_\_\_\_\_

OUTFITTING OPERATIONS INCLUDE: **Big Game** Yes  No  **Bird Game** Yes  No  **Fishing** Yes  No

Do you own or use horses in your Outfitting business? Yes No **If Yes** – Do you provide trail riding to the public? Yes No

Please confirm number of horses: Owned: \_\_\_\_\_ Rented: \_\_\_\_\_ Gross Annual revenues from Trail Rides: \$ \_\_\_\_\_



Do you use any of the following in your Outfitting operations:

- Watercraft Yes No Number: Max Speed:
ATV/UTV's Yes No Number:
Snowmobiles: Yes No Number:

Do you do any Outfitting outside your home Province: Yes No IF YES, Details:

Anticipated Gross Receipts for 2022: \$

Are there any Non-Outfitting Revenues? Yes No

IF YES, Please provide anticipated receipts for 2022 : \$ & or details:

DO YOU OFFER ANY OF THE FOLLOWING SERVICES:

- Weddings / Receptions Yes No Number: Annual Gross Revenues (average): \$
Eco Tourism / Tours Yes No Number: Annual Gross Revenues (average): \$
Hiking / Biking Trips Yes No Number: Annual Gross Revenues (average): \$
Watercraft / other Rentals Yes No Number: Annual Gross Revenues (average): \$

DO YOU OPERATE ANY OF THE FOLLOWING:

- A Restaurant, Store or sell Fuel to the public? Yes No Details:
Do you have a Liquor License? Yes No IF YES - Annual Revenues from Liquor Sales: \$
A Lodge, Motel or Campground? Yes No IF YES # of Stalls: Annual Gross Revenues (average): \$
Do you sell fuel to the public? Yes No IF YES: Annual Gross Revenues (average): \$
Any other operations? Yes No IF YES - Please provide details:

Remarks / Comments:

Please provide details of ALL losses in past 5 years: (IF NO CLAIMS IN PAST 5 YEARS - CHECK HERE)

Please note this completed application becomes part of your contract of insurance and by signing below you are certifying all of the questions have been answered accurately and to the best of your knowledge.

SIGNATURE: Date:

Return this completed & signed Application along with a completed APOS 2023 Premium Worksheet by fax to (780) 542-7775 or email to michelle.sheppard@hubinternational.com

PLEASE NOTE: HUB has a zero-tolerance policy for verbal abuse or harassment of employees. Should this occur HUB reserves the right to decline providing any insurance coverage as a result.



**Premium Worksheet for APOS Insurance Program (April 1, 2023/2024)**

NAME OF COMPANY: \_\_\_\_\_  
 NAME OF OUTFITTER: \_\_\_\_\_ APOS # \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEASE NOTE BY DOING YOUR RENEWAL ONLINE THROUGH APOS PORTAL YOU WILL SAVE \$50!**

<u>Hunters taken in 2022</u>	<u>CGL Limit</u>	<u>Indemnity Bond</u>	<u>APOS Premium</u>
<input type="radio"/> 0 - 10 Hunters	\$5,000,000	\$25,000	\$ 665
<input type="radio"/> 11 - 50 Hunters	\$5,000,000	\$25,000	\$ 865
<input type="radio"/> +51 Hunters	\$5,000,000	\$25,000	\$ 1,215
<input type="radio"/> First Year Outfitters	\$5,000,000	\$25,000	\$ 1,315 = \$ _____

**Ancillary coverage MUST be added & additional premium paid for insurance to be extended to non-hunting operations.**

**Non-Outfitting Related Operations Extension** (same premises / equipment as Outfitter-Hunting)  Yes  No

**Details of Operations:** \_\_\_\_\_ Revenues: \$ \_\_\_\_\_  ADD \$ 500

**Additional Company Names** \$125 per additional name to be added = \$ \_\_\_\_\_

Additional Company Name on Certificate: \_\_\_\_\_

**Additional Provinces / Territories** \$50 per additional Province or Territory = \$ \_\_\_\_\_

Additional Provinces / Territories for Outfitted-Hunting operations:  Yes  No Details of Above: \_\_\_\_\_

**Total Premium Due (payable prior to April 01, 2023):** \$ \_\_\_\_\_

Premium to be paid by  Cheque  Money Order  Credit Card  Cash (paid in our office only)

Name on Credit Card: \_\_\_\_\_  Visa  MasterCard

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_

Card Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* All premiums are fully earned at inception of coverage. Premiums include brokerage fees of \$185 + additional coverages fees. \*\*\*

**Please complete this premium worksheet & return with payment. Thank-you!**

[michelle.sheppard@hubinternational.com](mailto:michelle.sheppard@hubinternational.com)

**PLEASE NOTE: Your current policy coverage expires March 31, 2023. To ensure no lapse in coverage members must renew by April 1<sup>st</sup>, 2023.**

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