

## **HUB INTERNATIONAL INSURANCE BROKERS**

DRAYTON VALLEY OFFICE \* (780) 542-3968 Box 5296, DRAYTON VALLEY, AB T7A 1R4 www.hubinternational.com



## **NUNAVUT TOURISM LIABILITY QUESTIONNAIRE (2018/19 Policy**

NAME OF COMPANY:
NAME OF ALL OWNERS OF OPERATION:
MAILING ADDRESS:
LEGAL ADDRESS (not Box Numbers):
PHONE: CELL: EMAIL:
ANY SUBSIDIARY COMPANIES:
APPLICANT IS A: Corporation Partnership Individual Other (explain:)
WHO HAS AUTHORITY TO MAKE CHANGES TO INSURANCE?
DO YOU HAVE WEBSITE:  Yes No Website Address:
DO ALL CLIENTS SIGN WAIVERS?  Yes No If YES—do you keep them on file for 3 years?  Yes No
NUMBER OF CLIENTS TAKEN: Estimated for 2018: Last year (2017):
TOURISM OPERATIONS INCLUDE: Lodging / Wilderness Lodge Restaurant: Alcohol Served Yes No
☐ Hunting ☐ Fishing ☐ Camping / Hiking ☐ Wildlife Tours (on land) ☐ Boating / Watercraft Tours ☐ Canoeing
Kayaking Dogsledding Snowmobile Tours Other (Specify):
ANY NON-TOURISM REVENUES?  Yes No IF YES EXPLAIN:
Do you operate outside of Nunavut:   Yes  No IF YES, Details:
TRANSPORTATION OF CLIENTS:
How are clients transported to & from touring areas?
DO YOU OPERATE ANY OF THE FOLLOWING IN CONJUNCTION WITH YOUR OUTFITTING BUSINESS:  A Restaurant, Store or sell Fuel to the public?  Yes No Details:
Have a Lodge, Motel or Campground?   Yes   No IF YES – Revenues (excluding Outfitted related rentals): \$
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 [])
SIGNATURE: Date:

PLEASE INCLUDE A COPY OF YOUR WAIVER & CONTRACT WHEN RETURNING FORMS TO OUR OFFICE.

Please Return Application by fax to (780) 542-7775 or email to penny.leessmith@hubinternational.com