



**Nova Scotia Trails Federation & SANS (Snowmobiler's Association of Nova Scotia)
Liability Application Form**

IMPORTANT: Those recognized clubs applying for coverage must be a member in good standing of the respective organization. **Proof of landowner permission to operate trail is required with this application.**

Name of Organization:

Mailing Address:

Contact Name: _____ Phone # (_____) _____

Fax # (_____) _____ Email Address: _____

• State the Organization purpose:

• Has the Organization's purpose changed in the past five years or is change planned? Yes No

If so, provide full details:

• Was the Organization formed (and does it operate) as a Non-Profit Organization? Yes No

• Is the Organization a Subsidiary (or partner) of any other Organization or Group? Yes No

If so, provide full details:

Important: If you are a Subsidiary (or partner) of any other Organization or Group, are you added to their insurance as an "Additional Insured with respect to their activities" Yes No

If so, what limit of insurance do they carry \$ _____

• Does your Organization have Subsidiary Organizations, Clubs or Regional Groups? Yes No

If so, how many of these groups are to be insured? _____ (list names below or on a separate page)

Note: If Subsidiary Groups are to be insured on your policy they must each complete their own Application Form which must be reviewed and approved prior to policy issuance.

• Does your Organization actually conduct or provide any organized activities for people other than: Fund Raising, Hiking/Walking, Bicycling, Bird Watching, Naturalist, Photography, Snowshoeing, X-Country Skiing or Trail Promotion/Development/Preservation/Maintenance? Yes No

If so, provide full details:

• The Total Length of the trails in your Trail System (in Kilometres) is: _____ (km)

• Indicate the Trail Uses that are "Allowed" by Signs posted at Trail Heads and Access Points:

- Walk/Jog Bicycling Snowshoeing Skiing Camping
 ATVs Motorized Bikes Snowmobiles Horses Other

If "Other" - Describe:

• Indicate the Trail Uses that are "Prohibited" by Signs posted at Trail Heads and Access Points:

- ATVs Motorized Bikes Snowmobiles Hunting Other

If "Other" - Describe:

• Provide details of the Income Amounts from All Sources projected for Next Fiscal Year (as below):

Memberships Dues \$ _____ Grants/Donations \$ _____



Fund Raising	\$ _____	Hiking/Walking Passes	\$ _____
Bicycling User Passes	\$ _____	X-Country Ski Passes	\$ _____
Dog Sled User Passes	\$ _____	Snowmobile User Passes	\$ _____
Horse Riding User Passes	\$ _____	ATV User Passes	\$ _____
From "Any Other Sources"	\$ _____	Describe "Any Other Sources":	

**Nova Scotia Trails Federation & SANS (Snowmobiler's Association of Nova Scotia)
Liability Application Form**

Bridges, Trestles or Tunnels (Report Bridges and Trestles only if they are over 3 metres in height):
 How many Bridges/Trestles over 3 (m) height? _____ Max. Height _____ (m) Max. Length _____ (m)
 How many of the above Bridges/Trestles have both Decking **and** Side Railings Installed? _____
 How Many Tunnels? _____ Max. Tunnel Length _____ (m)
 If any Bridges/Trestles/Tunnels who is responsible for inspection, engineering and maintenance?

When were they inspected last? _____ Next scheduled inspection?
 Describe in detail any problems noted during latest inspection and remedial actions planned:

• Trail Controls - Describe as indicated below in Full Detail (Use additional pages if required):

1) Safety Patrols (How Many and How Often)

2) Controlled Access (Along the length of the Trail and/or at Key Entry Points)

• Trail Signage - Describe as indicated below in Full Detail (Use additional pages if required):

1) Information Signs Posted (Instructions to Users concerning "Rules of the Road" etc)

2) General Warning Signs Posted (for Hazards from Others - Dogs, Horses, Skiers etc)

3) Specific Warning Signs Posted (for Hazards of Steep Portion, Intersection, Hidden Bend etc)

• Trail Maintenance - Describe as indicated below in Full Detail (Use additional pages if required):

1) Maintenance Patrol (How Often and Procedures for reporting problems)

2) Maintenance Response (Procedures for responding to reported problems)

3) Special Maintenance for Specific Users:

- Maintenance for "Specific Users" done by your Organization (i.e. snowmobilers, skiers etc):

- Maintenance for "Specific Users" contracted out or done by Others:

Important: If any maintenance for "Specific Users" is done by Others", are you added to their insurance as an "Additional Insured with respect to their activities" on any land that you control?

Yes No If so, what limit of insurance do they carry \$



**Nova Scotia Trails Federation & SANS (Snowmobiler's Association of Nova Scotia)
Liability Application Form**

• Organization's Resources:

How many Volunteers does the Organization have? _____

How many Employees does the Organization have? _____

How many Members (including Directors) does the Organization have? _____

• Names of Additional Insureds:

Provide details of any entities required to be added to your insurance as Additional Insureds

(**Note:** these entities will only be added with respect to losses that arise out of your activities).

Full Legal Name

Address

• Insurance History: Has your insurance ever been cancelled or declined? Yes No

If "Y" then explain:

The name of your existing Insurance Company is

Your existing Insurance Policy Number is

When does your policy expire (when would you need coverage to be effective)?

Provide full details of all the Organization's insurance claims during the past five years:

Date of Loss	Description of Loss	Amount Paid

• **Coverages Included**

- 1) \$5,000,000 - Limit of Comprehensive General Liability
- 2) \$ 250,000 - Limit of Forest Fire Fighting Expense

INSURED'S ACKNOWLEDGMENT AND DECLARATION:

I acknowledge the insurance applied for is based on the information provided on this Application Form and that any misrepresentation may render this insurance Null and Void.

I declare the information provided on this Application is accurate to the best of my knowledge and belief and that I am an Authorized Signing Officer of the Organization applying for this insurance.

Signing Officer's Signature: _____ Date Signed: