

Ground Search & Rescue National Program Application



Full Legal Name:	
Mailing Address:	
Phone Number:	
Fax Number:	
Email:	
Website:	

Confirmed approval from Ground Search and Rescue Association :	Yes	No
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Name of Contact Person:	Phone Number:
Contact's Mailing Address:	

Number of Board Members:	Number of Volunteers:
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If any, Number of paid employees:	Average Number of Yearly Searches:
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Full Description of Operations:

Main Operating Territory:

Amount of Operating Budget(Based on expenses excluding Amortization):

Date of Year End:

In the last five years, have you received any enquiry, complaint or notice of hearing from and Provincial or Federal Regulatory Authority? Yes No

If Yes, please explain:

Has the organization and/or its Directors and Officers, or any person(s) for this insurance been involved in or have any knowledge of any pending Federal, Provincial, or local legal actions or proceedings against your Organization and/or its Directors, Officers or any person(s) proposed for this insurance? Yes No

If yes, provide full details:

Have any claims, or facts or circumstances which might possibly give rise to a **Claim, Inquiry or Prosecution** NOT been reported to the current or any previous Directors and Officers Liability Insurance? Yes No

If yes, provide full details:

Date of Last Audit:

Name of Chartered Accountant:

If an Independent C.A. is not used, who is responsible for auditing the books?

Ground Search & Rescue National Program Application

Do you own or use Watercraft?	Yes	No
Do you require liability extended to the Watercraft?	Yes	No
If yes, please provide a full description and value of the craft(s) and describe the ownership, lease or usage agreement:		

Who is responsible for the maintenance?
Where is the watercraft stored when not in use or on a search?

Would anyone have access to this watercraft while it is not being used for a search? Yes No
If yes, explain.

Do you require physical damage to watercraft while waterborne?	Yes	No
Do you Own or Use Snowmobiles or ATV's?	Yes	No
Do you require coverage for these units?	Yes	No
If yes, please provide a full description and value of the unit(s) and describe the ownership, lease or usage agreement along with required coverage:		

Who is responsible for the maintenance?
Where is the unit stored when not in use or on a search?

Would anyone have access to this unit while it is not being used for a search? Yes No
If yes, explain.

Do you have access to Non-Owned Aircraft or landing sites?	Yes	No
Do you have access to Unlicensed or Non-Owned ATVS or Snowmobiles?	Yes	No
If yes, do you require coverage? *see below	Yes	No

***Completing this section does not automatically include coverage for building/premises contents or equipment floater**
Building: Value/Limit is based on building valuation & Quote is subject to exposure as determined by territory mapping. Please advise if you want a quote on a building. Yes _____ No _____
Premises Contents – Limit Required \$ _____
Equipment Floater – Limit Required \$ _____
 All equipment having a value over \$5,000 must be scheduled (supply list if required)

Location Information
Full Address Including Postal Code:

Construction

Stories:	Year Built:	Total Area (sq ft):
Walls:	Basement:	Roof Construction/Covering:
Electrical (Breakers, fuses, both):		
Plumbing (Copper, PVC, etc):		Heating:

Date of Renovations

Electrical:	Plumbing:
Heating:	Roof:

Ground Search & Rescue National Program Application

Fire Protection

Hydrant Distance(ft):

Fire Department Distance(km):

Alarm Protection – If yes, provide details:

Advise of any interested parties (i.e. loss payees, mortgagees)

Name:

Interest:

Mailing Address

Do you provide any of following:

Canine Assistance:

Yes

No

If yes, average number of dog searches per year:

SCUBA Divers:

Yes

No

If yes, do the divers have their own insurance coverage:

Yes

No

Do you use any climbing walls for fundraising purposes:

Yes

No

Air Searches

Yes

No

If yes, please indicate type(s) of aircraft, are they owned or leased for your unit, are they used in conjunction with others. Who maintains coverage during air searches? How many air searches do you average per year? Please describe:

Please specify and describe other non-ground search operations:

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of material fact, in the application or otherwise, shall be grounds for rescission of any policy issued in reliance upon such information.

I hereby declare to the best of my knowledge and belief, the above statements and particulars are true, that I have not suppressed or misstated any material facts and I agree that this declaration shall form the basis of the insurance contract prepared on my behalf by the insurer.

X

Date:

Signature of Chairperson of the Board or President

Ground Search & Rescue National Program Application

Reminder - Please make sure the following is enclosed with your New/Renewal Application:

1. List of names for the Directors and Officers
2. Copy of your latest Financial Statement

Coverage is not bound until you receive binding authorization

Please fax or email this application to your area Insurance Broker

Province: Ontario

Algoma Insurance Brokers Limited

Ryan Bentley

rbentley@algomafinancialgroup.com

200-855 Queen Street East

Sault Ste. Marie, Ontario P6A2B3

Phone Number: (705) 949-6555

Fax Number: (705) 949-3513

Toll Free: (888)525-4662

Province: British Columbia

Shuswap Insurance Brokers

Chuck Melanson

cmelanson@shuswapins.com

PO Box 437, 604 Cliff Avenue

Enderby, British Columbia

V0E1V0 Phone Number: (250)

838-7707 Fax Number: (250)

838-7737

Province: Prince Edward Island

Cooke Insurance Group

Ron Hately rhately@cooke.ca

125 Pownal Street

Charlottetown, **Prince Edward Island** C1A 3W4

Phone Number: (800) 566-5666

Fax Number: (902) 626-3666

Provinces: Alberta; Northwest Territories

Del Fisher Insurance Inc

Robert Klewchuk rob@delfisher.ca

2202 Edmonton Tr. NE

Calgary, **Alberta** T2E 3M5

Phone Number: (403) 230-3811

Fax Number: (403) 276-1058

**Provinces: Nova Scotia; Newfoundland;
New Brunswick**

MacDonald Chisholm Trask Insurance

Stephen McCleave stephen.mccleave@mcti.ca

21 Dartmouth Road

Bedford, **Nova Scotia** B4A3X7

Phone Number: (888) 861-0665

Fax Number: (902) 457-3014

Province: Quebec

Soly, Chabot, Ranger Ltee

Serge Dery sdery@solychabotranger.com

3901 rue Jarry Est., Bureau 200

Montreal, **Quebec** H1Z2G1

Phone Number: (514) 376-8191 x 232

Fax Number: (514) 376-0210

Province: Manitoba

Arthur J Gallagher (Canada) Group

Bryan Miller bryan_mill@ajg.com

300-1400 Jack Blick Avenue

Winnipeg, **Manitoba** R3G 0L4

Phone Number: (204)631-0734

Fax Number: (204)697-3858

Province: Saskatchewan

Saskatoon Insurance Agencies

Karen Pugh kpugh@saskatooninsurance.ca

3126 8th Street East

Saskatoon, **Saskatchewan** S7H 0W2

Phone Number: (306)955-4600

Fax Number: (306) 373-8385