Club Handbook

For:

Quad Riders ATV Association of British Columbia
dba ATVBC

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Prepared by: Rachela Pollock
Acera Insurance Services Ltd.

100-1500 Hardy Street
Kelowna, BC V1Y 8H2

TF: 250 869 3825
E: Rachela.pollock@acera.ca

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Acera INSURANCE

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Section I

CLUB PROGRAM

THIS PROGRAM IS DESIGNED SPECIFICALLY FOR ATVBC QUAD RIDERS ASSOCIATION OF BC, AND ITS VOLUNTEERS AND MEMBER CLUBS IN GOOD STANDING.

The following coverage is provided to all participating ATVBC Quad Riders Association of BC clubs and their Volunteers. The annual program is effective for one year from September 30th each year.

Coverage under the Commercial General Liability policy is not automatically extended to an individual club**. In order to qualify, a new club must have completed a Liability Application a copy of which is included in this Handbook**. Once completed the application must be sent to the ATVBC office who in turn notify Acera Insurance of their membership in the ATVBC.

COMMERCIAL GENERAL LIABILITY

Coverage for Third Party Liability **arising out of bodily injury or property damage from all operations usual to the organization or clubs** (excluding racing or speed events) is provided on a per occurrence basis. Defence costs are provided over and above the limit applicable to the damages. The deductible or reimbursement is $2,500.00 per occurrence.

Special Events that include host liquor are subject to a completed application and additional premium, if any, to be charged.

Race, timed, hill climb, jump or other similar event insurance is available separately. Contact us for more information.

Limit(s) of Liability: *(this is a summary only; please review the policy declarations for details)*

- **$ 5,000,000 for bodily injury or property damage**
  - **Bodily Injury and Property Damage** responds to alleged or actual Third-Party Liability resulting from bodily injury and/or property damage
- **Personal Advertising Injury** includes liability arising out of certain offences committed in the conduct of your operations, including libel, slander, defamation of character, false arrest, and others.
- **$5, 000,000 for Directors & Officer's Liability**
  - **Directors & Officer's Liability** protects the club's directors and officers from personal financial loss that may result from allegations and lawsuits of wrongful acts or mismanagement carried out in their appointed capacity (more info on page 19&20).
- **Tenants Legal Liability** is legal liability for injury to or destruction of property leased to or occupied by the club, subject to a sub-limit of $ 2,000,000

- **Non-Owned Automobile Liability** provides contingent liabilities for the club only, related to the use of non-owned automobiles, whereby the club is found to be negligent and therefore financially responsible for compensation or damages related to an accident. $5,000,000.00 limit
- **Medical Payments** may be voluntarily reimbursed by the Club to a person who sustains bodily injury arising out of an accident due to a condition on the Insured's premises or resulting from the Insured's operations. These can include all reasonable medical, surgical, x-ray, dental, ambulance, hospital, professional nursing, and funeral services expense incurred within one year from the date of the accident subject to a limit of $ 5,000 any one person with a max of $25,000 per claim.

Additional Policy Extensions

- **Broad Definition of Insured** including volunteers and casual labour acting within the scope of their duties for the ATV Club.
- **$ 2,000,000 Forest Fire Fighting Expense**
    - Forest Fire Fighting Expense covers for cost and expenses for controlling and extinguishing forest fires which you are obligated to pay by reason of liability imposed upon you by any law, ordinance, or regulation.
- **$ 1,000,000 Limited Pollution 120Hours**
    - Limited Pollution coverage is also known as "sudden and accidental pollution coverage." It is designed to cover incidents of sudden pollution that occur within insured premises. These need to be detected within 120 to 240 hours (and reported immediately) for coverage to be valid.

Policy Warranty

- **Endorsed:** The Stewardship Partner Insurance Program (Rec & Trails BC) policy will be the first to respond should a claim/loss occur on covered trail; Acera policy will be secondary. However, if the trails are not under the Rec & Trails BC Contract then the Acera policy will be first to respond.
- **Guests:** Note that guest rides are permitted 3 times; after this an ATVBC membership must be purchased, and ideally, where possible a Club membership as well.

ADDITIONAL INSURED REQUESTS

1. ADDITIONAL INSURED REQUESTS. It is necessary to arrange to have a landowner added as an "additional Insured". The procedure is to send a request to Vanessa Davidsen at vanessa.davidsen@acera.ca. You must include a copy of any land agreement with your request along with a completed name and address of the party requiring to be added as an additional insured.

2. It is vitally important that waivers are signed by all participants apart of ATVBC Clubs. Having waivers signed is a fantastic risk mitigation tool and can have the ability to save the club from frivolous and unnecessary claims. **It is** very i**mportant to keep copies of signed waivers indefinitely.** Submit signed paper waivers to ATVBC for record keeping here: https://atvbc.ca/wp-content/uploads/atvbc-waiver.pdf or have members and event/ride guests sign a waiver online here: https://atvbc.ca/resources/waiver/waiver-online/

3. Incident reports should be kept for any incident involving Injury or Property damage to a third party or event participant. Copy of the ATVBC incident report is attached to this handbook. Submit copies of completed incident reports to ATVBC at: executivedirector@atvbc.ca

4. All claims are subject to the deductible or reimbursement of $2,500.00. What does this mean? That ATVBC or member club pays the first $2,500 for any claim submitted to the Insurance Company.

****

The Quad Riders ATV Association of British Columbia dba ATVBC's General Liability policy covers liability that arises from trail maintenance & club activities, premises liability, and includes fund raising event liability including non- race ATV events such as poker runs or rides, along with all of the usual operations of an ATV club, like meetings, work parties, ticket sales, etc. Special events must be reviewed and may in some cases require additional underwriting information.

Any questions? Please call your ATVBC insurance broker Rachela Pollock at 250.869.3825

ACCIDENT BENEFITS INSURANCE

This policy is designed to provide Accident Insurance protection for a Director, Employee or Volunteer of either ATVBC or a Member Club who is hurt while performing their duties for the club. ATVBC provides coverage for Directors, Officers, and volunteers for each club. **Please note that this is a secondary coverage, and a claim must first be placed through an individual's primary insurer. Should the individual not have a primary coverage or primary coverage be exhausted the claim can be sent to the insurer for review.**

The policy covers trail maintenance, event or work party Volunteers, Directors, Employees and Volunteers while travelling to and from meetings, Employees at their workplace, in fact whenever an insured person is working on ATVBC or Member Club business they would have this coverage. Significantly, the policy also includes operation of an ATV while conducting the business of the insured organization.

Important note: A person is covered only while performing duties assigned and authorized by a member club. Volunteer activities should be outlined in the club minutes and a list of authorized volunteers should be compiled along with the duties they are authorized to perform. Without proper authorization of volunteers and their duties, if an Insured Person does a chore on his own without any assignment/authorization by the member club according to the policy wordings an injury or death would not be covered.

$100,000 per person limit for Directors, Employees and/or Volunteers under age 80 (except weekly accident indemnity)

- $100,000 Accidental Death & Dismemberment*
- Limits for loss of limb or eyesight, etc. See page 6 for details.
- $500 per week (from the 15th day for 26 weeks but only if employed under the age of 70) Weekly wage replacement for a Director/Employee/ Volunteer who is hurt and off work for more the 15 days.*
- $10,000 Accident Reimbursement, Repatriation, Rehabilitation*
- $1,000 Dental injury*

**Terms apply*

ACCIDENT BENEFITS Continued

Specific Loss Accident Indemnity

When Injury results in any of the following losses within three hundred and sixty-five (365) days after the date of the Accident, the Insurer will pay:

For Loss of	
Life	the Principal Sum
The Entire Sight of Both Eyes	the Principal Sum
Speech and Hearing in Both Ears	the Principal Sum
One Hand and the Entire Sight of One Eye	the Principal Sum
One Foot and the Entire Sight of One Eye	the Principal Sum
The Entire Sight of One Eye	Three-Fourths of the Principal Sum
Speech	Three-Fourths of the Principal Sum
Hearing in Both Ears	Three-Fourths of the Principal Sum
Hearing in One Ear	Two-Fifths of the Principal Sum
All Toes of One Foot	One-Third of the Principal Sum

For Loss or Loss of Use of	
Both Hands	the Principal Sum
Both Feet	the Principal Sum
One Hand and One Foot	the Principal Sum
One Arm	Four-Fifths of the Principal Sum
One Leg	Four-Fifths of the Principal Sum
One Hand	Three-Fourths of the Principal Sum
One Foot	Three-Fourths of the Principal Sum
Thumb and Index Finger or at Least Four Fingers Of One Hand	Two-Fifths of the Principal Sum

For Paralysis of	
Both Upper and Lower Limbs (Quadriplegia)	One Times the Principal Sum
Both Lower Limbs (Paraplegia)	One Times the Principal Sum
Upper and Lower Limbs of One Side of Body (Hemiplegia)	One Times the Principal Sum

Comprehensive wording and limits available on request as the above is an overview.

IN THE EVENT OF AN INJURY TO A VOLUNTEER

REMEMBER: An incident report must be submitted to Acera Insurance claims department and ATVBC as soon as possible. See page 14 & 15.

Section II

OPTIONAL CONVERAGE

EXCESS UMBRELLA LIABILITY

Providing higher limits of liability over and above the $ 5,000,000 Commercial General Liability coverage as previously described. The Excess Liability coverage is provided on a follow form basis, including Automobile. Please contact Rachela Pollock at Acera Insurance directly with a request for higher limits, if needed.

PROPERTY INSURANCE

The Property section of the program insures the physical loss or damage to buildings, contents, and mobile equipment. The scope of coverage is what is commonly referred to as "**All Risks**", subject to certain exclusions. The perils of Flood or Earthquake are included subject to a specific deductible, depending upon your location.

Limit(s) of Liability:

The amount you declare as the total actual cash value of all property of every description you wish to insure.

ATVBC CLUB PROPERTY INSURANCE APPLICATION (Optional Coverage)

Complete this form for a quote on your buildings, or equipment.
The form is used for underwriting purposes only and does constitute a contract for insurance. We will always ask for your written instructions prior to arranging coverage.

Club Name_____

Address_____**City**_____**, BC Postal code**_____

Contact _____

Phone_____ **Fax**_____

Email _____

Do you require insurance on the following property?

- Building(s) Yes ☐ No ☐
- Office Equipment Yes ☐ No ☐
- Field Equipment Yes ☐ No ☐
- Other (describe) _____

_____

Give construction details of the building(s) you occupy:

Physical Location: _____

Fire Protection:

☐ Hydrant Protected distance from hydrant_____

☐ Fire Hall Protected (distance from Fire Hall)_____

☐ Unprotected

Number of stories: _____ Building Age_____

Do others use the building? If so, describe their activities: _____

_____

Wall Construction: _____ Roof Construction: _____

Heating system used: _____ **ULC** or **C.S.A approved Yes** ☐ **No** ☐

Burglar Alarm system? Yes ☐ No ☐

(If yes, describe): _____

LOSS INFORMATION FOR THE LAST 3 YEARS:

DATE OF LOSS	DESCRIPTION	AMOUNT PAID OR RESERVED
_____	_____	_____
_____	_____	_____

SCHEDULE OF EQUIPMENT

YEAR	MAKE	MODEL	SERIAL #	VALUE OF MACHINE

Section III

CLAIMS REPORTING

In the event of a claim, call 1 888 670 1877.

All claims or incidents that may generate a potential claim should be reported to Acera Insurance Claims Department and ATVBC as soon as possible. The telephone and fax numbers are also included on the enclosed Incident Report form.

If you have an Accident Benefits claim, you can call for the insurance company directly for the proper form. **Call SSQ Assurance at 1 800 665 8592 and quote your policy number.**

In the event of a property claim, do whatever is necessary to protect the property from further damage and do not throw anything out since the Adjuster may need to inspect damaged items when reporting to the Insurers. If you have suffered a loss through theft or dishonesty, call the police at once.

If an incident occurs which may give rise to a liability claim, make sure the injured person receives immediate first aid. If necessary, call an ambulance. Do not admit liability since legal liability is a complex matter. If you receive a letter from a lawyer, or a claimant, or anyone else regarding a claim, or any court forms (such as a Statement of Claim), send them immediately to the Acera Insurance Claims Department.

atvbc@atvbc.ca
rachela.pollock@acera.ca

INCIDENT REPORT (GENERAL) PART ONE

1. **All claims should be reported by telephone to 1.888-670-1877 as soon as possible. This step is crucial to the identification of emergency situations in which quick action by qualified authorised personnel can act to reduce or even eliminate losses.**

2. **A completed Incident Report form must then be forwarded for every potential claim. Fax to 1 888 822 6115 with attention to the Acera Claims Department.**

3. **Make sure a blank copy of this form is available in the organization's office and at any events and always keep a copy of the completed Incident Report form for your records.**

(SECTION A) GENERAL INFORMATION			
Name of Insured/Location		Date of Loss/Injury/Incident	
Address	Town/City	Province	Postal Code
Address where loss/injury occurred	Town/City	Province	Postal Code
Name of person filing report (print)	Position (if applicable)	Daytime Phone No. ( )	
Alternate Contact Person's Name	Position (if applicable)	Daytime Phone No. ( )	

(SECTION (B)) INCIDENT REPORT PARTICULARS	
Policy number	Certificate number

☐ Forest Fire ☐ Fuel Spill ☐ Crash ☐ Crime ☐ Other (Specify)

Provide a brief synopsis of the incident, describing damage and including date and time, circumstances and estimate.

Date	Signature

POLICE OR FIRE (IF APPLICABLE)			
Fire Chief's/Police Officer's Name	☐ Police ☐ Fire	Division/Badge No.	Phone No. ( )

WHAT YOU CAN DO TO ASSIST

1. **Protect your property from further damage. For example:**
   a) Install temporary covering to the building if exposed to the elements
   b) Move equipment to an unaffected area of the premises
2. **Do not throw anything away. Make certain relevant items are kept for examination.**
3. **If possible, obtain photographs of the site of the accident, fire, or other loss.**
4. **In the event of theft or dishonesty, call the police at once.**

COMPREHENSIVE GENERAL LIABILITY INCIDENT REPORT (PART TWO)

(SECTION C) PARTICULARS

This incident involves: ☐ Bodily Injury/Personal Injury ☐ Damage to Third Party's Property by Insured
Is there more than one claimant: ☐Yes ☐No If yes, complete and incident report for each claimant!
Was there alleged to be a hazardous condition causing the incident? ☐Yes ☐No If yes describe:

What was the claimant doing immediately before the accident occurred?

Did the claimant's actions cause or contribute to the incident? ☐ Yes ☐ No If yes, how?

Was another person alleged to have caused the incident? ☐Yes ☐No If yes, who?

Name	Address	Daytime Phone No. ( )

INCIDENT DETAILS

Description of Incident (Also describe the location within premises or beyond premises where it happened):

COMPLETE THIS SECTION IF PERSON(S) INJURED

Name of Person Injured	Age (Approximate)	☐ Male ☐ Female	Guardian if Minor
Address	Town/City		Daytime Phone No. ( )
Occupation	Employed by		Daytime Phone No. ( )
Nature and Extent of Injury	Was medical treatment required? ☐Yes ☐No	Treatment ☐ by Doctor ☐at Hospital ☐None Required	

WITNESSES (VERY IMPORTANT). ATTACH A SEPARATE LIST IF NECESSARY.

Name	Address	Daytime Phone No. ( )

Additional Remarks

PLEASE ALSO COMPLETE SECTION A / SIGNATURE OF PERSON COMPILING REPORT

Date	Signature

WHAT YOU CAN DO TO ASSIST

1. **Do not admit liability. Legal liability is a complex matter.**
2. **Make sure that any injured person receives immediate first aid. Call an ambulance if necessary.**
3. **It is vital that any letter from a claimant or lawyer, or court forms be sent immediately to the Acera Insurance Claims department.**

Section IV

ATVBC CLUB SPECIAL EVENTS AND/OR OTHER FUNCTIONS QUESTIONNAIRE

Please complete ONLY for events that are unusual to normal operations including *racing or speed events* and require insurance for that event. Please attach a copy of any applications, brochures or promotional material used in advance, as early as possible prior to the event for coverage to be provided.

SPECIAL EVENTS are defined as events not normally held in conjunction with the usual activities of the organization. Only those events that are new or unusual such as, trade shows, conventions, major fund-raising social events including dances; etc.
Special Events are not committee or board meetings, annual general meetings or normal functions of the organization such as trail maintenance & management as well as ATV rallies or rides.

Description of event/function:

Date(s) of event/function: _____ Number of participants: _____

This event has been held for ___ years

Are food/non-alcoholic beverages available? Yes ☐ No ☐

If so, by whom? _____

Is liquor available? Yes ☐ No ☐

If yes, by whom? _____ Projected gross sales $ _____

Provide copy of liquor permit.

How are spectators determined? Numbered Tickets ☐ Turnstile ☐ Other ☐

If series of events, estimated number of events annually: _____

Are Emergency Procedures in place? Yes ☐ No ☐

If yes, attach a copy of these Emergency Procedures.

Is First Aid Available, and if so, provided by_____

Please describe who is responsible for:

- ❑ Security _____
- ❑ Concessions _____
- ❑ Medical Staff _____
- ❑ Maintenance and Housekeeping _____
- ❑ Parking _____
- ❑ Completed by _____ Date _____

SECTION IV Continued

SPECIAL OCCASION HOST LIQUOR LIABILITY APPLICATION

Only required if the event you are organizing requires a liquor permit to operate.

1. Name of Applicant/Named Insureds/Permit Holder:
   _____

2. Mailing Address:
   _____

3. Contact Name: _____Phone No. _____

4. Describe Event and Location
   _____

5. Policy Period starts one hour before event (function). Maximum policy period 24 hours:
   From Date: _____ Time: _____ A.M. P.M.
   To Date: _____ Time: _____ A.M. P.M

6. Who is designated to handle the following?

   a. Impaired patrons who arrive at your function _____
   b. Patrons who have become visibly impaired at your function _____
   c. Patrons who fight _____
   d. Patrons who become disruptive and abusive _____

7. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured.
   _____

8. What is your experience producing this type of event?

   _____

   _____

9. Liquor Permit No. _____ Capacity applied for (# of patrons): _____

10. Number of people at function? _____

    _____ $1,000,000 Liquor Liability or _____ $2,000,000 Liquor Liability

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

Authorized Signature: _____ Position: _____

Please Print Name _____ Date: _____

For race events or other special events such as ATV Poker runs or rallies please call for the correct application.

Please note: The policy available for race events requires at least 3 weeks to process as each event is considered separately and must be approved by the underwriter before coverage can be arranged

Section V

HOW TO OBTAIN A QUOTATION

For quotations on Club assets, or other club insurance requirements, please contact our insurance broker Rachela Pollock at:

Acera Insurance Services Ltd
100 - 1500 Hardy Street
Kelowna, BC, V1Y 8H2

STEPS

1. Complete the Application/Survey Form(s) for the specific coverage you are requesting.
2. Most applications you require are included with this package.
3. Submit the completed application to the address noted above by mail or fax.
4. Please keep a duplicate copy for your file.
5. Upon receipt and review of the quotation, you may accept the quotation as outlined.
6. Coverage is in force only when written instructions to proceed are received by Capri.
7. All accounts will be prepaid unless alternate arrangements are made.

Direct: 250 869 3825
Fax: 250 860 1213 | **Toll Free:** 1 888 822 6115
Email: Rachela.pollock@acera.ca
Website: www.acera.ca