

**NEW CLUB INSURANCE APPLICATION****General Information:**OFFICIAL NAME OF ORGANIZATION (NO ABBREVIATIONS PLEASE)  
\_\_\_\_\_LOCATION/ADDRESS OF HEADQUARTERS:  
\_\_\_\_\_MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_

DATE OF INCORPORATION: \_\_\_\_\_ TELEPHONE NUMBER(S): \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CLUB JOINED THE ATVBC ON: \_\_\_\_\_

NAMES OF OFFICERS: PRESIDENT \_\_\_\_\_

SECRETARY \_\_\_\_\_

TREASURER \_\_\_\_\_

TOTAL # OF DIRECTORS &amp; OFFICERS \_\_\_\_\_ # OF VOLUNTEERS AT LARGEST EVENT \_\_\_\_\_

REVENUES: NO. OF MEMBERS \_\_\_\_\_

DONATIONS \_\_\_\_\_

FUND RAISING EVENTS \$ \_\_\_\_\_

OTHERS \$ \_\_\_\_\_

TOTAL ANNUAL REVENUE \$ \_\_\_\_\_

**LOSS INFORMATION FOR THE LAST 3 YEARS:**

DATE OF LOSS	DESCRIPTION	AMOUNT PAID OR RESERVED
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_____	_____	_____
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_____	_____	_____
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LENGTH OF TRAIL(S) THAT YOU ARE RESPONSIBLE FOR UNDER REC SITES &amp; TRAILS BC : \_\_\_\_\_ KM

Volunteers using a chainsaw are required to be certified. please forward proof of certification with application



# ATVBC Quad Riders Association of BC Club Handbook

LENGTH OF TRAIL(S) THAT YOU ARE RESPONSIBLE NOT THE ABOVE CONTRACT: \_\_\_\_\_KM

Are users required to cross any public highways? Yes  No

If yes, please explain: \_\_\_\_\_

Are signs posted to identify assumption of risks? Yes  No

If yes, please explain: (i.e., "use at own risk" \_\_\_\_\_

Do persons using the trails sign Waivers? Yes  No

*If yes, provide copy of Waiver.*

Does your organization engage in any other business operations under the name of the Insured as will appear on the policy?

Yes  No

If yes, please explain: \_\_\_\_\_

Please provide details of your club operations and activities including any regularly scheduled meetings, annual fund raisers, trail rides, etc. (attach list if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Contact List of Club Officers, Directors and committee chairs (attach list if necessary):

Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ postal \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ postal \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_