



AEE Insurance Program Application



Important: This is not a binder.

I. Eligibility

Organizations eligible to apply for AEE's Insurance Program are AEE organizational members that provide experiential education programs or services. The mission of the Association for Experiential Education is to develop and promote experiential education. The Association is committed to support professional development, theoretical advancement, and evaluation of experiential education worldwide.

II. Applicant Information. All questions must be answered and all requested information provided to complete your application. If a question does not apply, mark it "N/A." Attach additional sheets if necessary.

Date Prepared: _____ AEE Organizational Membership Number or Username: _____

Name of insured as it is to appear on policy: _____

Doing Business As: _____

Owner/Director: _____

Contact Person and Title: _____

Mailing Address: _____

City _____ State: _____ ZIP: _____

Physical Address (if different from above): _____

City _____ State: _____ ZIP: _____

Phone: _____ FAX: _____

E-Mail: _____ Website: _____

Gross Revenue: \$ _____

III. Insurance Information

Current Insurer: _____

Current Insurance Agent: _____

Current Insurance Agent Work Phone: _____

Current Policy Expiration: _____ Current General Liability Premium: \$ _____

Proposed Effective Date of New Policy: _____

Deductible Requested: \$1000.00, \$2500.00, \$5000.00, Other

1) Have you ever had general liability insurance cancelled or non-renewed? Yes, No

2) Briefly describe all general liability claims, regardless of fault, that have occurred within the last five years. Include the amount paid, and the date paid. If none state "none."

3) Are you aware of any potential claims that might be made against your organization? Yes, No

4) Have all prior claims, or potential claims, been reported to your current or former insurance carrier? Yes, No

5) Please attach a copy of your five year currently valued loss history.

IV. General Information

1) What is the form of business of the applicant organization?

Sole proprietorship, Partnership, Corporation, Other, explain.

2) Briefly describe the organization and its programs.

3) How many years has the organization/program been in operation?

4) How many years under current ownership and/or management?

V. Human Resources

1) Number of employees: full time: _____ part time: _____ seasonal or temporary: _____.

2) Number of independent contractors (subcontractors): _____.

3) Please describe the services provided by independent contractors.

4) Does the organization have a written application form for employment? Yes, No

5) Does the organization have written expectations regarding minimum qualifications, competencies, and/or skills of staff? Yes, No

6) Does the organization have current, written job descriptions for all key positions? Yes, No

7) Does the organization have a training program in place for all staff? Yes, No

8) Please provide a list of staff training topics covered in the last twelve months.

9) Briefly describe how essential employee competencies and skills are assessed. How often?

VI. Experiential Education Activities

1) What areas of experiential education practice has your organization been involved with in the last year or will your organization be involved with in the next year (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Adventure Education | <input type="checkbox"/> K-12 Education |
| <input type="checkbox"/> Arts Education (Visual Arts, Drama, Dance, Music, etc.) | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Corrections Programming | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Cultural/Cross Cultural Education | <input type="checkbox"/> Service Learning/Service Projects |
| <input type="checkbox"/> Environmental/Wilderness Education | <input type="checkbox"/> Therapy/Therapeutic Programming |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Travel/Tourism |
| <input type="checkbox"/> International Programming | <input type="checkbox"/> Other, please explain below: _____ |
| <input type="checkbox"/> Internships | |

2) Check all adventure activities that your organization/program has conducted in the last year or will conduct in the next year, with corresponding number of participant days by activity (days of activity x number of participants = participant days). Please note that coverage may not be available for all activities.

Land-Based Activities

- Hiking and Backpacking _____ Participant Days
- Camping _____ Participant Days
- Initiatives _____ Participant Days
- High and Low Challenge Courses _____ Participant Days
- Orienteering/Map & Compass _____ Participant Days
- Bicycle Touring _____ Participant Days
- Mountain Biking _____ Participant Days
- Indoor Wall Climbing _____ Participant Days
- Bouldering _____ Participant Days
- Top Rope Rock Climbing _____ Participant Days
- Rappelling _____ Participant Days
- Lead Climbing _____ Participant Days
- Multi-Pitch Climbing _____ Participant Days
- Mountaineering _____ Participant Days
- Glacier Travel _____ Participant Days
- Snow and Ice Climbing _____ Participant Days
- Caving _____ Participant Days

- River Crossing _____ Participant Days
- Snowshoeing _____ Participant Days
- Cross Country & Back Country Skiing _____ Participant Days
- Horseback Riding & Animal Packing _____ Participant Days
- Expeditions and Remote Wilderness Travel _____ Participant Days

Water-Based Activities

- Flat Water Canoeing & Kayaking _____ Participant Days
- White Water Canoeing & Kayaking _____ Participant Days
- River Rafting _____ Participant Days
- Sea Kayaking _____ Participant Days
- Sailing _____ Participant Days
- Swimming _____ Participant Days
- Snorkeling _____ Participant Days
- Scuba Diving _____ Participant Days
- Other, please explain below: _____

3) Provide the total number of participant days conducted by your organization/program per year?

VII. Participant/Client Profile(s)

1) Please check the types of participants your organization/program serves:

- | | |
|---|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Corporate/Business Groups |
| <input type="checkbox"/> Female | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Infants/toddlers | <input type="checkbox"/> Educators |
| <input type="checkbox"/> Elementary/Primary School Students | <input type="checkbox"/> Families/Couples |
| <input type="checkbox"/> Middle/Junior High School Students | <input type="checkbox"/> General public |
| <input type="checkbox"/> Upper/High School Students | <input type="checkbox"/> Gifted/Talented |
| <input type="checkbox"/> College/University Students | <input type="checkbox"/> Military |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Therapy clients |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Medical patients |
| <input type="checkbox"/> Adjudicated Youth | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Adjudicated Adults | <input type="checkbox"/> Youth-at-risk |
| | <input type="checkbox"/> Other, please explain below: |

2) Please provide a general description of the client population(s) your organization or program serves.

VIII. Management and Operations Practices

- 1) Does your organization engage in any periodic external risk management reviews? Yes, No
- 2) Does your organization engage in a periodic external financial audit? Yes, No
- 3) If your organization owns or operates a challenge course, please provide a copy of the inspection report conducted within the last twelve months by a qualified inspector.
- 4) If your organization is involved in adventure programming, does your organization have an equipment inspection regime in place for all critical safety equipment? Yes, No
- 5) Does your organization have any marketing material that is provided to clients or the public? Yes, No
If so, please provide copies of any printed marketing or informational material.
- 6) Does your organization have a written emergency response plan in place for all operations and activities? Yes, No
- 8) Does your organization have written policies, procedures and/or practices in place for all activities? Yes, No
- 9) Does your organization have a supervisory plan in place for all activities? Yes, No
- 10) Does your organization program have explicit instructional ratios for all activities? Yes, No
- 11) Does your organization/program provide for, or have expectations regarding, adequate nutrition and hydration for participants? Yes, No
- 13) Does your organization or program use legal instruments such as releases, waivers, assumption of risk documents, indemnity agreements, or other related documents? Yes, No
If so:
 - A. have the documents been reviewed by an attorney, licensed in your jurisdiction? Yes, No
 - B. name of attorney who reviewed the waiver: _____
 - C. date waiver last reviewed or revised: _____
 - D. are these documents signed by all participants under all circumstances? Yes, No
 - E. do parents or legal guardians sign waivers if participants are under the age of 18? Yes, No
 - F. describe how these documents or records are maintained: _____

 - G. please provide copies of these documents.
- 15) Is your organization involved in any legal or legislative actions or activities? Yes, No
If so, please provide information regarding these actions or activities.

IX. Attachments

- 1) A copy of your five-year currently valued loss history. Attached
- 2) Copies of resumes or curriculum vita of key personnel. Attached
- 3) A list of staff training topics covered in the last twelve months. Attached
- 4) A copy of any challenge course inspection reports conducted within the last twelve months. Attached
- 5) Copies of any printed marketing material provided to clients or the public. Attached
- 6) Copies of any legal instruments in use such as releases, waivers, assumption of risk documents, indemnity agreements, or other related documents. Attached
- 7) Any requests for certificates of insurance or additional insured certificates (requests for additional insured's incur an additional fee). Attached

X. Agreement

- 1) The Association for Experiential Education and/or the underwriter reserves the right to reject an organization’s Insurance Program Application if it determines that the organization or a program of the organization is not eligible or does not meet the underwriting criteria;
- 2) The organization will maintain a current membership with AEE;
- 3) The organization agrees to pay all fees within thirty (30) days of invoice or the membership, and related insurance coverage, is subject to cancellation.
- 4) Membership fees are assessed annually and are subject to change without notice.
- 5) Insurance premiums will be assessed separately from membership fees.
- 6) The organization agrees to report any significant or noteworthy incidents or events to the Association for Experiential Education in a timely manner.
- 7) The organization agrees to submit an insurance program application annually.

XI. Attestation and Signatures

I understand that the information contained in this application will be relied upon by AEE, the underwriter, and the insurer, in determining whether to enter into an insurance contract with the same insured. I understand that this application will become part of the insurance contract entered into, and that any material misrepresentation or omission in this document, or any attachments, will be grounds for rejection of this application. Furthermore, any material misrepresentation or omission in this document, or any attachments, regardless of the time elapsed before discovery, will be grounds for the insurer to rescind the policy and all insurance coverage. I authorize AEE, the underwriter, the insurer, or the insurer’s agent to take the necessary steps to verify the information contained in this application.

Applicant’s Name

Applicant’s Signature

Date

Please return completed copies of your Application and attachments to:

Patricia Hammond
Association for Experiential Education
3775 Iris Ave., Ste. 4
Boulder, CO 80301-2043
USA

Cameron S. Allen
Stratus Insurance Services, Inc.
947 South 500 East, Ste 301
American Fork, UT 84003
USA

**REQUEST FOR CERTIFICATE OF INSURANCE/
ADDITIONAL INSURED CERTIFICATE**

Named Insured: _____

Address: _____

City _____ State: _____ ZIP: _____

Phone: _____ FAX: _____

E-Mail: _____ Website: _____

1. Request is for:

- Certificate of Insurance
- Additional Insured (\$150 charge)
- Blanket Additional Insured (\$250 charge)

2. Describe your relationship with the entity listed below.

- Client
- Landlord
- Other: _____

3. Give exact name and address of certificate holder as it should appear on the certificate. This information will also be used to mail the certificate.

Entity: _____

Person's Name: _____

Address: _____

City _____ State: _____ ZIP: _____

Phone: _____ FAX: _____

E-Mail: _____ Website: _____

Date(s) of Event: _____

Print Name: _____

Signature: _____ Date: _____

(Must be signed by the Insured)