



SNOWMOBILE TOUR SUPPLEMENTAL APPLICATION*

*to accompany General Application

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address
The liability waiver/hold harmless agreement you require your guests to sign, if applicable
Three (3) years hard copy Loss Runs. If unavailable, provide a no loss letter signed by the insured
ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.).

GENERAL INFORMATION

Named Insured:
Principal Contact:
Mailing Address:
Location Address (important):
Location County:
Phone Number: Fax Number:
Effective Date: Website: www.
Business Form: Corporation Partnership Individual LLC Other:
FEIN or SSN:
Limit of Liability Requested: \$500,000 Occurrence/\$1,000,000 Aggregate
\$1,000,000 Occurrence/\$2,000,000 Aggregate

OPERATIONS INFORMATION

- 1. What is the total number of snowmobile machines available for guest use or rental?
2. Of these machines, please note the following:
a) What is the highest cc machine available for guided tours: CC
b) What is the highest cc machine available for unguided guest rental: CC
3. What percent of your operations are guided: % Unguided: %
If any unguided, describe area of operation, terrain and trail system in detail, and attach a map:
4. Do you enforce a buddy system when renting snowmobiles to an individual? Yes No
5. What is the maximum guide to guest ratio you will allow on a tour:
Number of Guides to Number of Guests
6. Do you operate any other type of business or any other type of outfitting/guiding operations during the winter season, or any other season? Yes No
If yes, please describe:
7. Do you sell snowmobiles? Yes No

8. Do you repair snowmobiles for others? Yes No
9. Do you rent any machinery or equipment other than snowmobiles? Yes No
If yes, please describe:
10. If you are a new venture, how many years of prior experience? Years

GUEST INFORMATION

1. What is the age of the youngest driver you will allow to operate a snowmobile: Years
2. What is the youngest rider you will allow to ride double: Years
3. Do you require participants to sign a snowmobile risk warning or liability release agreement? Yes No
4. Do you require helmets for all participants? Yes No
5. Is alcohol consumption by guests prohibited before or while on tour? Yes No
9. Do you require guests to complete a health or physical fitness information form prior to riding? Yes No
10. Do you pre-screen guest riders and determine ability prior to riding? Yes No
11. Do you require participants to sign a waiver or liability release agreement? Yes No

GUIDE INFORMATION

Name	Age	Years Experience	First Aid Qualifications

1. Do guides carry with them any type of communication device (2-way radio, cell phone, etc.)? Yes No
2. Do you require a first aid kit to be carried with each sled? Yes No
3. Do you conduct a pre-ride safety briefing with guests? Yes No
4. Do you have a written pre-ride briefing or safety checklist?
If yes, please provide a copy. Yes No
5. List reasons you would decline a person from riding a snowmobile (health, age, weight, alcohol, pregnancy, general):
6. Do you have a written safety manual of procedures used by all staff members?
If yes, please provide a copy. Yes No

EQUIPMENT INFORMATION				
Number	Year	Make and Model	CC	Physical Damage ACV (if desired)
				\$
				\$
				\$
				\$

1. Do you offer a damage waiver? Yes No

PRIOR YEAR'S ANNUAL RECEIPTS:				
Annual Receipts from Guided Tours	Annual Receipts from Rental of Machines	Annual Receipts from Sales of Machines	Annual Receipts from Service of Machines	Other: Food, Transportation, Clothing Rental
\$	\$	\$	\$	\$

ESTIMATED ANNUAL RECEIPTS FOR NEXT 12 MONTHS:				
Annual Receipts from Guided Tours	Annual Receipts from Rental of Machines	Annual Receipts from Sales of Machines	Annual Receipts from Service of Machines	Other: Food, Transportation, Clothing Rental
\$	\$	\$	\$	\$

PRIOR CARRIER INFORMATION			
	Insurance Carrier	Limits of Liability	Premium
Last Year			\$
Two Years Ago			\$
Three Years Ago			\$

LOSS HISTORY		
Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

1. Do you have knowledge of any incident which may lead to a claim? Yes No

ADDITIONAL INSUREDS (If necessary, use another sheet of paper.)		
Name	Complete Address	Interest

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

***Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)