

THIS IS A SUPPLEMENTAL QUESTIONNAIRE ONLY. PLEASE COMPLETE THE ADVENTURE ACTIVITIES APPLICATION FIRST.

APPLICANT:

Legal Name of Applicant: _____

Operating Name: _____

SNOWMOBILE / ATV OPERATIONS:

This is not an application for standard automotive coverage for ATV or Snowmobiles. Some provinces require these machines to be plated; please contact your broker to check the legal requirements in your area.

1) Please provide a current list of all machines that you use in your operations:

Year	Make & Model	CC	Serial Number

2) Do you require all participants to use an industry approved helmet? Yes No

a. If NO, under what circumstances will you waive this requirement?

3) Do you use only groomed and maintained trails? Yes No

a. If NO, under what percentage of your operations are on non-groomed trails?

4) Are you responsible for any trail maintenance? Yes No

a. If yes, please outline your schedule & responsibilities:

5) Are tours on public or private land? Yes No

a. If public, is the land owned by you?

6) Do you travel on any public roadways? Yes No

7) What is the minimum age to drive machines?

a. How is this verified?

8) Do you allow bare rentals of machine (unguided)? Yes No

a. If YES, please complete rental supplement.

b. What portion of your revenues do these rentals represent?

9) Do you tow skiers or snowboarders behind machines? Yes No

a. If YES, explain:

10) Do you ensure that ALL equipment is inspected and maintained according to manufacturer's specifications? Yes No

a. If NO, explain why:

11) Please describe procedures for obtaining current avalanche and snowpack conditions:

12) Do you allow high marking or any other racing activity? Yes No

a. If YES, describe:

BROKER INFORMATION:

Brokerage: _____

Contact: _____

Tel: _____

Fax: _____

Email: _____

Insured Signature: _____

Date: _____

Broker Signature: _____

Date: _____