

**Community Associations**  
**SNOW SLEDDING**

Name of Insured/Area:		
Address:		
Date(s) of Activity:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available? *attach Certificate of Insurance	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is insured named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
Are releases signed by all participants? *attach copy of release	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
What experience does person in charge of operation have?		
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program (including experience and age requirements):		

Is sledding/tubing activity conducted in separate area from skiing activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On which slope(s) is sledding/tubing being conducted (include marked trail map)?		

What is the gradient and length of slope?		
What is the outrun of slope?		
What types of sleds/tubes are allowed?		
Are sleds/tubes rented from area or brought in by participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any lifts or tows involved in uphill transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What controls are in place for this activity?		