Destination Resorts & Hotels GUIDED BACKPACKING / HIKING TOURS



Name of Insured/Area:		
Address:		
Date(s) of Activity:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	□Yes	□No
Is other insurance available?	☐Yes*	□No
*attach Certificate of Insurance		
Is area named as Additional Insured?	Yes	□No
Are releases signed by all participants?	☐Yes*	□No
*attach copy of release		
Furnish 5 years loss information, if any:		
What experience does person in charge of operation have?		
Operations/Procedures Manuals:	Yes	□No
Employee Training Program (including experience and age requiremen	ts):	
Are there designated trails for hiking?	Yes	No
Are trail maps available?	Yes	No
Are any lifts used in this operation?	Yes	□No
Are trails properly signed and marked?	□Yes	□No
Are guided tours provided?	□Yes	□No
If yes, how many people per tour?		
How far and how long is the tour?		
How many guides per tour?		
Is guide trained in first aid and CPR?	Yes	□No
What rescue and safety procedures are in place?		
Are overnight tours provided?	☐Yes	□No
Is hiking allowed during winter months?	☐Yes	□No
Is hiking conducted in Avalanche areas?	□Yes	□No
Is Avalanche are in or out of ski area boundaries?	□In	Out
If in what controls are in place?		