Destination Resorts & Hotels SNOWMOBILE TOURS



PROGRAM UNDERWRITERS

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? *attach copy of release	∐Yes*	No		
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 requirements):				
What type of First Aid and rescue procedures are set up?				
What types of snowmobiles are used?				
Age of machines:				
Are Maintenance records kept?			Yes	No
Are snowmobilers accompanied by a guide?			Yes	No
Does the guide have two-way radio contact with base?			Yes	No
Have the Motor Vehicles Records been checked for all guides?				No
Number of riders per group: Ratio of riders to guide:				
Length of tour:				
Age limitations, other physical limitations?				
Are helmets and goggles provided/required?		[Yes	No
Other special safety equipment and clothing requirements:				
Is special clothing provided or rented with mach	nines?	[Yes	No
What type of grooming and how often are the trails groomed?				
Do trails have proper signage per U.S. Forest Service and Snowmobile Associations? Yes No				
Are double riders allowed?		[Yes	No
If yes, is it on machine designed for two-up riding?			Yes	No
What type of training and instructions are given to each rider?				
How far out of the base area are the riders allowed to go on trails (miles)?				