## Destination Resorts & Hotels X-C SKIING OPERATIONS



Name of Insured/Area:	
Address:	
Date(s) of Activity:	
Location of Operation:	
Receipts generated: \$	
Is this operation concessioned?	es  No
<u> </u>	es* No
*attach Certificate of Insurance	
Is area named as Additional Insured?	<b>_</b>
	es* No
*attach copy of release	
Furnish 5 years loss information, if any:	
What experience does person in charge of operation have?	
Operations/Procedures Manuals:	es No
Employee Training Program (including experience and age requirements):	
Are there designated trails for cross-country skiing?	es  No
Are trail maps available?	es No
Is night skiing provided?	es No
Do the designated trails cross over onto other than ski area land?	es No
Are any ski lifts used in this operation?	es  No
Are ski rentals provided?	es  No
Are lessons provided?	es  No
Are trails properly signed and marked?	es No
Are there any jumps in cross country trails?	es  No
Are there any Avalanche areas?	es  No
Is Avalanche area in or out of ski area boundaries?	Out
If in, what controls are in place?	
Are guided tours provided?	es  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?	es No
What rescue and safety procedures are in place?	
Are overnight tours provided?	es No
Do you have Hut-to-Hut tours?	es No
Do you allow Telemarking?	es No
Do you have a Nordic ski patrol?	es No
Does the patrol do trail sweeps?	es No