

Applicants Name: _____ Date: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

General Information

- Ratio of number of Guides: _____ to number of Guests: _____
- What are the age restrictions? None; Older than 16; Older than 5; Other: _____
- Are trips guided *and/or* unguided?
- Explain any prior experience: _____
- How often are rest breaks taken? _____
- Any over night stays for public? (not including weekly guests) Yes No
- a. Are activities open to the public? Yes No
 b. Receipts from equipment rentals: \$ _____ None
- a. Is alcohol served? Yes No
 b. If yes, what type of alcohol: Beer, Wine, Liquor
 c. Is it served: Before the Trip, During the Trip, At Breaks *and/or* Once Trip is Completed

Cross Country Skiing & Snow Shoeing No Exposure

- Time length of trips: ½ Day or Less, Full Day Number # of Days for the trip: _____
- Minimum number of participants: _____
- Who provides the equipment guest *and/or* applicant?
- Number of people allowed to ski with their own equipment: _____
- Is there guest check-in required prior to skiing including trail plan and time? Yes No
- Is cross country skiing open to public? Yes No

Dog Sledding Information No Exposure

- Number of dogs per sled: _____
- Maximum number of people on each sled: _____
- Time length of trips: ½ Day or Less, Full Day Number of Days for the trip: _____
- Distance traveled: _____
- Who provides the equipment guest *and/or* applicant?

Safety Information

- What are the clothing and footwear requirements? _____
- Are waivers/release of liability signed by guests that bring their own ski equipment? Yes No
- a. Are waivers/release of liability signed by everyone participating (including parents/legal guardians are minors)? Yes No
 b. **Please attach a copy.**
- a. Does the applicant maintain the trails? Yes No
 b. Is it a marked trail or course? Yes No
- Are guests allowed to cut their own trails? Yes No
- Does the applicant follow a safety program or set of guidelines? **(Please attach a copy.)** Yes No
- Do guides have emergency procedures, 2-way radios, first aid, training? Yes No
- Any guidelines for weather? Yes No

This supplement must be approved by Markel Insurance Company prior to coverage being bound.
 This supplement becomes part of your application and must be signed and dated.

Applicant's Signature: _____ Date: _____ Broker's Signature: _____ Date: _____
 Broker's Name: _____ Agency Phone Number: _____