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 Madison, MS 39110  
 Phone: 866-386-4136  
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 Email: cs@continentalbrokers.biz

# Snowmobile Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

## General Information

1. What percentage of the applicant's operations are guided \_\_\_\_\_% and unguided \_\_\_\_\_%
2. What is the maximum guide: \_\_\_\_\_ to guest: \_\_\_\_\_ ratio?
3. If any unguided, describe area of operation, terrain and trail system in detail, and attach a map. \_\_\_\_\_
4. Does the applicant enforce a buddy system when renting snowmobiles to an individual that is not guided?  Yes  No
5. a. Describe the location/route of the trip and type of terrain:  public road;  off road trails cut & maintained;  unexplored trails;  bodies of water: \_\_\_\_\_;  other: \_\_\_\_\_  
 b. Length of the trip? \_\_\_\_\_ hours \_\_\_\_\_ miles

## Guest Information

1. Are snowmobile  helmets,  suits,  gloves, and/or  goggles mandatory for all riders?  Yes  No
2. What is the youngest rider the applicant will allow to ride double? \_\_\_\_\_ years old
3. What is the youngest rider the applicant will allow to operate a snowmobile? \_\_\_\_\_ years old
4. Is alcohol consumption by guests prohibited before or while on tour?  Yes  No
5. Are guests allowed to bring their own snowmobile?  Yes  No

## Guide Information

1. Does the applicant have a written pre-ride briefing or safety checklist? (If yes, please provide a copy.)  Yes  No
2. List reasons why a person would not be allowed to ride a snowmobile: \_\_\_\_\_
3. Does the applicant  sell snowmobiles and/or repair snowmobiles for others?  Yes  No
4. a. Does the applicant rent any machinery or equipment other than snowmobiles?  Yes  No  
 b. If yes, describe: \_\_\_\_\_

## Receipts

	Annual Receipts from Guided Tours	Annual Receipts from Rental of Machines	Annual Receipts from Sales of Machines	Annual Receipts from Service of Machines	Other: food, transportation, clothing rental
Prior year's annual receipts:	\$	\$	\$	\$	\$
Estimated annual receipts for next 12 months:	\$	\$	\$	\$	\$

## Snowmobile Supplement – Page 2

4600 Cox Road, Glen Allen, VA 23060-9817

Phone: (800) 262-7535 Fax: (804) 527-7784

Web site: www.horseinsurance.com Email: agapplications@markelcorp.com

### Equipment Information

VIN Number	Year	Make & Model	CC	Physical Damage ACV (If desired)
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Do you offer a damage waiver to your guests prior to use of snowmobile?  Yes  No  
 (If yes, please provide a copy.)

**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

\_\_\_\_\_  
 Agent's Signature

\_\_\_\_\_  
 Date

Agency Name: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_