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Winter Activities Supplement

Applicant's 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 _____

Agent's Signature _____ Date _____

Agency Name: _____
 Supp-Snow Activities (Revision 6-05)

Agency Phone Number: _____