

# Snowmobile Tour Application

Named Insured:

Principal Contact:

Mailing Address:

Location Address (Important):

Location County:

Phone Number:

Fax Number:

Effective Date:

Website: www.

Business Form:  Corporation  Partnership  Individual  LLC  Other

FEIN or SSN:

Limit of Liability Requested:

- \$ 500,000 Occurrence/ \$1,000,000 Aggregate  
 \$1,000,000 Occurrence/ \$2,000,000 Aggregate

### Prior Carrier Information

	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

### Loss History

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

Do you have knowledge of any incident which may lead to a claim?  Yes  No

If yes, please describe:

### Additional Insureds, if necessary use another sheet of paper

Name	Complete Address	Interest

### Required Attachments

1. All brochures describing any and all services; or website address above.
2. The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
3. Three years hard copy Loss Runs, if unavailable, provide a no loss letter signed by the insured.

### Producing Insurance Agent

AGENCY:	The Schneider Group		
ADDRESS:	3113 E. First St., Tucson AZ 85716		
TELEPHONE:	(800) 234-9037	FAX:	(520) 670-1121

**THIS IS AN APPLICATION FOR INSURANCE.  
THIS IS NOT A BINDER OF INSURANCE.**

### Operations Information

Total number of snowmobile machines available for guest use or rental?	#
What is the highest cc machine available for guided tours?	cc
What is the highest cc machine available for unguided rental?	cc
What percent of your operations are guided?	% and unguided? %
If any unguided, describe area of operation, terrain and trail system in detail, and <b>attach a map</b> .	
Do you enforce a buddy system when renting snowmobiles to an individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the maximum guide to guest ratio you will allow on a tour?	# Guides to # Guests
Do you operate any other type of business or any other type of outfitting/guiding operations during the winter season, or any other season? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell snowmobiles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you repair snowmobiles for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you rent any machinery or equipment other than snowmobiles? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a new venture, how many years of prior experience? Please describe prior experience:	Years

<b>Guest Information</b>	
What is the youngest rider you will allow to operate a snowmobile?	Years Old
What is the youngest rider you will allow to ride double?	Years Old
Are helmets mandatory for all riders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is alcohol consumption by guests prohibited before or while on tour?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require guests to complete a health or physical fitness information form prior to riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pre-screen guest riders and determine ability prior to riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require participants to sign a waiver or liability release agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Guide Information</b>			
Name	Age	Years Experience	First Aid Qualifications
Do guides carry with them any type of communication device (2-way radio, cell phone, etc.)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a first aid kit to be carried with each sled?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct a pre-ride safety briefing with guests?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written pre-ride briefing or safety checklist? <i>If yes, please provide a copy.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

List reasons why you would decline a person from riding a snowmobile (health, age, weight, alcohol, pregnancy, general):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written safety manual of procedures used by all staff members? <i>If yes, please provide a copy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Equipment Information				
Number	Year	Make & Model	CC	Physical Damage ACV (if desired)
				\$
				\$
				\$
				\$
Do you offer a damage waiver? <i>If yes, please provide a copy.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR YEAR'S ANNUAL 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
\$	\$	\$	\$	\$

ESTIMATED ANNUAL RECEIPTS FOR NEXT 12 MONTHS:				
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
\$	\$	\$	\$	\$

### Fraud Prevention - General Warning

**NOTICE:** Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning, it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO IDAHO APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO INDIANA APPLICANTS:** Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEVADA APPLICANTS:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE & VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

Date: \_\_\_\_\_ Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Agent or Broker Signature: \_\_\_\_\_