

Applicants Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

1. Ratio of number of Guides: _____ to number of Guests: _____
2. What are the age restrictions? None; Older than 16; Older than 5; Other: _____
3. Are trip **guided *and/or*** **unguided**?
4. Minimum number of participants: _____
5. Explain any prior experience: _____
6. How often are rest breaks taken? _____
7. What are the clothing and footwear requirements? _____
8. Number of people allowed to ski with their own equipment: _____
9. Are releases signed by guests that bring their own ski equipment? Yes No
10. a. Are waivers signed by everyone participating? (including parents/legal guardians are minors) Yes No
b. If yes, attach a copy.
11. Is there guest check-in required prior to skiing including trail plan and time? Yes No
12. Is cross country skiing open to public? Yes No
13. Any over night stays for public? (not including weekly guests) Yes No
14. Is liquor available? Yes No
15. a. Does the ranch maintain the trails? Yes No
b. Is it a marked trail or course? Yes No
16. Are guests allowed to cut their own trails? Yes No
17. Who provides the equipment **guest *and/or*** **applicant**?
18. What are the receipts for rental of equipment: \$ _____
19. a. Do you follow a safety program or set of guidelines? Yes No
b. If yes, attach a copy.
20. Do guides have emergency procedures, radios, first aid, training? Yes No
21. 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: _____