



# Markel Insurance Company

4600 Cox Road, Glen Allen, VA 23060-9817  
Telephone: (800) 431-1270 Fax: (804) 527-7966  
Email applications to: mscsubmissions@markelcorp.com  
Website: markeloutdoors.com

## Snowmobile supplement

Markel agent number: \_\_\_\_\_

Business name: \_\_\_\_\_

Submission or policy number: \_\_\_\_\_

### Section 1 – General information

1. What percentage of the applicant's operations are guided? \_\_\_\_\_ %
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 unguided individuals?  Yes  No
5. Describe the location and route of the trip and type of terrain:  public road  cut and maintained off-road trails  
 unexplored trails  bodies of water: \_\_\_\_\_  other: \_\_\_\_\_
6. What is the length of the trip? \_\_\_\_\_ hours \_\_\_\_\_ miles

### Section 2 – Guest information

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

### Section 3 – 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 or  repair snowmobiles for others?  Yes  No
4. Does the applicant rent any machinery or equipment other than snowmobiles?  Yes  No  
If yes, describe: \_\_\_\_\_

### Section 4 - 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 years' annual receipts:	\$	\$	\$	\$	\$
Estimated annual receipts for next 12 months:	\$	\$	\$	\$	\$

**Section 5 – Equipment information**

Vehicle identification number	Year	Make & Model	Engine size (cc)	Physical damage ACV (if desired)
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Does the applicant offer a damage waiver to guests prior to use of snowmobile?  Yes  No  
 (If yes, please provide a copy.)

**NOTE:** This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_