



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

Winter activities supplement

Markel agent number: _____

Business name: _____

Submission or policy number: _____

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 overnight stays for the public? (not including weekly guests) Yes No
- Are activities open to the public? Yes No
- Receipts from equipment rentals: \$_____ None
- Is alcohol served? Yes No
If yes, what type of alcohol: Beer Wine Liquor
Is it served: Before the trip During the trip At breaks and/or Once trip is completed

Cross country skiing and 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/releases of liability signed by guests who bring their own ski equipment? Yes No
- Are waivers/releases of liability signed by everyone participating (including parents/legal guardians of minors)? (Please attach a copy.) Yes No

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|---|------------------------------|-----------------------------|
| 4. a. Does the applicant maintain the trails? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is it a marked trail or course? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are guests allowed to cut their own trails? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the applicant follow a safety program or set of guidelines? (Please attach a copy.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do guides have emergency procedures, 2-way radios, and first aid training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Any guidelines for weather? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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: _____