

# GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



## SNOWMOBILE TOUR APPLICATION

### SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address
- The liability waiver/hold harmless agreement the Applicant requires its guests to sign
- Three (3) years hard copy Loss Runs.

### GENERAL INFORMATION

Applicant:  
 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:  
     \$300,000 / \$300,000                      \$300,000 / \$600,000                      \$500,000 / \$500,000  
     \$500,000 / \$1,000,000                      \$1,000,000 / \$1,000,000                      \$1,000,000 / \$2,000,000

### OPERATIONS INFORMATION

1. Number of years in business: \_\_\_\_\_
2. What is the total number of snowmobile machines available: \_\_\_\_\_
3. Of these machines, please note the following:
  - a. What is the highest cc machine available for guided tours: \_\_\_\_\_ cc
  - b. What is the highest cc machine available for unguided guest rental: \_\_\_\_\_ cc
4. What percent of the Applicant's operations are guided: \_\_\_\_\_ %      Unguided: \_\_\_\_\_ %  
 If any are unguided, are they only allowed to operate on groomed and maintained trails?      Yes      No
5. Does the Applicant enforce a buddy system when renting snowmobiles to an individual?      Yes      No
6. What is the maximum guide to guest ratio that the Applicant will allow on a tour:  
 Number of                      Guides to Number of                      Guests
7. Does the Applicant operate any other type of business or any other type of outfitting/guiding operations during the winter season, or any other season?      Yes      No  
 If yes, please describe: \_\_\_\_\_
8. Does the Applicant sell snowmobiles?      Yes      No
9. Does the Applicant repair snowmobiles for others?      Yes      No
10. Does the Applicant rent any machinery or equipment other than snowmobiles?      Yes      No  
 If yes, please describe: \_\_\_\_\_

**INFORMATION**

1. What is the age of the youngest driver that the Applicant will allow to operate a snowmobile: Years
2. What is the youngest rider that the Applicant will allow to ride double: Years
3. Does the Applicant require participants to sign a snowmobile risk warning or liability release agreement? Yes    No
4. Does the Applicant require helmets for all participants? Yes    No
5. Is alcohol consumption by guests prohibited before or while on tour? Yes    No
6. Does the Applicant require guests to complete a health or physical fitness information form prior to riding? Yes    No
7. Does the Applicant pre-screen guest riders and determine ability prior to riding? Yes    No
8. Does the Applicant require participants to sign a waiver or liability release agreement? Yes    No
9. Does the Applicant require renters to provide names of Homeowners, Renters or Condo insurance carriers? Yes    No
10. Does the Applicant require a first aid kit to be carried with each sled? Yes    No
11. Does the Applicant conduct a pre-ride safety briefing with guests or provide instructions on proper operations? Yes    No
12. Does the Applicant have a written pre-ride briefing or safety checklist?  
**If yes, please provide a copy.**

**GUIDE INFORMATION**

Name	Age	Years Experience	First Aid Qualifications

1. Do guides carry with them any type of communication device (2-way radio, cell phone, etc.)? Yes    No
2. List reasons the Applicant would decline a person from riding a snowmobile (health, age, weight, alcohol, pregnancy, general):
3. Does the Applicant have a written safety manual of procedures used by all staff members? Yes    No  
**If yes, please provide a copy.**

**EQUIPMENT INFORMATION**

Number	Year	Make and Model	CC

Attach additional sheet if needed.

**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
\$	\$	\$	\$	\$

**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
		\$
		\$
		\$

1. Does the Applicant have knowledge of any incident which may lead to a claim? Yes    No

**ADDITIONAL INSUREDS (If necessary, use another sheet of paper.)**

Name	Complete Address	Interest

1. Is Waiver of Subrogation needed? Yes    No  
 If yes, please provide a schedule of entities requiring this coverage.

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH 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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY 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.

**APPLICABLE IN NEW YORK:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)