



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-877-355-0315 Fax 1-260-459-5990
 www.kandkinsurance.com
 CA# 0334819

SNOW TUBING/SLEDDING SUPPLEMENTAL APPLICATION

Name of Insured: _____

1. Is area dedicated to tubing/sledding only? Yes No
2. Is activity open to the public? Yes No
3. Are staff present at top and bottom of the hill to supervise activity? Yes No
4. What is the length of the hill? _____
5. What is the length of the run-off area? What is the final backstop within the run-off/landing area? _____
6. Is hill smooth, with no bumpy areas or jumps? Yes No
7. Is hill inspected prior to use to confirm adequate snow cover? Yes No
8. Is the sledding & tubing area wide-open and free of any obstacles, including trees, buildings, etc.? Yes No
9. Is there a designated path separate from the tubing path for participants to walk to the top of the hill? Yes No
10. Does insured employ a tow rope or magic carpet/conveyor for tube transport to top of hill? Yes No
11. How often are the runs groomed? Does insured use a snow machine? _____

12. Is the hill divided into separate runs/lanes? Yes No
13. Does the insured provide tubes & sleds to participants? Yes No
 - a. If yes, are devices regularly inspected for durability and worthiness? _____
14. Are rules clearly posted? Yes No
 - a. If yes, where? _____
 - b. If no, explain: _____
15. Is waiver signed by all participants/parents of minor children? Please attach copy.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

 Applicant's Signature

 Date (MM/DD/YY)