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**ATV/SNOWMOBILE CLUBS APPLICATION**

**Named Insured:** \_\_\_\_\_  
**Name of Producer/Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address of Agency:** \_\_\_\_\_ **Producer Number:** \_\_\_\_\_

**GENERAL INFORMATION**

- Named Insured \_\_\_\_\_
- Mailing Address \_\_\_\_\_  
 Street \_\_\_\_\_ City County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_
- Desired Effective Date \_\_\_\_\_ Term Desired \_\_\_\_\_ Years in Business: \_\_\_\_\_
- Applicant is\*:  Individual  Partnership  Corporation  LLC  
 Trust  Other (specify) \_\_\_\_\_
- Location of premises:  Same as mailing address \_\_\_\_\_  
 Occupancy \_\_\_\_\_ Own \_\_\_\_\_ Lease \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  
 (List any additional on separate page)
- Have you operated under any other name(s)?  Yes  No  
 If yes, list name, address and years in operation \_\_\_\_\_

7. COVERAGES	LIMITS
<input type="checkbox"/> Products – Completed Operations	General Aggregate \$ _____
<input type="checkbox"/> Premises Operations	Products-Completed Operations \$ _____
<input type="checkbox"/> Medical Payments	Personal and Advertising Injury \$ _____
<input type="checkbox"/> Contractual Liability	Each Occurrence \$ _____
<input type="checkbox"/> Damage to Premises Rented to You	Damage to Premises Rented to You \$ _____
<input type="checkbox"/> Personal and Advertising Injury	Medical Payments \$ _____

**8. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:**

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?  
 No  Yes - If Yes, give name of company, date, and reason. \_\_\_\_\_  
 New Operation  No Coverage carried (explain): \_\_\_\_\_

**CLUB INFORMATION**

- Describe your operations. \_\_\_\_\_  
 \_\_\_\_\_

2. Are you an  individual club (see question 3) or an  association of clubs (skip to question 4)?

3. Complete for Individual club that is not applying for insurance under an association.

Number of Club Members	Number of Miles of Trail	Number of Groomers

4. Complete for an association of clubs that is applying for insurance as an association (individual clubs skip to question 5)

CLUB NAME	CONTACT NAME FOR CLUB	# MEMBERS PER CLUB	# MILES OF TRAIL PER CLUB	# GROOMERS PER CLUB	MOBILE EQUIPMENT OWNED BY CLUB?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

5.

LIST OF EVENTS						
	TYPE OF EVENT	LOCATION OF EVENT	CLUB SPONSORING EVENT?	OPEN TO THE PUBLIC?	# OF PUBLIC ATTENDEES	ESTIMATED SALES
1				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
2				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
3				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
4				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

6. Attach a  Copy of trail map  Copy of DNR Grant-in-Aid application for funding or equivalent for current year

7. Are trails maintained in accordance with rules outlined by the State Department of Natural Resources (DNR)? Yes  No

8. Does your trail system cross any lakes or rivers?    
 If yes, is an appropriate bridge used to go over the lake/river?

9. Does your trail system cross any swamps, ponds or wetlands?

If yes, what is the distance of trail that goes over the swamp, pond or wetland? \_\_\_\_\_

10. Do you rent out snowmobiles?

11. Any rental property owned by the club?  Yes  No. If yes, describe \_\_\_\_\_

\_\_\_\_\_

12. Any personal property owned by the club?  Yes  No. If yes, describe \_\_\_\_\_

\_\_\_\_\_

**13. CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED
		<input type="checkbox"/>
		<input type="checkbox"/>

**INDEPENDENT CONTRACTORS**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you hire subcontractors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you utilize a standardized contract with all of your subcontractors?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require subcontractors to provide the following:   |                          |                          |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own?         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are records kept?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Total cost of work subcontracted to others (including cost of material): \$ _____                 |                          |                          |

**INLAND MARINE**

1. Where is the equipment stored at night? \_\_\_\_\_
2. Describe what protections are in place to avoid theft and fire losses: \_\_\_\_\_
- \_\_\_\_\_
3. Is fire extinguishing equipment maintained on each piece of equipment?  Yes  No
4. Operator's experience in operating equipment \_\_\_\_\_
5. List all equipment owned by the club or association:

UNIT	OWNED BY?	MODEL YEAR	UNIT DESCRIPTION	MAKE/MODEL	SERIAL NUMBER	PHYSICAL DAMAGE REQUESTED?	LIMIT
1						<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3						<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

6. Loss Payee Information:

UNIT #	LOSS PAYEE

**FRAUD STATEMENT**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

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Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Producing Agent \_\_\_\_\_ Date \_\_\_\_\_

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**Agency Name, address & phone number** \_\_\_\_\_