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MOTORIZED ACTIVITIES

It is critical that the Insurer have a clear understanding of your operation. Booking trips for others is not covered by this coverage contract. Request that the entities you book for name you as an additional insured on their coverage.

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have minimum age restrictions for participants? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Are double or multiple riders only allowed on machines that are designed for that purpose?
<input type="checkbox"/>	<input type="checkbox"/>	Do you require helmets for participants at all times during the motorized recreation equipment?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a maintenance schedule for all of your motorized recreation equipment?
<input type="checkbox"/>	<input type="checkbox"/>	Is the maintenance of the machines documented in any way? If yes, enclose sample.
<input type="checkbox"/>	<input type="checkbox"/>	Are you able, at your specific location, to guarantee the safety of uninvolved third parties, such as spectators, swimmers, bystanders, etc., from being injured by participants utilizing your motorized recreation equipment?
<input type="checkbox"/>	<input type="checkbox"/>	Do you always discuss the risk of participation prior to beginning each activity and give each participant an opportunity not to participate?
<input type="checkbox"/>	<input type="checkbox"/>	Do all participants' sign release forms and receive warnings or information concerning safety at a pre-activity meeting?
<input type="checkbox"/>	<input type="checkbox"/>	Is this pre-activity meeting always conducted in the same manner with a standard list of points of concern?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of any professional organization? If yes, please identify:

Complete the following Activity Breakdown table:

DESCRIPTION OF ACTIVITY	ANNUAL # OF GUESTS OR PARTICIPANTS	X	NUMBER OF DAYS EACH PERSON	=	TOTAL USER DAYS PARTICIPATED
ATV's Guided		X		=	
ATV's Unguided		X		=	
Jet Skis Guided		X		=	
Other (please describe):		X		=	