

Snowmobile Questionnaire

POLICYHOLDER/APPLICANT NAME(S):	
POLICY NUMBER (IF APPLICABLE):	EFFECTIVE DATE:
AGENCY NAME:	AGENCY CODE:

A. SNOWMOBILE DESCRIPTION									
#	YR	Make/Model	Serial Number	Number Cylinders	Engine CC's	Liquid Cooled		Original Cost New	Current Value
						Yes	No		
1									
2									
3									

B. LIST ALL HOUSEHOLD MEMBERS (whether licensed or not [including all children])							
#	Name	DOB	Operator		Lic'd Driver		List Any Motor Vehicle Accidents or Violations
			YES	NO	YES	NO	
1							
2							
3							
4							
5							

C. GENERAL INFORMATION		PLEASE EXPLAIN ALL "YES" RESPONSES IN REMARKS ➤		YES	NO
1.	Any snowmobile losses or accidents within the past 5 years?				
2.	Are unlicensed or youthful snowmobile operators supervised, and do any use limitations apply to those operators? If "YES", explain the supervision and limitations that apply in REMARKS.				
3.	Any prior snowmobiles owned by you or other members of your household? If "YES", how long were they owned?				
4.	Any snowmobiles lent to, or used by, anyone other than the operators listed above?				
5.	Any snowmobiles used in any sanctioned racing or stunting event?				
6.	Any snowmobiles regularly used more than 100 miles away from the insured's residence premises?				
7.	Any snowmobile safety training courses taken by you or any other members of your household? If "YES", indicate the courses taken and who completed them in REMARKS.				
8.	Do you (or any member of your household) belong to any national, state or local Snowmobile Associations?				
9.	Do all operators and passengers wear helmets while using your snowmobiles? If "YES", no explanation is needed. If "NO", please explain in REMARKS.				
10.	Any snowmobiles stored away from your residence premises when not being used?				

REMARKS:

 POLICYHOLDER/APPLICANT SIGNATURE(S)

 DATE