



Blanket Tour Audit Form

An Amwins Company

Policyholder Name: _____ Policy No: _____

Rate per day: _____

Adventure Sports Rate: _____ Snow Sports Rate: _____ Work Activities Rate: _____

- Please note that the **Adventure Sports, Snow Sports** and **Work Activities** rates are in addition to the **Rate per Person per Day** base rate. These are additional coverages.

This report must be completed each trip showing the specific dates for each trip. The completed report and premium must then be submitted to:
Special Markets Insurance Consultants, Inc., Attn: Renewal Department, 1055 Main Street, Suite 101, Stevens Point, WI 54481

DESTINATION RESTRICTIONS – TRAVEL TO SOME FOREIGN COUNTRIES CANNOT BE COVERED UNDER THE POLICY. PLEASE CONTACT 800-727-7642 TWO (2) WEEKS PRIOR TO YOUR DEPARTURE TO CONFIRM COVERAGE IS AVAILABLE.

The rate is computed for each calendar day. Example shown below in last row. (1) x (2) x (3) = (4)

Include the Department Name, Description of Activity, City, State, and Country:	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
Adventure Sports Includes: Mountain climbing, rappelling, spelunking, whitewater rafting/canoeing, wind surfing, jet skiing/scuba diving, rodeo participation and paintball	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
Snow Sports Includes: Downhill skiing, bob sledding, tubing, tobogganing, snowmobiling, snowboarding	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
Work Activities Includes: Remodeling, dry walling, plastering, roofing, plumbing, brick and block laying, electrical work, concrete work and the use of scaffold, ladders and power tools or chain saws	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
Audit Totals						

The amount of deposit premium submitted with the original application was (Excluding \$35.00 Policy Fee) \$ _____

Adjustment of deposit premium: Additional payment enclosed: \$ _____

Remarks: _____

I hereby certify that the above report is true and correct.

 Signature of Authorized Representative Date

 Street Address City State Zip Code Phone Number