



**Markel Insurance Company**

P.O. Box 2009, Glen Allen, VA 23058-2009  
Telephone: (800) 262-7535 Fax: (804) 527-7784  
Email applications to: agapplications@markelcorp.com  
Website: horseinsurance.com

**Trail and endurance ride supplement**

(Attach to appropriate Commercial Equine, Farm or Club application.)

Markel agent number: \_\_\_\_\_

Business name: \_\_\_\_\_

Submission or policy number: \_\_\_\_\_

1. Provide the following information regarding the event:

Event type	Name of event	Dates of event	Total number of participants per day	Maximum number of spectators per day

2. Is the applicant responsible for maintenance of trails?  Yes  No

Describe: \_\_\_\_\_

3. Is the applicant responsible for restoring any trails?  Yes  No

4. a. Do trails cross or run along:  Public roads or  Highways?

If yes, describe: \_\_\_\_\_

b. Are trails:  Publicly or  Privately owned?

Describe: \_\_\_\_\_

c. Are trails used by (check all that apply):  Club members  Public  Riding instructors  Boarders  
 Students  Applicant  Other: \_\_\_\_\_

5. Number of years of experience conducting trail rides: \_\_\_\_\_

6. Does the applicant provide horses to participants of trail rides?  Yes  No

Describe: \_\_\_\_\_

7. a. Maximum number of horses on a trail ride: \_\_\_\_\_

b. Minimum number of horses on a trail ride: \_\_\_\_\_

8. Have there ever been any accidents, incidents, or claims?  Yes  No

If yes, describe: \_\_\_\_\_

9. Are guides used?  Yes  No

If yes:

a. What is their experience? \_\_\_\_\_

b. What is the guide to participant ratio? Number of guides: \_\_\_\_\_ to Number of participants: \_\_\_\_\_

10. a. Length of trail ride: Distance: \_\_\_\_\_ Time: \_\_\_\_\_ hours

b. Is the ride timed?  Yes  No

If yes, what is total distance per day/per ride? \_\_\_\_\_

c. If overnight, explain accommodations: \_\_\_\_\_

11. Are stallions permitted on trail rides?  Yes  No

If yes, indicate age and experience of rider: \_\_\_\_\_

12. Are alcoholic beverages permitted during the trail ride?  Yes  No

If yes:

a. Describe: \_\_\_\_\_

b. Provide proof of Liquor Liability insurance with admitted "A" rated carrier with liability limits same as applicant.

13. Are there special requirements for riders such as age, experience, etc.?  Yes  No

If yes, what are the requirements: \_\_\_\_\_

14. a. Are ASTM/SEI certified helmets required at all times while mounted by:

Everyone  Everyone under 18 or  Not required?

b. Does applicant require signed helmet rejection forms from those who do not wear an ASTM/SEI certified helmet?  Yes  No

c. Check safety gear required:  Boots/Heeled shoes  Long pants  Gloves  Other: \_\_\_\_\_

Explain other safety procedures followed: \_\_\_\_\_

d. Are first aid, emergency medical technicians or personnel at various check points on the trail?  Yes  No

15. Does applicant require a signed release/waiver for all equine activities on applicant's premises?  Yes  No

If yes, is the release kept on file for a minimum of 5 years?  Yes  No

16. Are veterinarians at various check points along the trail?  Yes  No

17. Does applicant have any brochures or handouts? If yes, submit a copy.  Yes  No

**NOTE:** This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_