

Applicants Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

General Information

1. Type of bike available to the guest: bicycle; mountain bike; 2-Seater; other: _____
2. a. Are trips: guided or unguided?
 - b. Unguided trip: is there a check-in station and trip route established? Yes No
3. a. Guided trips: Maximum # of guests in a group ride? _____
 - b. Number of guides on a ride: _____
4. Is drafting or pace-line riding allowed for guided rides? Yes No
5. What is the minimum age requirement to participate? _____
 6. a. Is there any cycling at night? Yes No
 - b. If yes, are bikes equipped with mounted lights for visibility? Yes No
7. a. Describe the location/route of the trip and type of terrain: public road; off road trails cut & maintained; unexplored trails; other: _____
 - b. Length of the trip? _____ hours _____ miles
 - c. Describe rest stops and/or breaks: _____
8. Does the applicant sell bicycles or repair bicycles? Yes No
9. Are water bottles mounted on bike? Yes No
10. Are alcoholic beverages allowed at any time? Yes No

If yes, give details: _____

Safety Information

1. Is there a written safety program? **(Please provide a copy.)** Yes No
2. Is there orientation for guests to review the safety rules? Yes No
3. Does the applicant require guests to complete a health or physical fitness information form prior to riding? Yes No
4. Does the applicant pre-screen guest riders and determine ability prior to riding? Yes No
5. How often is equipment checked? Before Each Use; Daily; Weekly; Other: _____
6. Is there a maintenance procedure/program for equipment provided to guests? **(Please provide a copy.)** Yes No
7. a. Are certified bicycle helmets available for all riders? Yes No
 - b. Does the applicant require riders to wear helmets? Yes No
8. Do guides carry with them any type of communication device? (Such as: 2-way radio, cell phone, etc.) Yes No
9. Is a tool kit and/or first aid kit taken on all trips for bike repairs and emergencies? Yes No
10. Is there a support vehicle for tired and/or injured riders? Yes No

This supplement must be approved by Markel Insurance Company prior to coverage being bound.
This supplement becomes part of your application and must be signed and dated.

Applicant's Signature: _____ Date: _____ Broker's Signature: _____ Date: _____

Broker's Name: _____ Agency Phone Number: _____