



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

Pony ride supplement

Please complete this form and return it to Markel with a completed Commercial Equine or Farm Application.

Markel agent number: _____

Business name: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Submission or policy number: _____

1. Number of years of experience the applicant has giving pony rides: _____
2. Number of ponies used for pony rides, parties, or events: _____
3. Number of days per year for pony rides: _____
4. Please provide the following information regarding each pony:

Pony	Pony #1	Pony #2	Pony #3
Name of pony			
Number of years applicant has owned pony?			
Number of years pony has been giving rides?			
Height of pony			
Age of pony			
Number of days per year pony is used for rides?			

5. Minimum age of children allowed to ride pony: _____
6. Maximum number of children involved per event: _____
7. Where are rides held? Applicant's premises Shopping malls Cul de sac/street Customer's premises
 Other: _____
8. Describe the type of ride: _____
(Example: Hand led, by whom, type of saddle with safety features? Sweep ring?)
9. a. Are parents involved? Yes No
b. If yes, describe involvement: _____
10. a. Who are the side walkers? Employees Parents Volunteers Other: _____
b. Number of side walkers: _____ What is the experience of the side walkers? _____
c. Provide the number of: Volunteers: _____ Employees: _____ Leased employees: _____ Exchange labor: _____
d. Minimum age of: Volunteers: _____ Employees: _____ Leased employees: _____ Exchange labor: _____
11. What is the ratio of adult supervisors to children? Adults: _____ to children: _____
12. Do you have a safety program?
Check all that apply: Boots Helmets Lead line Training of side walker Written safety manual
Provide details of training of side walker and copy of written safety manual.

13. Is a release/ waiver signed? If yes, submit a copy. Yes No
14. Does applicant give pony cart rides? Yes No
 If yes, how many children per cart?: _____ Must submit picture of the cart for approval.
15. a. Are pictures taken of the children by the applicant? Yes No
 b. Are pictures taken by the parents or others? Yes No
 c. Who is holding the pony? _____
 d. Is a flash used? Yes No
 e. How far away is the photographer from the subject? _____
 f. Is the pony spooked by flash photography? Yes No
16. Do you have any brochures or handouts? If yes, submit a copy. Yes No
17. a. Are any other activities conducted by you during event? Yes No
 b. If yes, give full details: _____

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: _____