



# Pony Ride Supplement

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

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

Policy Number: \_\_\_\_\_ Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Number of years experience the applicant has giving pony ride: \_\_\_\_\_

2. Number of ponies used for pony rides, parties, or events: \_\_\_\_\_

Number of days per year for pony rides: \_\_\_\_\_

	Pony #1	Pony #2	Pony #3
3. a. Name of pony	_____	_____	_____
b. No. of years applicant has owned the pony?	_____	_____	_____
c. No. of years pony has been giving rides?	_____	_____	_____
d. Height of Ponies:	_____	_____	_____
e. What is the age of the ponies used?	_____	_____	_____
f. No. of days per year pony is used for rides:	_____	_____	_____

4. Minimum age of children allowed to ride pony: \_\_\_\_\_

5. Maximum Number of children involved per event: \_\_\_\_\_

6. Where are rides held?  Applicant's Premises;  Shopping Malls;  Cul de sac/Street;  Customer's Premises;  
 Other: \_\_\_\_\_

7. What type of ride: \_\_\_\_\_  
(Example: Hand led, by whom, type of saddle with safety features? Sweep Ring?)

8. a. Are parents involved?  Yes  No

b. If yes, describe involvement: \_\_\_\_\_

9. a. Who are the side walkers? (Mark all that apply):  Employees;  Parents;  Volunteers;  Other: \_\_\_\_\_

b. Number of side walkers: \_\_\_\_\_ What is the experience of the side walkers: \_\_\_\_\_

c. Do you have any: Volunteers # \_\_\_\_\_; Employees # \_\_\_\_\_; Leased Employees # \_\_\_\_\_; Exchange Labor # \_\_\_\_\_

d. Minimum age of: Volunteers \_\_\_\_\_; Employees \_\_\_\_\_; Leased Employees \_\_\_\_\_; Exchange Labor \_\_\_\_\_

10. What is the ratio of adult supervisors to children? Adults: \_\_\_\_\_ to Children: \_\_\_\_\_

11. Do you have a safety program?  Yes  No

- Check all that apply:  Boots;  Helmets;  Lead Line  
 Training of Side Walker (provide details.)  
 Written Safety Manual (provide a copy.)

12. Any release/waiver signed? (If yes, submit a copy.)  Yes  No

13. Does applicant give pony cart rides? (If yes, how many children per cart: \_\_\_\_\_)  
Must submit a picture of the cart for approval.  Yes  No

14. a. Are pictures taken of the children by the applicant:  Yes  No **and/or** By the parents/other?  Yes  No

b. Who is holding the pony? \_\_\_\_\_  Yes  No

c. Is a flash used?  Yes  No

d. How far away is the photographer from the subject? \_\_\_\_\_  Yes  No

e. Is the pony spooked by flash photography?  Yes  No

15. Do you have any brochures or handouts: (If yes, submit a copy.)  Yes  No

16. a. Are any other activities conducted by you during event?  Yes  No

b. If yes, give full details: \_\_\_\_\_

**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:** \_\_\_\_\_