



# Trail & Endurance 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 Club, Equine Farm or Liability application.

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Event Type	Name of Event	Dates of Event	Total Number of Participants Per Day	Maximum # of Spectators Per Day

1. Is the applicant responsible for maintenance of trails?  Yes  No; Describe: \_\_\_\_\_
2. Is the applicant responsible for restoring any trails?  Yes  No
3. a. Do trails cross or run along:  public roads or  highways?  Yes  No  
If yes, describe: \_\_\_\_\_
- b. Trails are:  publicly or  privately owned?  
Describe: \_\_\_\_\_
- c. Are trails used by (check all that apply):  club members  public  riding instructors  boarders  
 students  applicant  other: \_\_\_\_\_?
4. Number of years experience conducting trail rides: \_\_\_\_\_
5. Does the applicant provide horses to participants of trail rides?  Yes  No  
Describe: \_\_\_\_\_
6. a. Maximum number of horses on a trail ride: \_\_\_\_\_  
b. Minimum number of horses on a trail ride: \_\_\_\_\_
7. Have there ever been any accidents, incidents, or claims?  Yes  No  
If yes, describe: \_\_\_\_\_
8. a. Are guides used?  Yes  No  
b. If yes, what is their experience: \_\_\_\_\_
- c. Guide to participant ratio: Number of Guides: \_\_\_\_\_ to Number of Participants: \_\_\_\_\_
9. a. Length of trail ride: Distance: \_\_\_\_\_ Time: \_\_\_\_\_ (hrs)  
b. Is the ride timed?  Yes  No If yes, what is total distance per day / per ride? \_\_\_\_\_  
c. If overnight, explain accommodations: \_\_\_\_\_
10. Are stallions permitted on trail rides?  Yes  No  
If yes, indicate age and experience of rider: \_\_\_\_\_
11. a. Are alcoholic beverages permitted during the trail rides?  Yes  No  
If yes, describe: \_\_\_\_\_
- b. Provide Proof of Liquor Liability insurance with admitted "A" rated carrier with liability limits same as applicant.
12. Are there special requirements for riders such as age, experience, etc.?  Yes  No  
If yes, what are the requirements: \_\_\_\_\_
13. 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 don't 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 there first aid, emergency medical technicians or personnel at various check points on the trail?  Yes  No
14. a. Does applicant require a signed release/waiver for all equine activities on applicant's premises?  Yes  No  
b. Is the release kept on file for a minimum of 5 years?  Yes  No
15. Are there veterinarians at various check points along the trail?  Yes  No
16. Does applicant have any brochures or handouts?  Yes  No (If yes, submit a copy.)

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: \_\_\_\_\_