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Biking / Bicycles Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

General Information

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

Safety Information

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

Agent's Signature _____ Date _____

Agency Name: _____

Agency Phone Number: _____