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# Trail & Endurance Supplement

**Please complete this form and return it with a completed Club, Equine Farm or Liability application.**

Applicant's Name: _____				
Mailing Address: _____		City: _____	State: _____	Zip: _____
Event Type	Name of Event	Dates of Event	Total Number of Participants Per Day	Maximum # of Spectators Per Day

- Is the applicant responsible for maintenance of trails?  Yes  No Describe: \_\_\_\_\_
- Is the applicant responsible for restoring any trails?  Yes  No
- 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: \_\_\_\_\_?
- Number of years experience conducting trail rides: \_\_\_\_\_
- Does the applicant provide horses to participants of trail rides?  Yes  No  
Describe: \_\_\_\_\_
- a. Maximum number of horses on a trail ride: \_\_\_\_\_
- b. Minimum number of horses on a trail ride: \_\_\_\_\_
- Have there ever been any accidents, incidents, or claims?  Yes  No  
If yes, describe: \_\_\_\_\_
- 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: \_\_\_\_\_
- 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, please explain accommodations: \_\_\_\_\_
- Are stallions permitted on trail rides?  Yes  No  
If yes, indicate age and experience of rider: \_\_\_\_\_
- 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.
- Are there special requirements for riders such as age, experience, etc.?  Yes  No  
If yes, what are the requirements: \_\_\_\_\_
- a. Are ASTM/SEI certified helmets required at all times while mounted by  Everyone;  Everyone under 18; or  not required?
- b. Does applicant require a signed helmet rejection form for those who do not 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
- 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
- Are there veterinarians at various check points along the trail?  Yes  No
- Does applicant have any brochures or handouts?  Yes  No (If yes, please 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 \_\_\_\_\_ Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Agency Name: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_