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Madison, MS 39110
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Carriage/Hay/Sleigh/Wagon Ride Supplement

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

1. Type of ride: Wagon Carriage Buggy Sleigh Stage Coach
2. Is the wagon, sleigh, or carriage open sided? Yes No
3. Number of wranglers to each wagon: _____
4. Does the driver have an assistant that is responsible for loading and unloading passengers? Yes No
5. Is there a maintenance procedure/program for vehicles? If yes, provide a copy. Yes No
6. How often are vehicles inspected? before each use; daily; weekly; other: _____
7. Are rides conducted or cross public roads? If yes, largest road used: 2 lane; 4 lane; 6 lane? Yes No
8. Is there a slow moving vehicle sign on rear of buggy, carriage, sleigh, or wagon? Yes No
9. a. Does applicant participate or perform in parades, fairs, or on city/town streets? Yes No
 b. If yes, provide details: _____
10. a. Do you conduct dinner rides? Yes No
 b. If yes: Number of dinner rides per week: _____
 Are rides conducted after dark? Yes No
 Are open fires used? If yes, number of fires at any one time: _____ Yes No
 Where is the designated place to eat? _____
 Guide: _____ to Guest: _____ ratio
 Is this open to people not staying overnight at the ranch? Yes No
 Is there an additional charge to guest? If yes, what are the annual receipts: \$_____ 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: _____