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# Pony Ride Supplement

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

<b>Applicant's Name:</b> _____			
<b>Mailing Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____

1. Number of years experience the insured has giving pony ride: \_\_\_\_\_
2. Number of ponies used for pony rides, parties, or events: \_\_\_\_\_  
 Number of days per year for pony rides: \_\_\_\_\_
3.
 

	Pony #1	Pony #2	Pony #3
a. Name of pony	_____	_____	_____
b. Number of years insured has owned the pony:	_____	_____	_____
c. Number of years pony has been giving rides:	_____	_____	_____
d. Height of Ponies:	_____	_____	_____
e. What is the age of the ponies used:	_____	_____	_____
f. Number 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. Are parents involved?  Yes  No If yes, describe involvement: \_\_\_\_\_
9.
  - a. Who are the side walkers? Please 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 (Please provide details.)  
 Written Safety Manual (Please provide a copy.)
12. Any release/waiver signed?  Yes  No (If yes, please submit a copy.)
13. Does applicant give pony cart rides?  Yes  No If yes, how many children per cart: \_\_\_\_\_  
**Must submit a picture of the cart for approval.**
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? \_\_\_\_\_
  - c. Is a flash used?  Yes  No
  - d. How far away is the photographer from the subject? \_\_\_\_\_
  - e. Is the pony spooked by flash photography?  Yes  No
15. Do you have any brochures or handouts:  Yes  No (If yes, please submit a copy.)
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**