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Riding Instruction to Students Supplement

*Instruction is: "teaching students to ride on their horses or horses provided by you or an independent instructor."
 Please complete this form and return it with a completed Commercial Equine or Farm application.*

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

1. Riding instruction is given by: (check all that apply): Applicant; Your Employee; Independent Instructor
 (Instructors must be a minimum of 18 years old.)
2. Number of lessons per week on school horses owned, used, leased by applicant: _____ Charge per lesson: \$_____;
 # of weeks per year: _____
3. a. Number of lessons per week on student owned horses: _____ Charge per lesson: \$_____; # of weeks per year: _____
 b. Receipts for riding instruction given to students on their own horses by named insured or employee: \$_____ annually
4. Does anyone under the age of 18 give riding instruction or clinics on your premises? Yes No
5. a. Do you provide riding instruction for handicapped students? Yes No
 b. Are you a North American Riding for the Handicapped Association center member? Yes No
6. Level of instruction given:
 Beginner: Ratio of students: _____ to instructor: _____ Number of students- Under age 18: _____ Over age 18: _____
 Intermediate: Ratio of students: _____ to instructor: _____ Number of students- Under age 18: _____ Over age 18: _____
 Advanced: Ratio of students: _____ to instructor: _____ Number of students- Under age 18: _____ Over age 18: _____
7. Stallions used during instruction for: Beginner; Intermediate; Advanced; No stallions used for instruction.
8. Do you use lesson plans which are adapted for each class or student? Yes No
9. Do all instructors wear a helmet while riding? Yes No
10. Is instruction given on your premises by independent instructors? Yes No
 If yes: a. How many independent instructors: _____
 b. How many students: _____
 c. Receipts for independent Instructors giving instruction to students on student owned horse: \$_____ annually
 d. Do you obtain certificates of insurance from independent instructors? (If yes, provide copy.) Yes No

Please complete back of supplement.

Riding Instructors

Please complete below for all riding instructors (self, employees, independents) utilizing your facility. If an instructor(s) requires coverage for other than working at your facility, they must complete their own application. We can provide a quotation to cover their riding instruction operation.

Instructor #1

1. Instructor's Name: _____ DOB: _____ Type of Instruction: _____
2. Instructor is: Self Your Employee Independent Instructor
3. Number of years experience as a riding instructor: _____
 - a. Certified by: ARIA CHA NARHA Other: _____ Not a certified instructor
 - b. Give details on competition experience: _____
4. If instructor is an independent:
 - a. Does instructor need to be added to this insurance policy? Yes No*
 - b. Does instructor provide horses used for lessons? Yes No If yes, number of horses provided: _____

Instructor #2

1. Instructor's Name: _____ DOB: _____ Type of Instruction: _____
2. Instructor is: Self Your Employee Independent Instructor
3. Number of years experience as a riding instructor: _____
 - a. Certified by: ARIA CHA NARHA Other: _____ Not a certified instructor
 - b. Give details on competition experience: _____
4. If instructor is an independent:
 - a. Does instructor need to be added to this insurance policy? Yes No*
 - b. Does instructor provide horses used for lessons? Yes No If yes, number of horses provided: _____

Instructor #3

1. Instructor's Name: _____ DOB: _____ Type of Instruction: _____
2. Instructor is: Self Your Employee Independent Instructor
3. Number of years experience as a riding instructor: _____
 - a. Certified by: ARIA CHA NARHA Other: _____ Not a certified instructor
 - b. Give details on competition experience: _____
4. If instructor is an independent:
 - a. Does instructor need to be added to this insurance policy? Yes No*
 - b. Does instructor provide horses used for lessons? Yes No If yes, number of horses provided: _____

Complete information for over three instructors on additional paper.

*If no, provide proof of coverage naming applicant as additional insured owner of premises with an "A" rated admitted carrier with the equal or greater liability limits as applicant. Independent instructors operating under your name can be added as additional insured with appropriate charge, but coverage is limited to your operations only.

Applicant's Signature

Date

**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.**