

Carriage/Hay/Sleigh/Wagon Ride Supplement

Applicants 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? Yes No If yes, largest road used: **2 lane**; **4 lane**; **6 lane**
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? Yes No If yes, number of fires at any one time: _____
 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? Yes No If yes, what are the annual receipts: \$ _____

**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: _____ Broker's Signature: _____ Date: _____

Broker's Name: _____ Agency Phone Number: _____