

Applicants Name: _____ Date: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

A. Horse Information **No Exposure**

1. Total number of horses available: Owned: _____ Leased: _____ Other: _____
2. Horses used for: Pack trip, Hunting, Trail rides, Fishing, Other: _____
3. Does applicant rent/supply horses to the public on a: Hourly, ½ Day, or Daily basis? Yes No
4. a. Maximum number of days for the trip: _____ Minimum number of days for the trip: _____
 b. What is the length of ride: ½ Day or Less, Full Day
5. What percent of the applicant's horse operations are: _____% guided _____% unguided
6. What is the guide to guest ratio? _____ guides to _____ guests
7. Maximum number of horses in use for guest riding at any one time: _____
8. Average number of horses in use for guest riding at any one time: _____
9. What is the youngest rider the applicant will allow on a horse? _____ years old
10. Does the applicant ever allow double riding? Yes No
11. a. Are ASTM/SEI certified helmets used at all times while mounted by Everyone; Everyone under 18; or not required?
 b. Footwear/apparel required by you for riders: Boots/Heeled Shoes Long Pants Saddle & Tack Other: _____
 c. Explain other safety procedures followed: _____
12. a. Does the applicant allow guests to bring their own horses? Yes No
 b. If yes, does applicant offer boarding for a fee? Receipts: \$ _____ Yes No
 c. Average number of horses boarded: For guests: _____ For non-guests: _____
13. a. Does the applicant allow guests to lease their horses? Yes No
 b. Number of horses leased: _____
 c. Explain guidelines: _____
14. a. Where are horses kept off season? Owned Premises, Other: _____
 b. Are horses used for personal use during off season? Yes No
 c. Are horses not owned by the applicant boarded at facilities you own or rent? Yes No

A. Cattle Information **No Exposure**

1. a. Number of cattle: owned by insured: _____ and owned by others in your care, custody & control: _____
 b. Are cattle kept on insured's premises, leased land, other: _____
2. a. Number of cattle: owned by insured: _____ and owned by others in your care, custody & control: _____
 b. Are cattle kept on insured's premises, leased land, other: _____
2. a. Number of cattle drives conducted per year: _____
 b. What is the number of Wranglers: _____ to Riders: _____
 c. Maximum duration: hours: _____, days: _____, distance traveled: _____
 d. What is the required experience of riders: beginner/novice, intermediate/some experience, advanced
3. Are guest allowed to rope, brand, tie, give inoculations to cattle, other: _____ Yes No
4. Is there any slaughtering of cattle on premises? 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: _____ Broker's Signature: _____ Date: _____
 Broker's Name: _____ Agency Phone Number: _____