



# Commercial Equine Liability & Care, Custody & Control Application

P.O. Box 2009, Glen Allen, VA 23058-2009 • Phone: (800) 262-7535 • Fax: (804) 527-7784  
 Website: www.horseinsurance.com Email: agapplications@markelcorp.com

**This coverage is intended to cover liability arising out of the applicant's commercial and/or personal horse operation only. No products liability.**

**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued.

Applicant: _____	Broker Name: _____ Broker Number: _____
Business Name: _____	Company Name: _____
Mailing Address: _____	Mailing Address: _____
City: _____ County: _____	City: _____ State: _____ Zip Code: _____
State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Phone #: (____) _____ Fax #: (____) _____	Phone #: (____) _____ Fax #: (____) _____
Contact Person: _____ Contact Phone #: _____	Email Address: _____
Email: _____ Web site: _____	

## Section 1 - Applicant Information

Desired Effective Date: \_\_\_\_\_

1. a. Type of Ownership:  Corporation  Individual\*  Joint Venture  Limited Liability Company  
 Trust  Organization  Partnership  None
- b. \*If applicant is multiple individual names, what is the relationship of applicant(s):  Husband / Wife;  
 Parent / Child;  Siblings;  Other: \_\_\_\_\_
- c. If ownership is not an individual: i. Which entity owns: premises- \_\_\_\_\_ horses- \_\_\_\_\_  
 ii. Which entity conducts horse operation: \_\_\_\_\_
2. Names of corporate partners/officers for each entity: \_\_\_\_\_
3. Applicant is a member of:  AHA;  AQHA;  APHA;  ARIA;  NRCHA;  NRHA;  USDF;  USEF;  USHJA;  
 Other: \_\_\_\_\_  None
4. Choose One  \$ 300,000 occurrence / \$ 900,000 aggregate - \$425 Min. Earned Premium (\$400 for NY)  
 Limit of Liability:  \$ 500,000 occurrence / \$1,500,000 aggregate - \$575 Min. Earned Premium (\$550 for NY)  
 \$1,000,000 occurrence / \$3,000,000 aggregate - \$695 Min. Earned Premium (\$725 for FL & WA; \$700 for NY)

5. Location of Actual Operation(s) (For additional locations, provide on an additional page)

Location <i>Including Street, County, City, State &amp; Zip Code</i>	# of Acres	# of Years at Location	Responding Fire District Name	Feet from Fire Hydrant	Miles from Fire Dept.	Check One: <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent From Others
a.						<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent From Others
b.						<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent From Others

## Section 2 - Prior Three Year Property & Liability Insurance Information

Must be completed in full in order to receive a quote. Including homeowners, renters and business owners' policies.

Company	Effective Dates	Premium	No. of Claims	Amount Paid

1. a. Has the applicant ever been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.)  Yes  No  
 b. If yes, please explain: \_\_\_\_\_
2. Explain losses/incidents within the past 5 years with dates & details of loss, including amount paid, on separate paper.  None
3. Has the applicant ever filed for bankruptcy or had a foreclosure?  Yes  No Explain: \_\_\_\_\_

### Section 3 - Equine Operations

1. All operations must be declared. Check all that apply.

- Operation(s):  Boarding/Breeding  Horse Sales  Pleasure  Rodeo\*  
 Day or Overnight Camp\*  Horse Shows  Pony Rides\*  Exotic Animals  
 Trail/Endurance Rides\*  Llamas /Alpaca  Racing  NARHA Facility  
 Training Race/Show  Hay/Sleigh Rides  Riding Instruction/Clinics  
 Other: \_\_\_\_\_

(\*Must complete supplements. Supplements can be downloaded from our website – [www.horseinsurance.com](http://www.horseinsurance.com))

2. Estimated gross income from equine operation: \$\_\_\_\_\_  None
3. a. Number of years in this type of operation: \_\_\_\_\_  
b. Describe applicant's experience in this operation: \_\_\_\_\_  
c. Does the applicant live on the premises?  Yes  No If no, how often does the applicant visit: \_\_\_\_\_  
d. Is there a full-time  caretaker  manager?  Yes  No Are they an:  employee **or**  independent?
4. Describe applicant's experience with horses: \_\_\_\_\_
5. Do additional insureds need to be added?  Yes  No  
Insurable Interest:  Owner of Premises  Government Entity  Other: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

### Section 4 - Summary of Horses

**Count each horse only once, based on its primary use. All horse-related exposures must be insured.**

Declare All Owned / Leased Horses, On or Off Premises.

#### 1. Number of Owned & Leased Horses Used for:

- a. Instruction to Others (ie- school horses) \_\_\_\_\_  
b. Pony Rides \_\_\_\_\_  
c. Rental Rides to Others \_\_\_\_\_  
d. Trail & Pack Trips \_\_\_\_\_

#### 2. Number of Horses Leased to Others: \_\_\_\_\_

#### 3. Number of Owned Horses Used for:

- a. Pleasure: \_\_\_\_\_; b. Show: \_\_\_\_\_; c. Training: \_\_\_\_\_;  
d. For Sale: \_\_\_\_\_; e. Racing: \_\_\_\_\_; f. Other: \_\_\_\_\_

#### 4. Number of Horses Used for Breeding:

- a. Mares: \_\_\_\_\_; b. Stallions: \_\_\_\_\_; c. Foals/Weanlings: \_\_\_\_\_

**Total of Sections 1-4: \_\_\_\_\_**

#### 5. Number of Horses Not Owned by Applicant Used for:

- a. Boarded used by applicant as School Horses \_\_\_\_\_  
b. Furnished by Independent Instructors for Lessons to Others \_\_\_\_\_  
c. Boarding/Pasturing \_\_\_\_\_  
d. Breeding Only (incl. mares kept on premises until foaling) \_\_\_\_\_  
e. Training (Breed: \_\_\_\_\_)  
f. Racing (Breed: \_\_\_\_\_)  
g. Lay Ups  for rest  vet care / rehabilitation \_\_\_\_\_  
h. On Consignment for Sale (Breed: \_\_\_\_\_)  
i. Other: \_\_\_\_\_

**Total of Section 5: \_\_\_\_\_**

### Section 5 - Premises Owned and/or Leased

Answer all questions in this section. Coverage is for the applicant's equine and livestock operation only.

1. a. Does the applicant lease any part of their land or operation to others? (Provide certificate of insurance.)  Yes  No  
If yes, describe: \_\_\_\_\_
- b. Is there anyone other than applicant living on premises?  Yes  No  
If yes,  tenant  employee  relative  other: \_\_\_\_\_
2. a. Fencing-Type: \_\_\_\_\_; Age: (years) \_\_\_\_\_; Condition: \_\_\_\_\_ Submit photo of fence.  
b. If "barbed wire" fence: Number of strands: \_\_\_\_\_  
c. How often is fencing checked?  Daily;  Weekly;  Monthly;  Other: \_\_\_\_\_
3. a. Does the applicant allow people not boarding horses at the applicant's facility to use the facility?  Yes  No  
b. If yes, mark all applicable:  Haul-in's; Practices for:  team penning;  roping;  polo;  Other: \_\_\_\_\_  
c. Number of days yearly: \_\_\_\_\_ Average participants daily: \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_
4. a. Does the applicant own, lease or use  cattle;  llamas; **and/or**  alpacas?  Yes  No  
b. Number head of cattle: \_\_\_\_\_; llamas: \_\_\_\_\_; alpacas: \_\_\_\_\_  
c. Use of cattle: \_\_\_\_\_; llamas: \_\_\_\_\_; alpacas: \_\_\_\_\_  
d. Does the applicant have slaughtering or processing on premises?  Yes  No
5. a. Number of dogs owned by applicant: \_\_\_\_\_  None  
b. Number of dogs not owned by applicant: \_\_\_\_\_  None Owned by: \_\_\_\_\_  
c. Breed of dog(s): (If mixed, provide primary breed.) \_\_\_\_\_  
d. Have any dogs been trained for guard duty or drug detection?  Yes  No  
e. Have there been any incidents of aggressive behavior including biting?  Yes  No  
f. Are all dogs confined when guests or the public (including boarders & students) are on the premises?  Yes  No  
g. Does the applicant allow dogs not owned on the premises? (Provide details.)  Yes  No
6. a. Does the applicant have any bleachers or grandstands? (Submit photo.)  Yes  No  
b. If yes: Does the applicant:  Own **or**  Rent;  
Are they:  Permanent **or**  Temporary; Do they have handrails?  Yes  No  
c. What is the construction: \_\_\_\_\_ / Age: (years) \_\_\_\_\_ / Condition: \_\_\_\_\_ / Height: \_\_\_\_\_ / Total seating capacity: \_\_\_\_\_  
d. Who erects the bleachers if they are not owned by the applicant: \_\_\_\_\_

## Section 6 - Additional Liability Exposure

1. a. Does applicant own/lease/use any of the following?  Yes  No (Indicate all vehicles used.)  
 Note: No liability coverage for Three-wheel All-Terrain Vehicles.

	None	# of Vehicles	Personal Use	Farm Use	Rides to Public
All Terrain Vehicles / Utility Vehicle	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buggies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carts	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Carts	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirt Bikes/Motorized Scooters/ Mopeds	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowmobiles	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carriages	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleds	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wagons	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use of any above vehicle is limited to use by the applicant/employee for horse operation only.  
 To apply for ATV coverage, visit [www.markelinsuresfun.com](http://www.markelinsuresfun.com).

- b. Are any of the above used by:  Boarders;  Guests;  Volunteers;  Anyone under 16;  Other: \_\_\_\_\_?  Yes  No
- c. Are drivers required to be licensed in the applicant's state?  Yes  No
2. Does the applicant perform/participate in parades?  Yes  No # of parades: \_\_\_\_\_; # of horses used per parade: \_\_\_\_\_  
 Please provide name of parade(s): \_\_\_\_\_; Size of parade(s): \_\_\_\_\_
3. Does the applicant conduct the following:
- a. Trail rides, rental/saddle animal for hire? (Not including riding instruction, or trails available for boarders.)  Yes  No
- b. Hay rides, sleigh rides, carriage rides, pack trips, hunting or fishing trips?  Yes  No
4. a. Does the applicant hire any part time or full time employees?  Yes  No  
 If yes, number of part time: \_\_\_\_\_; number of full time: \_\_\_\_\_
- b. Does the applicant carry Workers Compensation/Employers Liability?  Yes  No
- c. Does the applicant have  leased or  temporary employees?  Yes  No  
 If yes, number of leased: \_\_\_\_\_ number of temporary: \_\_\_\_\_
- d. Does the applicant have any volunteers working for them? If yes, number of volunteers: \_\_\_\_\_  Yes  No  
 Explain duties on separate page.
- e. Does the applicant have any exchange labor working for them?  Yes  No  
 If yes, explain: \_\_\_\_\_

NOTE: "Bodily injury" to any person arising out of and in the course of that person acting on behalf of the applicant, whether through employment, voluntarily or otherwise, expressly is not covered by the general liability policy applied for with this application.

5. Are any other businesses being conducted on the applicant's premises? If yes, provide details on a separate page.
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No Other Operation                | <input type="checkbox"/> Home Day Care                         | <input type="checkbox"/> Petting Zoos           |
| <input type="checkbox"/> Bed & Breakfast                   | <input type="checkbox"/> Kennels                               | <input type="checkbox"/> RV Hookups / Campsites |
| <input type="checkbox"/> Fruit & Vegetable "Pick Your Own" | <input type="checkbox"/> Retail Store (tack, feed, food, etc.) | <input type="checkbox"/> Other: _____           |

## Section 7 - Safety Program

1. Who is the primary manager of the applicant's operations?  Applicant  Other  
 If other, Name-\_\_\_\_\_  Employee or  Independent Date of Birth: \_\_\_\_\_  
 Provide management experience: \_\_\_\_\_
2. Is there a closed circuit t.v. monitor of the facility or a night watchman with hourly watch?  Yes  No
3. a. Does the applicant abide by the equine liability law in the applicant's state?  Yes  No
- b. Does the applicant require a signed waiver/release for all equine activities? (Submit copy.)  Yes  No
- c. Is the signed release kept on file for a minimum of 5 years?  Yes  No
- d. Does the applicant have safety and barn rules posted? (Submit copy or photo.)  Yes  No
- e. Does the applicant have emergency evacuation procedures?  Yes  No
- f. Is smoking permitted in the barn or immediate area?  Yes  No
- g. Does the applicant have "No Smoking" signs clearly posted?  Yes  No
- h. Does the applicant have working smoke alarm systems in their barns/arenas/stables?  Yes  No
- i. Does applicant have fully charged & mounted fire extinguishers in barns/arenas/stables? (Submit photo.)  Yes  No
4. a. Are ASTM/SEI certified helmets required at all times while mounted by:  
 Everyone;  Everyone under 18; or  not required?
- b. Does applicant require signed helmet rejection forms from those who don't wear an ASTM/SEI certified helmet?  Yes  No
- c. Check safety gear required:  Boots/Heeled Shoes  Long Pants  Gloves  Other: \_\_\_\_\_
- d. Explain other safety procedures followed: \_\_\_\_\_

**Section 8 - Clinics/Independent Clinicians -  No Exposure or  Exposure (With or without income)**

1. a. Does the applicant hold clinics?  Yes  No If yes, # of days per year: \_\_\_\_\_  
b. Are clinics conducted by:  Applicant  Independent Clinician  
c. What are the annual receipts for clinics conducted by applicant: \$ \_\_\_\_\_
2. a. If Independent Clinician, name of Independent Clinician: \_\_\_\_\_  
b. Do they have their own insurance\*?  Yes  No  
c. Is the Independent Clinician certified?  Yes  No  
d. How many clinics are conducted by independents per year: \_\_\_\_\_; # of days: \_\_\_\_\_;  
Average number of participants/day: \_\_\_\_\_
3. a. Any clinician under 18 years of age?  Yes  No  
b. Do all clinicians have a minimum of 5 years experience conducting clinics?  Yes  No
4. Indicate dates of clinics: \_\_\_\_\_

*\*Provide proof of coverage, naming applicant as additional insured owner of premises, with an "A" rated admitted carrier with the same liability limits as applicant.*

**Section 9 - Boarding/Breeding/Training/Racing of Horses**

No Exposure or  Exposure (With or without income)

*On premises liability coverage is provided for the independent trainer if added to the applicant's policy. If any trainer requires OFF premises coverage, they must complete their own application. We can provide a quotation to cover their training operation.*

- Boarding:**
1. Does the applicant provide riding facilities for their boarders?  Yes  No
  - None 2. If yes, is the facility an:  Indoor Arena  Outdoor Arena  Trails  Other: \_\_\_\_\_
  3. Is there supervision when boarders are using the facility?  Yes  No
- Breeding:**
1. Are outside mares kept on premises until foaling?  Yes  No Number of outside mares: \_\_\_\_\_
  - None 2. Any breeding horses used for pleasure/show/training/racing?  Yes  No
  3. Method of breeding conducted by applicant on premises:  Live Breeding;  Artificial Insemination
  4. Are owned stallions shipped off premises for breeding?  Yes  No
  5. Any sales and/or shipment of semen? (No products liability.)  Yes  No

**Training is: "Instruction given to horses. Includes demonstration/instruction to owners of horses in training."**

- None
1. Training is given by: (Check all that apply.)  Applicant;  Employee;  Independent Trainer
  2. a. Does the applicant have a trainer on staff?  Yes  No  
b. How many independent horse trainers utilize the applicant's facility: \_\_\_\_\_
  3. Type of Training:  Race  Show--Type of show: \_\_\_\_\_  Other type of training: \_\_\_\_\_
  4. If horses are not kept on premises, where are they kept?  Training/Boarding Facility;  Racetrack;  Other: \_\_\_\_\_
  5. Does the applicant attend off-premise shows with horses in training?  Yes  No
  6. Do **ALL** independent horse trainers carry their own general liability insurance\*?  Yes  No

*\*Provide proof of coverage, naming applicant as additional insured owner of premises, with an "A" rated admitted carrier with equal or greater liability limits as applicant.*

*Complete this section for ALL trainers including independent trainers, applicant, and employees working on behalf of the applicant or at applicant's facility. (MUST BE AT LEAST 18 YEARS OF AGE)*

**Trainer # 1**

- a. Trainer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_
- b. Type of Training Offered: \_\_\_\_\_
- c. Trainer is:  Applicant;  Employee;  Independent Number of years experience as a trainer: \_\_\_\_\_
- d. Any licenses/certification for training:  Yes  No
- e. Give details and competition experience: \_\_\_\_\_

**Trainer # 2**

- a. Trainer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_
- b. Type of Training Offered: \_\_\_\_\_
- c. Trainer is:  Applicant;  Employee;  Independent Number of years experience as a trainer: \_\_\_\_\_
- d. Any licenses/certification for training:  Yes  No
- e. Give details and competition experience: \_\_\_\_\_

**Section 10 - Riding Instruction to Students**  No Exposure or  Exposure (With or without income)

Instruction is: "Teaching students to ride on their horses or horses provided by applicant or independent instructor."

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. How many school horses do you use at any one time for lessons: \_\_\_\_\_
3. Number of lessons per week on school horses owned, used, leased by applicant: \_\_\_\_; Charge per lesson: \$\_\_\_\_;  
Number of weeks per year: \_\_\_\_\_
4. a. Number of lessons per week on student owned horses: \_\_\_\_ Charge per lesson: \$\_\_\_\_;  
Number of weeks per year: \_\_\_\_\_  
b. Receipts for riding Instruction given to students on their own horses by named insured or employee: \$\_\_\_\_ annually
5. Does anyone under the age of 18 give riding instruction or clinics on your premises?  Yes  No
6. 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
7. 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: \_\_\_\_
8. How many schooling shows per year: \_\_\_\_\_ # of spectators: \_\_\_\_\_
9. Stallions used during instruction for:  Beginner;  Intermediate;  Advanced;  No stallions used for instruction.
10. Do you use lesson plans which are adapted for each class or student?  Yes  No
11. Do all instructors wear a helmet while riding?  Yes  No
12. 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 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: \_\_\_\_\_
2. Type of Instruction: \_\_\_\_\_
3. Instructor is:  Self  Your Employee  Independent Instructor
4. Number of years experience as a riding instructor: \_\_\_\_\_  
a. Certified by:  ARIA;  CHA;  NARHA;  USHJA;  Other: \_\_\_\_\_  Not a certified instructor  
b. Give details on competition experience: \_\_\_\_\_
5. If instructor is an independent, does instructor need to be added to this insurance policy?  Yes  No\*
6. Does instructor provide horses used for lessons?  Yes  No  
If yes, number of horses provided: \_\_\_\_\_

**Instructor # 2**

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

**Complete information for over two 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.

## Section 11 - Care, Custody & Control - Legal Liability

**Not Eligible for this Coverage: Veterinarians, Equine Dentists, Commercial Transporters, Rehabilitation Centers & Embryo Transplant Facilities.**

Legal liability provides coverage arising from the applicant's negligence resulting in injury to or death of horses the applicant does not own in their care, custody, and control. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. The coverage for the exposure is excluded in most general liability policies. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.

**Please check one:  ACCEPT or  DECLINE Care, Custody & Control Coverage.  PLEASE QUOTE.**

Check a box below to indicate choice of Care, Custody & Control coverage.

If the applicant requires different limits, please call us.

**Limit Per Horse /  
Maximum Loss Per Policy Year**

- \$ 5,000 / \$ 25,000  
 \$ 5,000 / \$ 50,000  
 \$ 10,000 / \$ 50,000

**Limit Per Horse /  
Maximum Loss Per Policy Year**

- \$ 10,000 / \$ 100,000  
 \$ 25,000 / \$ 100,000  
 \$ 25,000 / \$ 250,000

**Limit Per Horse /  
Maximum Loss Per Policy Year**

- \$ 50,000 / \$ 250,000  
 \$ 100,000 / \$ 500,000\*  
 Other: \_\_\_\_\_ / \_\_\_\_\_

**\*Substantiation of Value Form may be required when values are \$100,000 and over.**

1. a. Are horses not owned kept:  in stalls *or*  in pasture? b. Number of pastured acres: \_\_\_\_\_  
c. Are pastures fenced?  Yes  No d. Are shelters provided in each pasture?  Yes  No
2. a. Average value of horses not owned in the applicant's care: \$ \_\_\_\_\_  
b. Number of horses the applicant does not own: \_\_\_\_\_
3. Does the applicant store hay in the same barns as the horses not owned?  Yes  No
4. Does the applicant require mortality coverage for horses in the applicant's care, custody and control?  Yes  No
5. a. Does the applicant own, lease/rent or use a vehicle in order to transport horses not owned?  Yes  No  
b. Number of vehicles: \_\_\_\_\_ Number of trips per year: \_\_\_\_\_ Radius of operation: \_\_\_\_\_  
c. Have any drivers had any traffic violations within the past 5 years?  Yes  No  
If yes, explain: \_\_\_\_\_  
d. Type and capacity of box or trailer: \_\_\_\_\_  
e. Does the applicant have a safety maintenance program for vehicle(s)? (Submit a copy.)  Yes  No  
*Current copy of drivers list must be submitted. (MVRs may be required.)*
6. Does the applicant own, lease or use any facility for rehabilitation or surgical purposes?  Yes  No  
If yes, describe: \_\_\_\_\_
7. Distance from fire department: \_\_\_\_\_ Number of miles to regular vet? \_\_\_\_\_
8. Does the applicant use an:  equine swimming pool;  hot walker; *and/or*  tread mill?  Yes  No
9. Are extension cords used in the barn?  Yes  No

### **Barn Information:**

Additional barns complete on separate page.

	<b>Barn #1</b> Location #: _____	<b>Barn #2</b> Location #: _____
Construction Type:	_____	_____
Year Built*:	_____	_____
<b>Year of Updates:</b> Mark N/A if no heating, plumbing and/or electricity in building.	Heating: _____ <input type="checkbox"/> N/A Roof: _____ Plumbing: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Roof: _____ Plumbing: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A
Does barn have an apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, occupied by: <input type="checkbox"/> Tenant <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, occupied by: <input type="checkbox"/> Tenant <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____
Heat Type:	<input type="checkbox"/> None <input type="checkbox"/> Wood Stove <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Wood Stove <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Other: _____
Protective Devices:	<input type="checkbox"/> None <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other: _____
Average number of horses applicant does not own in each barn:	_____	_____

\*Barns older than 30 years with no electric updates within 20 years require a certified electrician's statement that wiring is safe for current usage.

**Section 12 - Services and Sales -  No Exposure** *This policy does not cover products liability.*

1. a. Does the applicant perform farrier services?  Yes  No  
 Annual gross receipts: \$ \_\_\_\_\_  
 Owned Horses  Horses Not Owned  On Premises  Off Premises
- b. Does the applicant have: *Apprentice*  Yes  No If yes, payroll \$ \_\_\_\_\_  
*Helper*  Yes  No If yes, payroll: \$ \_\_\_\_\_
2. Does the applicant sell hay or feed?  Yes  No If yes, gross receipts \$ \_\_\_\_\_
3. Does the applicant prepare or mix feed for animals for sale or consumption?  Yes  No
4. a. If the applicant manufactures and/or repairs any goods sold, please explain: \_\_\_\_\_  N/A  
 b. Does the applicant repair riding equipment for others?  Yes  No
5. a. Does the applicant sell  tack,  clothing,  other: \_\_\_\_\_?  Yes  No  
 b. If yes, annual gross receipts \$ \_\_\_\_\_ Location on premises: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_
6. a. Does the applicant have food or snack bar sales? (Liquor liability not covered.)  Yes  No  
 b. If yes, annual gross receipts \$ \_\_\_\_\_ Location on premises: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_  
 c. Does the applicant have:  Ansul Systems;  Commercial Grill System;  Deep Fat Fryers  
 d. Does the applicant have vending machines?  Yes  No  
 If yes, are they anchored securely?  Yes  No (Submit photo.)  
 e. Does the applicant have working  fire extinguishers *and/or*  smoke alarm systems?  Yes  No

**Section 13 - Horse Events/Competitions -  No Exposure or  Exposure (With or without income)**

1. Type of events held:  Shows  Rodeos\*  Polo matches  Other: \_\_\_\_\_  
*\*If yes, please complete Rodeo Supplement.*
2. Events are conducted and/or managed by:  Applicant  Other: \_\_\_\_\_
3. Total number of event days per year: conducted and/or managed by applicant: \_\_\_\_\_  
 not conducted and/or managed by applicant: \_\_\_\_\_
4. What is the maximum number of participants on grounds per event day? \_\_\_\_\_
5. Maximum number of spectators on grounds per event day: \_\_\_\_\_
6. Indicate dates of events: \_\_\_\_\_
7. Does applicant have vendors at the events?  Yes  No  
*(Provide proof of coverage, naming applicant as additional insured owner of premises, with an "A" rated admitted carrier with equal or greater liability limits as applicant.)*
8. Describe security and safety procedures at events: \_\_\_\_\_
9. Recognized by what National and/or International Sanctioning Organizations:  N/A \_\_\_\_\_

**Section 14 - Horse Sales -  No Exposure** *Note, this policy does not cover horses as a product.*

1. Does the applicant sell from their own premises?  Yes  No  
 Explain any other method of sales: \_\_\_\_\_
2. How many horses does the applicant sell annually: Owned by applicant: \_\_\_\_\_ Owned by others: \_\_\_\_\_
3. Is the buyer allowed to test ride?  Yes  No  
 If yes, type of test ride given:  Open Field  Arena  Other: \_\_\_\_\_
4. Is supervision provided during the test ride?  Yes  No
5. Are waivers signed for all test rides?  Yes  No (Must be kept on file for 5 years.)
6. Does the applicant sell horses as an agent for others?  Yes  No Receipts for selling as agent: \$ \_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

**Authorization**

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Signature	Date	Broker Signature (if applicable)	Date

How did you hear about Markel:  Magazine Ad  Referral  Convention  Web Site  Other  
 Describe: \_\_\_\_\_

*Thank you for choosing Markel, The Insurance Company With Horse Sense®*