

This coverage is intended to cover liability arising out of your commercial and/or personal horse operation only.

NOTE: Coverage cannot be bound until the Company approves your completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is approved. If we do not approve your application, we will refund your premium.

1. Applicant: _____ Applicant's Farm Name: _____
2. Type of Ownership: Corporation Individual Joint Venture Limited Liability Company Organization Partnership
3. Names of corporate partners/officers and social security numbers: _____
4. Mailing Address: _____ Phone #: (____) _____
5. City: _____ County: _____ State: _____ Zip Code: _____ Fax #: (____) _____
6. Contact Person: _____ Contact Phone #: (____) _____
7. Desired Effective Date: _____ E-Mail Address: _____ Web Site: _____
8. Are you a member of: AQHA; APHA; AIRA; NRHA; USDF; USA Equestrian (AHSA); Other: _____ None
9. Choose One \$ 300,000 occurrence / \$ 900,000 aggregate - (\$400.00 Minimum Earned Premium)
 Limit of Liability: \$ 500,000 occurrence / \$1,500,000 aggregate - (\$550.00 Minimum Earned Premium)
 \$1,000,000 occurrence / \$3,000,000 aggregate - (\$700.00 Minimum Earned Premium)
10. Address of actual equine operation(s):
 Loc. 1: _____ No. of years at location: _____ Own or Rent From Others
 Street City County State Zip
 Loc. 2: _____ No. of years at location: _____ Own or Rent From Others
 Street City County State Zip
11. All operations must be declared. Check all that apply.
 (*Must complete supplements. Supplements can be downloaded from our web site – www.horseinsurance.com)
Operation(s): Boarding/Breeding Horse Shows Racing Training Race/Show
 Camp Operation* NARHA Facility Riding Instruction*/Clinics Other: _____
 Hay/Sleigh Rides Pleasure Rodeo*
 Horse Sales Pony Rides* Trail/Endurance Rides*
12. a. Number of years in this type of operation: _____
 b. Do you live on the premises? Yes No If no, how often do you visit? _____
13. Describe your experience in the horse business: _____
14. Do any additional insureds need to be added to this policy? (Liability only.) Yes No
 Name: _____
 Address: _____
 Interest: _____

I. Prior Property & Liability Insurance Information (Past three years premium and loss history must be answered in full.)					
Company	Policy Number	Dates	Premium	No. of Claims	Losses
					<input type="checkbox"/> No Losses <input type="checkbox"/> Losses
					<input type="checkbox"/> No Losses <input type="checkbox"/> Losses
					<input type="checkbox"/> No Losses <input type="checkbox"/> Losses

1. Explain losses/incidents within the past 5 years with dates and explanation of loss on a separate sheet of paper. Explanation attached.

2. a. Have you been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.) Yes No
 b. If yes, please explain: _____

II. Summary of Horses

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

Horses Owned, Used, Leased by Applicant

Number

All Owned Horses Must Be Declared.

- a. Rentals/Trail/Pack Trips _____
- b. Pony Rides _____
- c. Used for Instruction to Others _____
- d. Boarded Horses Used by Applicant for Instruction to Others _____
- e. Furnished by Independent Instructors for Lessons to Others _____
- f. Breeding: Mares: _____; Stallions: _____; Foals/Weanlings: _____
 Pleasure: _____; Show: _____; Training: _____ For Sale: _____
 Racing: _____; Other: _____

Total of Lines a-f: _____

Horses Not Owned by Applicant

Number

- a. Boarding/Pasturing _____
- b. Breeding Only (including mares kept on premises until foaling) _____
- c. Show Training (Breed: _____) _____
- d. Racing and/or Training (Breed: _____) _____
- e. Lay Ups _____
- f. On Consignment for Sale (Breed: _____) _____
- g. Other: _____

Total of Lines a-g: _____

III. Operations

1. Are any other businesses being conducted on your premises? **If yes, please provide details on a separate piece of paper.**

- No Other Operation
- Bed & Breakfast Fruit & Vegetable "Pick Your Own" Petting Zoos
- Cut your own Christmas Tree Home Day Care Retail Store (tack, feed, food, etc.)
- Day or Overnight Camp/Camping Kennels Other: _____

2. Do you perform/participate in parades? Yes No If yes, number of parades: _____; number of horses used per parade: _____
 Please provide name of parade(s): _____

3. Do you 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
- c. Do you use golf carts, mopeds, ATV's, snowmobiles for rides to the public? Yes No

4. Number of: Wagons ____; Sleds ____; Carriages ____; Carts ____; Buggies ____; ATV's ____; Snowmobiles ____; Dirt Bikes ____; Other ____; None
 Describe use of each: _____

Use is limited to horse operation only-not personal use. **Three wheel ATV's are excluded.**

5. Do you hire any part time or full time employees? If yes, number of part time: _____; number of full time: _____ Yes No

6. Do you carry Workers Compensation/Employers Liability? Yes No

7. Do you have leased employees? If yes, number of leased employees: _____ Yes No

8. Do you have any volunteers working for you? If yes, number of volunteers: _____ Yes No

9. Do you have any exchange labor working for you? 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 named insured, whether through employment, voluntarily or otherwise, expressly is not covered by the general liability policy applied for with this application.

IV. Safety Program

1. Who is the primary manager of your operations? You Other: _____ Date of Birth: _____
 Describe experience: _____

2. Is there a closed circuit t.v. monitor of the facility or a night watchman with hourly watch? Yes No

3. a. Do you have safety and barn rules posted*? Yes No
- b. Do you abide by the equine liability law in your state*? Yes No
- c. Do you require a signed release/waiver for all equine activities*? Yes No N/A
- d. Is the signed release kept on file for a minimum of 5 years? Yes No
- e. Do you have "No Smoking" signs clearly posted*? Yes No
- f. Do you have working fire extinguishers and/or smoke alarm systems in your barns? Yes No
- g. Is smoking permitted in the barn or immediate area? Yes No
- h. Do you have emergency evacuation procedures? Yes No

***Submit copies of:**

- Barn Rules
- Photos of posted signs
- Release

4. a. Are ASTM/SEI certified helmets required at all times while mounted by Everyone; Everyone under 18; or not required?

b. Check safety gear required: Boots/Heeled Shoes Long Pants Gloves Other: _____

c. Do you use breakaway stirrups: Yes No

d. Explain other safety procedures followed: _____

V. Premises Owned and/or Leased

Coverage is for your livestock operation only. Answer all questions in this section.

1. Total number of acres owned: _____ Total number of acres rented from others: _____
2. Do you lease any part of your land or operation to others? Yes No
If yes, describe: _____
3. a. Fencing: Type: _____ Age: _____ Condition: _____ How often is fencing checked? _____
b. If "barbed wire" fence: Number of strands: _____ **Please submit photo of fence.**
4. Do you allow people not boarding horses at your facility to use your facility? Yes No N/A
If yes, explain: _____
5. Do you allow use of premises for haul-in's, team penning, roping, polo and/or practices? Yes No
If yes, number of days yearly: _____ Average number of participants daily: _____ Gross Receipts \$ _____
6. a. Do you have cattle on your premises? Yes No
c. Number head of cattle: _____
b. Do you have slaughtering on premises? Yes No
d. Use: _____
7. a. Number of dogs on the premises? _____ None
b. Breed of dog(s) on premises: _____
c. Is the dog(s) Owned Not owned by Insured - owned by: _____
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 on premises during lessons or shows? Yes No
8. a. Do you have any bleachers or grandstands? **(Please submit photo.)** Yes No
b. If yes, do you: Own or Rent; Are they: Permanent or Temporary; Do they have handrails? Yes No
c. What is the construction: _____ Age: _____ Condition: _____ Height: _____ Total seating capacity: _____
d. Who erects the bleachers if they are not owned by the insured? _____

VI. 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 your 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:** a. Do you provide riding facilities for your boarders? Yes No
 None b. Indoor Arena Outdoor Arena Trails Other: _____
c. Is there supervision when boarders are using the facility? Yes No
- Breeding:** a. Are outside mares kept on premises until foaling? Yes No Number of outside mares: _____
 None b. Any breeding horses used for pleasure/show/training/racing? Yes No
c. Method of breeding conducted by applicant on premises: Live Breeding Artificial Insemination
d. Are owned stallions shipped off premises for breeding? Yes No
e. Any sales and/or shipment of semen? Yes No

Training is: "training given to horses." None

1. Training is given by: (Check all that apply.) Applicant Your Employee Independent Trainer
2. a. Do you have a trainer on staff? Yes No
b. How many **independent horse trainers** utilize your 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 Race Track Other: _____
5. Do you 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 the same liability limits as insured.

List ALL trainers including yourself, employees and independent trainers utilizing your facility. (MUST BE AT LEAST 18 YEARS OF AGE)

1. a. Trainer's Name: _____ DOB: _____ Type of Training Offered: _____
b. Trainer is: Applicant Your Employee Independent Number of years experience as a trainer: _____
c. Any licenses/certification for training: Yes No Give details and competition experience: _____
2. a. Trainer's Name: _____ DOB: _____ Type of Training Offered: _____
b. Trainer is: Applicant Your Employee Independent Number of years experience as a trainer: _____
c. Any licenses/certification for training: Yes No Give details and competition experience: _____

VII. 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 your negligence resulting in injury to or death of horses you do not own in your 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: I, ACCEPT or DECLINE Care, Custody & Control Coverage. PLEASE QUOTE.

Check a box below to indicate choice of Care, Custody & Control coverage. If you require 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 is required when values are \$25,000 and over.

1. Are horses you do not own kept: in stalls or in pasture? Number of pastured acres: _____ Are pastures fenced? Yes No
2. Do you store hay in the same barns as the horses you do not own? Yes No
3. Do you require mortality coverage for horses in your care, custody and control? Yes No
4. a. Do you own, lease/rent or use a vehicle in order to transport horses you do not own? 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. Do you have a safety maintenance program for vehicle(s)? Please submit a copy. Yes No
5. Do you own, lease or use any facility for rehabilitation or surgical purposes? Yes No
 If yes, describe: _____
6. Distance from fire department: _____ Number of miles to regular vet? _____
7. Do you have emergency evacuation procedures in place? (Enclose a copy.) Yes No
8. Do you have an equine swimming pool; hot walker; and/or tread mill? Yes No

Barn Information:

Additional barns complete on separate page.

	Barn #1 Location #: _____	Barn #2 Location #: _____
Construction Type:		
Year Built*:		
Year of Updates: 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
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"/> Sprinkler System <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other: _____	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other: _____
Average number of horses you do not own in each barn:		
Average value per horse you do not own in each barn:		

***Barns 30 years or older with no electric updates within 20 years must have an electrician certifying electricity is safe for current usage.**

VIII. Tack Store/Snack Shop or Retail/Farrier Sales - No Exposure *This policy does not cover products liability.*

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

IX. Horse Shows/Competitions/Clinics - No Exposure or Exposure (With or without income.)

- 1. a. Do you conduct or manage Shows/Rodeo* type events? Yes No **If yes, please complete Rodeo Supplement.*
- b. Shows/Rodeos are conducted and/or managed by: You Others: _____
- c. Total number of show days per year: _____ conducted and/or managed by you: _____
not conducted and/or managed by you: _____
- d. What is the maximum number of participants on grounds per show day? _____
- e. Maximum number of spectators on grounds per show day: _____
- f. Please describe security and safety procedures at events: _____
- g. Recognized by what National and/or International Sanctioning Organizations: N/A _____
- 2. a. Do you hold clinics? Yes No If yes, how many per year: _____ What are the annual receipts: \$_____
- b. Are there any clinics conducted by an independent Clinician? Yes No Do they have their own insurance*? Yes No
- c. Is the Independent clinician certified? Yes No
- d. Any clinician under 18 years of age? Yes No
- e. How many clinics are given per year: _____ Average number of participants: _____

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

X. Horse Sales - No Exposure

Note, this policy does not cover horses as a product.

- 1. a. Do you sell from your own premises? Yes No Explain any other method of sales: _____
- b. How many horses do you sell annually: _____ Owned by you: _____ Owned by others: _____
- c. Is the buyer allowed to test ride? Yes No If yes, type of test ride given: Open Field Arena Other: _____
- d. Is supervision provided during the test ride? Yes No
- e. Do you sell horses as an agent for others? Yes No Receipts: \$_____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature	Date	Agent's Signature (If applicable)	Date

Agency Name: _____ Agency Phone Number: _____

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®