



ndents Application
(For Riding Instructors, Horse Trainers, Clinicians)

This coverage is intended to cover the applicant's commercial liability when conducting riding instruction, horse training or clinics on premises the applicant does not own or lease on a long term basis. This is designed to cover the applicant's commercial operation and/or personal owned horses only. No premises liability is included under this policy coverage. If premises is owned or leased, complete Commercial Equine Liability application.

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. Type of Ownership: Corporation Individual Joint Venture Limited Liability Company Trust Organization Partnership None
- 2. a. Does applicant rent or lease any premises? Yes No
If yes, indicate the location and how many acres? _____
Rent / Lease Period: 1 day 1 week 1 month 6 months 1 year other: _____
b. Where does applicant operate: own premises; boarding stable; student's premises; other: _____
If applicant owns or leases premises with horses on long term basis, complete a Commercial Equine Liability application.
- 3. Names of corporate partners/officers: _____
- 4. a. Is applicant a member of: AHA; AQHA; APHA; ARIA; NRCHA; NRHA; USDF; USEF; USHJA; Other: _____ None
b. Any licenses/certifications? Yes No Please check: ARIA; CHA; NARHA; USHJA; Other: _____
- 5. Choose One \$ 300,000 occurrence / \$ 900,000 aggregate (\$425.00 Minimum Earned Premium)
Limit of Liability: \$ 500,000 occurrence / \$ 1,500,000 aggregate (\$575.00 Minimum Earned Premium)
(Rates vary in FL, NY, WA) \$1,000,000 occurrence / \$ 3,000,000 aggregate (\$695.00 Minimum Earned Premium)
- 6. a. Describe applicant's horse operations: _____
b. Number of years in this type of operation: _____ Applicant's Date of Birth: _____
c. Describe applicant's experience in the horse business: _____
- 7. Do additional insureds need to be added? Yes No
Name: _____ Address: _____
Insurable Interest: Owner of Premises Other: _____

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 applicant 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. Check all operations that apply to the applicant. All operations must be declared.

Complete a Commercial Equine Liability application, for all operations checked below.

- Operation(s): Boarding/Breeding Day or Overnight Camp Exotic Animals Farrier Services
 Not Applicable Hay/Sleigh Rides Horse Sales Horse Shows Llamas /Alpaca
 NARHA Facility Pony Rides Rodeo Trail/Endurance Rides
 Other: _____

2. Estimated gross income from equine operation: \$_____ None

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 _____

Total of Section 1: _____

2. Number of Owned Horses Used for:

- a. Pleasure:____; b. Show:____; c.Training:____
d. For Sale:____; e. Racing:____; f. Other:____
Total of Section 2: _____

3. Number of Horses Not Owned by Applicant Used for:

- a. Training (Breed:_____) Race Show _____
b. On Consignment for Sale (Breed: _____) _____
c. Other: _____ Total of Section 3: _____
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Section 5 - Training of Horses No Exposure

Training is: "Instruction given to horses."

Includes demonstration/instruction to owners of horses in training.

1. Training is given by: Applicant; Employee
2. Type of Training: Race; Show – Type of show: _____; Other type of training: _____
3. Does applicant attend shows with horses in training? Yes No If yes, number of times per year: _____
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Section 6 - Riding Instruction to Students No Exposure

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

1. Riding Instruction is given by: Applicant; Employee (Instructors must be a minimum 18 years old.)
2. a. Number of lessons per week on student owned horses:____; Charge per lesson: \$____; # of weeks per year:____
b. Number of lessons per week on school horses owned/used/leased by applicant:____; Charge per lesson: \$____; # of weeks per year:____
3. Receipts for riding instruction given to students on student owned horses by applicant/employee: \$_____ annually
4. Does applicant provide riding instruction for handicapped students? Yes No
5. Level of instruction given:
Beginner: Number of students – Under age 18:____ 18 & over: ____ Ratio of students: _____ to instructor: ____
Intermediate: Number of students – Under age 18:____ 18 & over: ____ Ratio of students: _____ to instructor: ____
Advanced: Number of students – Under age 18:____ 18 & over: ____ Ratio of students: _____ to instructor: ____
6. a. Are stallions used during instruction? Yes No
b. If yes, is student: Beginner; Intermediate; Advanced
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Section 7 - Horse Clinics - No Exposure or Exposure (With or without income.)

1. How many clinic days per year: _____ 2. What are the annual receipts: \$_____
3. Average number of participants: _____ 4. Maximum number of spectators: _____
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Section 8 - Additional Employed Trainers/Instructors/Clinicians

No Exposure

Complete information for additional employees on separate paper. (MUST BE AT LEAST 18 YEARS OF AGE)

Trainer / Instructor / Clinician

1. Name: _____ DOB: _____
2. Number of years experience: _____
3. Any licenses/certifications? Yes No Please check: ARIA; CHA; NARHA; USHJA; Other: _____
4. Give details on competition experience: _____

Section 9 - Horse Shows/Competitions/Events Conducted by Applicant

No Exposure

1. a. Type of events: Shows; Rodeos (*complete Rodeo supplement*); Polo matches; Other: _____
2. Number of event days per year: _____
3. a. Average number of participants: _____ b. Maximum number of spectators: _____
4. Name & Location of Event(s): _____

Section 10 - Safety Program

1. a. Does applicant have written safety rules? (*Submit copy or photo.*) Yes No
 b. Does applicant abide by the equine liability law in the applicant's state? Yes No
 c. Does applicant require a signed waiver/release for all equine activities? (*Submit copy.*) Yes No
 d. Is the signed release kept on file for a minimum of 5 years? Yes No
2. a. Are ASTM/SEI certified helmets required at all times while mounted by Everyone; Everyone under 18; or not required?
 b. Does applicant require a signed helmet rejection form from those who do not 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 11 - 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	Farm Use	Rides to Public
All Terrain Vehicles / Utility Vehicle	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buggies / Carts / Carriages	<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"/>
Sleds / 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 and used for horse operation only.

1. b. Are any of the above used by: Students; Volunteers; Anyone under 16; Other: _____? Yes No
 c. Are operators required to be licensed in applicant's state? Yes No
2. a. Does applicant perform/participate in parades? Yes No
 b. If yes, number of parades: _____; number of horses used per parade: _____
 c. Please provide name of parade(s): _____; Size of parade(s): _____
3. Does applicant conduct the following:
 - a. Trail rides, rental/saddle animal for hire? (Not including riding instruction.) Yes No
 - b. Hay rides, sleigh rides, carriage rides, pack trips, hunting or fishing trips? Yes No
4. a. Are dogs present during instruction/training/clinics? Yes No
 b. If yes, breed of dog(s): (*If mixed, provide primary breed.*) _____

Note: This policy does not cover legal liability for bodily injury or property damage caused by dogs.

Section 12 - 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 applicant's negligence resulting in injury to or death of horses applicant does not own in applicant's 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 applicant requires different limits, please call us.

<u>Limit Per Horse /</u> <u>Maximum Loss Per Policy Year</u> <input type="checkbox"/> \$ 5,000 / \$ 25,000 <input type="checkbox"/> \$ 5,000 / \$ 50,000 <input type="checkbox"/> \$ 10,000 / \$ 50,000	<u>Limit Per Horse /</u> <u>Maximum Loss Per Policy Year</u> <input type="checkbox"/> \$ 10,000 / \$ 100,000 <input type="checkbox"/> \$ 25,000 / \$ 100,000 <input type="checkbox"/> \$ 25,000 / \$ 250,000	<u>Limit Per Horse /</u> <u>Maximum Loss Per Policy Year</u> <input type="checkbox"/> \$ 50,000 / \$ 250,000 <input type="checkbox"/> \$ 100,000 / \$ 500,000* <input type="checkbox"/> Other: _____ / _____
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***Substantiation of Value Form may be required when values are \$100,000 and over.**

1. a. Average value of horses not owned in the applicant's care: \$ _____
 b. Number of horses the applicant does not own: _____
2. Does applicant require mortality coverage for horses in applicant's care, custody & control? Yes No
3. a. Does applicant own, lease/rent or use a vehicle in order to transport horses applicant does 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. Does 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.)
4. Does applicant use an: equine swimming pool; hot walker; and/or tread mill? Yes No

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®