



Farrier insurance application

Markel Insurance Company

P.O. Box 2009, Glen Allen, VA 23058-2009

Email form to: horseinsurance@markel.com

Phone: 1.800.446.7925 Fax: 1.804.527.7999

Our Farrier insurance policy is intended to protect farriers for claims arising out of bodily injury and/or property damage caused by farrier work performed on or off premises. Coverage is not bound until Markel approves the applicant's completed application and premium payment is received. Markel's receipt of premium does not automatically bind coverage until the completed application is approved. In the event Markel does not approve the application, the applicant's premium payment will be returned. Sample policy wording can be provided upon request.

Desired effective date: _____ Markel agent name/number: Mary Phelps - 857454/953671

Section 1 – Insured information

Business name or name (as it should appear on the policy): _____

Doing business as (DBA): _____

Phone No.: _____ Cell No.: _____ Email: _____

Website: _____

Mailing address: _____

Zip code: _____ City: _____ State: _____

Entity type: ☐ individual ☐ corporation ☐ partnership ☐ joint venture ☐ LLC ☐ trust ☐ organization

Primary insured contact full name: _____ Phone number: _____

Deliver policy and billing documents by: ☐ Email (be sure to complete the email address field above)

☐ Mail my policy (Please allow 7-10 business days)

When selecting email/electronic delivery of policy and billing documents, applicant/insured acknowledges review of Markel's electronic terms and conditions (<https://www.markel.com/insurance/markel-electronic-delivery-and-signature-consent-disclosure>) and gives Markel the permission to deliver documents electronically. Document delivery preferences can be updated at any time by a Markel representative, or by logging into a Markel portal account at: <https://account.markelinsurance.com/>.

Section 2 – Eligibility

Applicant must be at least 18 years of age. Please note this policy DOES NOT provide coverage for structural iron work and workers compensation.

In addition to standard policy exclusions, this policy DOES NOT cover:

- Workers' Compensation benefits, or other health, medical, or disability expenses for the policyholder or their employees. This policy excludes "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.
- Athletic or sports participant. This policy is not intended to provide coverage for persons while participating in or practicing for specified equine activities. "Bodily injury" includes injury to any person while practicing, instructing or participating in any physical exercises or games, sports or athletic contest or exhibition for rodeo events (except barrel racing), racing, vaulting, hunts, jousting, or polo matches / practices.
- Livery stable operations (horses for hire operations including, but not limited to, trail rides, carriage rides, pony parties)
- Any loss arising out of or caused by dogs
- Products-completed operations hazard resulting from: the sale of livestock, poultry, or animal of any kind, including but not limited to equines, cattle, dogs, cats and birds; feed mixed or prepared by the insured; tack or equipment sold, rented, loaned, or given to others which has been manufactured or repaired by the insured
- Professional services related to tack repairs for persons other than insured
- Any loss arising out of or caused by communicable disease(s)
- Three wheel all-terrain vehicles (ATV) - For personal ATV coverage, apply for coverage at <https://www.markelinsurance.com/atv>

1. Please confirm acknowledgement of the above statement. ☐ Yes ☐ No

2. Does the applicant conduct any commercial equine operations such as boarding, breeding, riding instruction, training of equines or leasing of equines to others where the applicant may or may not receive money or compensation? ☐ Yes ☐ No

Section 3 – Associations

1. Is the applicant a member of any associations: ☐ None ☐ AFA ☐ IAPF
2. Applicant IAPF accreditation: ☐ None ☐ AF accredited ☐ APF accredited

Section 4 – Operations

1. Does the applicant own, lease, or have legal responsibility for property where the applicant's owned horses are kept and/or where the applicant runs their equine operations? ☐ Yes ☐ No
2. Does the applicant service animals other than equines? ☐ Yes ☐ No; What type(s): _____
3. Does the applicant provide equine dental services and/or procedures? ☐ Yes ☐ No
 - a. Number of years applicant has experience as an equine dental technician: _____
 - b. Did the applicant attend equine dental technician school? ☐ Yes ☐ No
 - c. Name of school: _____
 - d. Does the applicant hold an equine dental technician license? ☐ Yes ☐ No
 - e. Number of years applicant has been licensed: _____
 - f. Is the applicant a member of one of the following: ☐ IAED ☐ IAEDT ☐ Not applicable
 - g. Total annual equine dental technician receipts: \$ _____
4. Please indicate which of the following applies to the applicant's operations: *(select all that apply)*
 - ☐ Applicant only performs farrier services. No other operations apply.
 - ☐ Iron work (includes manufacturing, fabricating, or assembling of ornamental and/or structural metal products)
 - ☐ Sale of farrier products (such as shoes, tools, supplements, etc. Note: Products liability coverage is not provided.)
5. Who is the primary manager of applicant's operations? ☐ Applicant/Self ☐ Employee ☐ Independent
If other than applicant/self, number of years of employee or independent's personal experience with equines: _____
6. Number of years applicant has been in this type of operation(s): _____
7. Number of years applicant's personal experience with equines: _____
8. Total number of equines the applicant owns/leases: _____
9. Annual gross receipts of farrier services: \$ _____
10. Did the applicant attend farrier school? ☐ Yes ☐ No
 - a. Name of school: _____
 - b. Year of graduation (YYYY): _____

FARRIER SERVICES

1. Does applicant have farrier apprentices? ☐ Yes ☐ No If yes, apprentice payroll: \$ _____
2. Does applicant have farrier helpers? ☐ Yes ☐ No If yes, helper payroll: \$ _____
3. Does applicant employ or contract other farriers for applicant's farrier operation? ☐ Yes ☐ No
If yes, employed and/or contracted farriers payroll: \$ _____
4. Are all employees/contractors at least 18 years of age? ☐ Yes ☐ No

IRON WORK - ☐ not applicable to applicant's operation

1. Iron work performed by the applicant is: ☐ Structural ☐ Other ☐ Both structural and other
 - Structural metal work includes designing, fabricating, and installing metal components for buildings and infrastructure, or joining metal to create durable structures like beams, columns, and frames.
 - Other iron work includes manufacturing, fabricating, or assembling of decorative, ornamental or other metal goods.
2. If other or both is selected, indicate annual gross receipts: \$ _____

SALE OF FARRIER PRODUCTS - ☐ not applicable to applicant's operation

Products liability coverage is not provided.

1. Do you sell any other products that are not included in your standard farrier service? ☐ Yes ☐ No
2. If yes, explain: _____
3. Annual gross receipts: \$ _____

Section 5 – Policy information

1. Years with liability insurance: _____
2. Last year's insurance premium: \$_____ Insurance company name (not agency): _____
3. Has any prior coverage been cancelled (other than non-pay) or non-renewed in the last 5 years? ☐ Yes ☐ No
If yes, please explain: _____
4. Is applicant aware of any losses? ☐ Yes ☐ No
If yes, are losses available? ☐ Yes ☐ No If yes, submit an explanation with application.

GENERAL LIABILITY

Select limit of insurance (occurrence/aggregate): ☐ \$1,000,000/\$3,000,000 ☐ \$500,000/\$1,500,000 ☐ \$300,000/\$900,000

CARE, CUSTODY AND CONTROL

Care, custody and control provides legal liability coverage should an applicant be found negligent of an injury or death of an equine not owned by the applicant while in the care, custody and control of the applicant. This 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. Those not eligible for this coverage are veterinarians, commercial transporters, rehabilitation centers, and embryo transplant facilities.

1. Markel's farrier insurance policy includes the following care, custody and control limits:

General liability limit selected above:	Limit for any one equine	Limit for all such claims during the policy period
\$1,000,000 / \$3,000,000	\$25,000	\$100,000
\$500,000 / \$1,500,000	\$10,000	\$50,000
\$300,000 / \$900,000	\$5,000	\$25,000

2. If a higher limit is needed, please indicate limit amount: \$_____ per horse

ADDITIONAL INSURED

By adding a person or entity as an additional insured to the applicant's policy, the applicant is extending insurance coverage to the additional insured. The applicant should only add the person or entity if they have an insurable interest or connection to the named insured's conduct or operations. This would mean there is a possibility that the additional insured could be held liable for losses, such as bodily injury or property damage caused by the named insured, or an employee's actions. NOTE: If you do not have a lease, contract or other agreement in writing with the additional insured, please select the type of additional insured: Designated Person or Organization Other Than Owner or Premises.

1. Does applicant need to include an additional insured? ☐ Yes ☐ No If yes, how many : _____
2. Provide type of additional insured and full name of each additional insured: (space available for up to 2; if more than 2 additional insureds need to be added, please write down this information for each additional insured over 2 and submit with the application.)

Types of additional insureds:

- Owner of premises: Endorsement adds coverage for owner of premises or land leased to applicant while applicant is the tenant.
- Designated person or organization other than owner of premises: Endorsement adds coverage to person or organization identified in endorsement schedule. Coverage only applies to applicant's equine operations. Use this form if applicant needs to add an additional insured to the policy to participate in an event/show, or the owner of a horse used by the applicant for their operations.
- State or governmental agency or subdivision or political subdivision: Endorsement is designed to protect the government or political subdivision whenever the applicant is using additional insured's premises, and the governmental entity requires proof of insurance, and has issued a permit or authorization. If a permit or authorization has not been issued, select 'designated person or organization other than owner of premises'.

Additional insured #1 - Name: _____

Type: ☐ Owner of premises ☐ Designated person or organization other than owner of premises
☐ State or governmental agency or subdivision or political subdivision – permits or authorizations

Additional insured #2 - Name: _____

Type: ☐ Owner of premises ☐ Designated person or organization other than owner of premises
☐ State or governmental agency or subdivision or political subdivision – permits or authorizations

INLAND MARINE – transportable farrier equipment/owned horse equipment

Transportable farrier equipment provides protection for loss of or damage to applicant's transportable inventory of horse shoes, tools and supplies that are used in connection with their farrier practice.

1. Markel's farrier insurance policy includes the following inland marine limits:

General liability limit selected above:	Inland marine limit:	Deductible per occurrence:
\$1,000,000 / \$3,000,000	\$5,000	\$500
\$500,000 / \$1,500,000	\$2,500	\$500
\$300,000 / \$900,000	\$1,000	\$500

2. If a higher limit is needed, please indicate inland marine limit amount: \$_____

BUSINESS AUTO

This farrier policy does not include coverage for your truck and/or your trailer. Business auto is an additional Markel policy that can be purchased. It includes the stated amount valuation for your trucks and rigs, allowing the actual cash value to include the increased limits on the customized additions/modifications of your vehicle. Personal use of vehicle can also be included. Business auto operations cannot include drivers under the age of 21, or any vehicles that are not titled or leased to the named insured.

Would applicant like to add business auto to the policy? ☐ Yes ☐ No
If yes, an underwriter will follow up to get additional information needed.

EXCESS LIABILITY

For extra protection and additional premium, applicant can select to add excess liability. Excess liability provides an additional layer/limit of liability insurance that will exceed the general liability limit selected on applicant's liability policy. Markel offers additional limits up to \$5 million.

1. Would applicant like to add excess liability to the policy? ☐ Yes ☐ No
2. If yes, select limit of insurance (occurrence/aggregate): ☐ \$1,000,000/\$1,000,000 ☐ \$2,000,000/\$2,000,000
☐ \$3,000,000/\$3,000,000 ☐ \$4,000,000/\$4,000,000 ☐ \$5,000,000/\$5,000,000
3. Average number of horses the applicant works on each year: _____
4. Include auto? ☐ Yes ☐ No
5. Does the applicant have vehicles titled or leased with a passenger capacity over 15? ☐ Yes ☐ No

LOCATION INFORMATION - Only applicable if applicant owns or leases premises.

☐ not applicable to applicant's operation

1. Address: _____
Zip: _____ City: _____ State: _____ County: _____
2. Does the applicant own or lease the property at this location? ☐ Own ☐ Lease
3. Number of acres: _____
4. Is there 24-hour supervision at this location, or an individual that lives on the premises? ☐ Yes ☐ No

Payment information

Payment amount: ☐ Full annual premium

☐ Installments: 4-pay plan (\$8 fee added per invoice or \$2 fee for recurring payments)

Payment method: ☐ send me an invoice ☐ check/cash ☐ debit card ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex

Note: If anything other than 'send me an invoice' is selected, an underwriter will call to take payment over the phone.

How did applicant hear about Markel? ☐ Convention/conference ☐ Industry magazine ad ☐ Insurance magazine ☐ Markel Sales Team ☐ Referral
☐ Website ☐ Other: _____ Please specify: _____

Notice of information practices: Personal information about the applicant, including information from an investigative report, may be collected from persons other than the applicant in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without the applicant's authorization. If applicable, credit scoring information may be used to help determine either the applicant's eligibility for insurance or the premium the applicant will be charged. The applicant has the right to review the applicant's personal information in our files and can request correction of any inaccuracies. For a more detailed description of the applicant's rights and our practices regarding such information visit <https://www.markel.com/privacy-policy>. Contact your agent or broker for instructions on how to submit a request to us.

Fraud warnings: Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only. Use the following link to access state specific fraud warnings: [Fraud warnings](#)

Agreement: I am an authorized representative of the applicant and represent that reasonable inquiry has been made to obtain the answers to questions on this application. I represent the answers are true, correct and complete to the best of my knowledge. I agree that if the information supplied on the application changes between the date of the application and the effective date of the insurance, I will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and / or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to purchase the insurance. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Applicant's signature & date: _____

Licensed agent's signature & date (if applicable): _____

Agent's resident license number (Florida only): _____

Servicing agent name: _____