Horse club and association 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 horse club and association insurance is a great choice for your organization because it can provide the coverage you need for your leased or owned premises, special events, and your club's various functions, such as meetings, shows, clinics, trail rides, parades and fundraisers. Applicant must be at least 18 years of age. Coverage is not bound until Markel approves the applicant's completed application and premium payment is received.

Section 1 – Applicant information

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

Name (as it should appear on the policy): _____

Doing business as (DBA): _____

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

Mailing address: _____ City: _____ State: _____ Zip code:_____

Website: _____

Primary insured contact full name: _____ Phone Number:_____

Deliver policy and billing documents by:

☐ Email/Electronic delivery (policy documents will be delivered to the email address provided above)

By selecting email/electronic delivery of policy documents, applicant/insured consents to receive policy and all related documentation and communications electronically. Document delivery preferences can be updated at any time by contacting your agent. When selecting email/electronic delivery of documents, applicant/insured acknowledges review of Markel's electronic terms and conditions (https://www.markel.com/e-disclosure) and gives Markel the permission to deliver documents electronically. To receive any document in paper or non-electronic form, contact Markel at +1.800.446.7925 or email horseinsurance@markel.com.

☐ Mail the policy via USPS (allow 7-10 business days for receipt)

Section 2 – Program eligibility

1. 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, and 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).

   Please confirm applicant acknowledges 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

3. Do any of the following apply to the applicant's operations and/or activities? ☐ Yes ☐ No
Note: If any of the below apply to the applicant's operation, the applicant is ineligible for a Markel horse club and association policy.

- Allow one day memberships.
- Allow rental of saddle animals to be hired by the hour, or for the day to the general public (including but not limited to: hay rides, carriage rides, sleigh rides, trail and endurance rides, pack trips).
- Allow trainers, instructors and/or clinicians under the age of 18 to conduct business on applicant's premises.
- Allow stallions to be used for riding instruction not owned, or leased by a student
- Battle reenactments
- Big game hunts (i.e. coyote, elk, exotic)
- Carry weapons or firearms and/or provide law enforcement services (i.e. crowd control)
- Club/association is made up of smaller local clubs
- Endurance club
- Facility primarily used for veterinary services and rehabilitation
- House or breed exotic animals
- Manage and/or conduct rodeos
- Pony rides as primary operations or held off premises
- Search and rescue
- Responsible for maintenance of trails

4. Type of legal entity: ☐ individual ☐ corporation ☐ partnership ☐ joint venture ☐ LLC ☐ trust ☐ organization
5. Is the applicant a member of any horse related associations: ☐ None ☐ AHA ☐ AQHA ☐ APHA ☐ ARIA ☐ NRCHA ☐ NRHA ☐ NSBA ☐ USDF ☐ USEF ☐ USHJA ☐ Other: _____

Section 3 – Operations

1. Does the applicant own, lease or have legal responsibility for a physical location where operations are conducted? ☐ Yes ☐ No
2. Please indicate which of the following primary operations apply: *(at least one must be selected)*
   ☒ Horse club or association ☐ Boarding of other's equines ☐ Riding instruction to students ☐ Teaching clinics
   ☐ Club/association owns horse(s) ☐ Club/association leases horse(s) to others
   (Horses leased to: ☐ members ☐ non-members ☐ other:_____)
3. Please indicate if any of the following secondary operations apply:
   ☐ Day or overnight camp ☐ Equine rescue ☐ Hay rides/sleigh rides
   ☐ Lease equines to camps/resorts ☐ Livestock other than equines ☐ Parades*
   ☐ Pony rides ☐ Public events ☐ Sale of hay, tack, food, clothing
   ☐ Sale of equines ☐ Therapeutic equine activities (including equine assisted psychotherapy or equine assisted learning)

   If **Parades*** are checked above, provide: Maximum number of equines used per parade: _____ Number of parades: _____
4. Does the applicant use any recreational vehicles for their operations? ☐ Yes ☐ No
   Note: Recreational vehicle use is limited to the applicant/employee for equine operations only and all drivers should be 16 years of age or older.

   Please indicate which types of recreational vehicles are used for the applicant's operation:
   ☐ All-terrain vehicles/utility vehicles – how many: _____ ☐ Buggies – how many: _____
   ☐ Carriages – how many: _____ ☐ Carts – how many: _____
   ☐ Dirt bikes/mopeds/motorized scooters – how many: _____ ☐ Golf carts – how many: _____
   ☐ Sleds/sleighs – how many: _____ ☐ Snowmobiles – how many: _____
   ☐ Wagons – how many: _____

Horse club and association

1. State where club/association is registered: _____
2. Type of club/association: ☐ Association ☐ Club made up of multiple clubs ☐ Single club
3. Total number of individual club/association members per year (including individuals in family memberships): _____
4. Has the club/association been established for at least 5 years? ☐ Yes ☐ No
5. Type of club/association primary activities (select all that apply.)
   ☐ Barrel ☐ Bull rodeo/bull bronc ☐ Dressage ☐ Drill team ☐ Driving
   ☐ Endurance ☐ Equestrian school ☐ Gymkhana ☐ Hunt ☐ Saddle
   ☐ Polo ☐ Shows/Competitions ☐ Trail ride* ☐ Other: _____

   If **Trail ride*** was selected:
   - Total number of individual trail club/association members per year (including individuals in family membership): _____
   - Average number of guest riders per year: _____
6. Does the club/association have by-laws? ☐ Yes ☐ No
7. Does the club/association have more than 6 meetings per year? ☐ Yes ☐ No
8. Are minors allowed to participate in club/association activities? ☐ Yes ☐ No
   - If yes, minimum age of rider/participant: _____
   - Ratio of adults to children during club/association activities: _____adults to _____children

Hunt club | ☐ not applicable to applicant's operation

1. Type of hunt club: ☐ Big game ☐ Duck ☐ Elk ☐ Exotic ☐ Fox ☐ Rabbit ☐ Small game
2. Number of hunts per year non-members are allowed to participate in: _____
3. Total number of hounds the club/association has per year: _____

Riding Instruction | ☐ not applicable to applicant's operation

1. Does applicant use more than 5 school horses at any one time during a lesson? ☐ Yes ☐ No
2. Does applicant require all riders to wear appropriate safety gear customary to their discipline? ☐ Yes ☐ No

Teaching Clinics | ☐ not applicable to applicant's operation

1. Annual gross receipts for clinics conducted: $_____

Day or Overnight Camp | ☐ not applicable to applicant's operation

1. Do you have overnight camps? ☐ Yes ☐ No If yes, answer the questions below.
   a. Select all activities offered to campers:
      ☐ Arts and crafts ☐ Campfire/bonfire ☐ Environmental educational ☐ Field sports
      ☐ Horseback riding ☐ Rodeo/Rough stock ☐ Ropes course ☐ Vaulting
      ☐ Water activities (ie: swimming, boating, fishing, rafting) ☐ Other activities: _____
   b. Does the camp provide transportation of campers? ☐ Yes ☐ No
   c. Estimated number of campers per day: _____
   d. Number of days camp is open per week: _____
   e. Number of weeks camp is open per year: _____
   f. Hours of operation per day: _____
   g. Does the applicant maintain a counselor to camper ratio no less than 1 counselor to every 10 campers? ☐ Yes ☐ No
   h. Any counselors under age 18? ☐ Yes ☐ No
   i. Is there a written safety procedure manual? ☐ Yes ☐ No

Equine Rescue | ☐ not applicable to applicant's operation

1. Does applicant obtain rescued equine from law enforcement seizure? ☐ Yes ☐ No
2. Does applicant use foster homes to house rescued equine? ☐ Yes ☐ No
3. Does applicant relinquish ownership at time of sale/adoption? ☐ Yes ☐ No

Livestock Other Than Equines | ☐ not applicable to applicant's operation

Note: This policy does not cover products liability.

1. How many head of cattle: _____
2. How many head of alpacas, llamas, goats and sheep: _____
3. Does applicant produce any meat or milk products? ☐ Yes ☐ No
   If yes, please explain: _____

Pony Rides | ☐ not applicable to applicant's operation

Note: A supplemental application may be required.

1. Total number of ponies used in rides at any one time: _____
2. Total number of pony ride days per year: _____
3. Does applicant conduct pony rides off premises? ☐ Yes ☐ No

Sale of Hay, Tack, Food, Clothing | ☐ not applicable to applicant's operation

1. Does applicant sell hay or feed? ☐ Yes ☐ No If yes, annual gross receipts: $_____
2. Does applicant sell tack or clothing? ☐ Yes ☐ No If yes, annual gross receipts: $_____
   Note: Manufacturing and/or repairing of tack is excluded.
3. Does applicant have food or snack bar sales? ☐ Yes ☐ No If yes, annual gross receipts: $_____

Sale of Equines | ☐ not applicable to applicant's operation

1. Does applicant sell more than 10 equines a year? ☐ Yes ☐ No
   If yes, approximately how many are sold: _____
2. Does applicant allow test rides? ☐ Yes ☐ No If yes, answer the questions below.
   a. Are waivers signed for all test rides? ☐ Yes ☐ No
   b. Is supervision provided during the test ride? ☐ Yes ☐ No

Public Events

No coverage applies unless the event is scheduled on the policy. Information for each event is required.

Event information includes:

- Start date / End date: If a one-day event, your start date and end date will be the same.
- If dates are unknown, enter estimated dates for the quote. Specific dates for each event are required.
- If dates have not been set, Markel Insurance Company must be notified 10 days prior to the event day, and dates must be approved by the company.
- Hunts involving non-members should be entered as an event and included in the public events section.

Total number of public events per year: _____

Start and End date	Total # of event days	Type of event	Name of event	Competition number	Max # of spectators per event day	Event conducted and/or managed by
		☐ Clinic ☐ Drill competition ☐ Gymkhana ☐ Hunt (member) ☐ Hunt (non-member) ☐ Show ☐ Other				☐ Applicant/Self ☐ Other
		☐ Clinic ☐ Drill competition ☐ Gymkhana ☐ Hunt (member) ☐ Hunt (non-member) ☐ Show ☐ Other				☐ Applicant/Self ☐ Other
		☐ Clinic ☐ Drill competition ☐ Gymkhana ☐ Hunt (member) ☐ Hunt (non-member) ☐ Show ☐ Other				☐ Applicant/Self ☐ Other
		☐ Clinic ☐ Drill competition ☐ Gymkhana ☐ Hunt (member) ☐ Hunt (non-member) ☐ Show ☐ Other				☐ Applicant/Self ☐ Other

*If more than 4 events, please include the information above for each additional event and submit with this application.

Instructors/Trainers/Clinicians/Practitioners | ☐ not applicable to applicant's operation

Coverage is provided only for the applicant, employees and independents working on behalf of the applicant's operations. All individuals employed and contracted by the applicant must be counted below. Independents are contractors that work for the applicant under a contract or verbal agreement and are not employees. The applicant would report compensation to an independent contractor using Form 1099-MISC.

1. How many total instructors, trainers, clinicians and practitioners work at the applicant's facility? (Include applicant/self, employees, and independents): _____

Independents without liability insurance, will be added to the applicant's policy. Markel recommends independents working at the applicant's facility carry their own liability insurance and add the applicant as an additional insured to their policy. For independents wanting to pursue their own liability insurance, Markel is available to assist with an insurance quote.

2. Out of the above total, how many independents working for the applicant/self do not carry their own liability insurance: ____

3. **Information on instructors, trainers, clinicians and practitioners (include applicant and employees that are to be included on applicant's policy, and the independents with their own insurance)**:
All instructors, trainers and clinicians must be listed. Do not include the independents that are currently without their own insurance in this list. Applicant will be asked for their information next. If more than 3 people need to be listed, please write down this information for each additional instructor/trainer/clinician and submit with the application.

For any independents that carry their own liability insurance, certificates of insurance will be required. Markel requires all independents carry same or greater liability limits with an "A" rated admitted carrier.

Instructor/Trainer/Clinician #1
Full name: _____ Is this person 18 years or older? ☐ Yes ☐ No
Type: ☐ Applicant/self ☐ Employee ☐ Independent
Does this person have more than 5 years experience as a riding instructor or equine trainer? ☐ Yes ☐ No

Instructor/Trainer/Clinician #2
Full name: _____ Is this person 18 years or older? ☐ Yes ☐ No
Type: ☐ Applicant/self ☐ Employee ☐ Independent
Does this person have more than 5 years experience as a riding instructor or equine trainer? ☐ Yes ☐ No

Instructor/Trainer/Clinician #3
Full name: _____ Is this person 18 years or older? ☐ Yes ☐ No
Type: ☐ Applicant/self ☐ Employee ☐ Independent
Does this person have more than 5 years experience as a riding instructor or equine trainer? ☐ Yes ☐ No

Information on independents <u>WITHOUT</u> other insurance:
All independents without liability insurance will be added to the applicant's policy, for an additional premium. People listed below are independents without liability insurance, and will be added to the applicant's policy. If more than 3 independents need to be added, please write down this information for each independent and submit with the application.

Independent #1 – without insurance
Full name: _____ Is this person 18 years or older? ☐ Yes ☐ No
Does this person have more than 5 years experience as a riding instructor or equine trainer? ☐ Yes ☐ No

Independent #2 – without insurance
Full name: _____ Is this person 18 years or older? ☐ Yes ☐ No
Does this person have more than 5 years experience as a riding instructor or equine trainer? ☐ Yes ☐ No

Independent #3 – without insurance
Full name: _____ Is this person 18 years or older? ☐ Yes ☐ No
Does this person have more than 5 years experience as a riding instructor or equine trainer? ☐ Yes ☐ No

Section 4 – Summary of equines | ☐ not applicable to applicant's operation

Only complete if club/association owns/leases horses or boards non-owned horses.

1. Total number of equines applicant owns/leases: _____
2. Total number of equines the applicant does not own that they care for, or use for their operation (such as breeding, boarding, training): _____

Use of Equines – Based on applicant's horse count above, please tell us more about how applicant uses these equines.

1. For owned/leased equines, total number of equines used **<u>only</u>** for training, breeding, or racing: _____
2. Total number of equines the applicant leases to camps or resorts: _____
3. Does the applicant, an employee and/or independent teach lessons? ☐ Yes ☐ No If yes, answer questions below.

School horses: A school horse is one that is owned or borrowed by the instructor to use in giving instruction to a student. Students riding their own horses in a full-time training program should not be counted as school horses or included in the receipts below.

a. Annual gross receipts for instruction given on student owned horses: $_____
b. In a single lesson, how many owned/leased school horses, assigned by an instructor, may be used at one time:____
c. In a single lesson, how many non-owned school horses, assigned by an instructor, may be used at one time: _____

Section 5 – Policy Information

1. Years with liability insurance: _____
2. Last year's insurance information:
   a. Premium: $_____
   b. Insurance company (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, please submit an explanation with application.

General Liability

Select limit of insurance:

☐ $1,000,000 occurrence / $3,000,000 aggregate ☐ $500,000 occurrence / $1,500,000 aggregate ☐ $300,000 occurrence / $900,000 occurrence

Additional Insured/Certificate of Insurance

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 additional insureds: _____
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.)

   Additional insured #1 - Name: _____
   Mailing address: _____
   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: _____
   Mailing address: _____
   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

Markel's Horse Club insurance policy automatically includes coverage for owned and non-owned equipment.

- Owned equipment : $5,000 limit of insurance and a $500 deductible for each occurrence.
- Non-owned equipment : $2,500 limit of insurance for club / association and a $500 deductible for each occurrence.

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 the 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

Location Information - Only applicable if applicant owns or leases premises. | ☐ not applicable to applicant's operation

1. Does applicant comply with the following? ☐ Yes ☐ No
   - Adequate fencing in good condition and checked daily
   - Fully charged and mounted fire extinguishers in barns / arenas / stables
   - No smoking in the barns or surrounding areas and signs clearly posted
   - Post safety and barn rules

   Please note, while not required, we recommend having:
   - Emergency evacuation procedures
   - Working smoke alarm system in barns / arenas / stables

   If no, please explain: _____

2. Does applicant lease any part of their land or operation to others? ☐ Yes ☐ No

   If yes, please explain: _____

   Note: Certificates of insurance will be required. Markel requires all leasees carry same or greater liability limits with an "A" rated admitted carrier.

3. Is there anyone other than applicant living on premises? ☐ Yes ☐ No

   If yes, who: ☐ Employee ☐ Landowner ☐ Relative ☐ Tenant

4. Does applicant allow people who do not board equines or take lessons, to haul in and use the facility? ☐ Yes ☐ No

   If yes: a. Number of days per year: _____

   b. Average number of participants per day: _____

   c. Annual gross receipts for haul in and use of facility: $_____

5. Does applicant have bleachers / grandstands? ☐ Yes ☐ No

   Note: Photos of all bleachers/grandstands will be required to be submitted prior to binding.

   If yes: a. Are they: ☐ Permanent ☐ Temporary

   b. Total seating capacity: _____

   c. If temporary, does a third party set up the bleachers/grandstands? ☐ Yes ☐ No

6. **Location(s):**

   a. How many locations need to be included on this policy: _____

   Provide the following information per location: (If more than 2 locations need to be added, please write down this information for each location over 2 and submit with the application.)

   b. Location #1 – Address: _____ Zip: _____

   City: _____ State: _____ County: _____

   Does applicant own or lease the property at this location: ☐ Own ☐ Lease Number of acres: _____

   Is there 24-hour supervision at this location, or an individual that lives on the premises? ☐ Yes ☐ No

   c. Location #2 – Address: _____ Zip: _____

   City: _____ State: _____ County: _____

   Does applicant own or lease the property at this location: ☐ Own ☐ Lease Number of acres: _____

   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 (There is a fee added per installment.)

Payment method: ☐ send me an invoice ☐ check/cash ☐ credit/debit card
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: Privacy Policy | Markel
Contact your agent or broker for instructions on how to submit a request to us.

Fraud warnings: Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only. To access state specific fraud warnings, visit our website at: https://www.markel.com/fraudwarnings

Agreement: The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge. The undersigned authorized representative agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of this application does not bind the applicant to the Company to purchase the insurance. When receiving this document via Docusign, 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: _____