



# Equine service professional insurance application

## Markel Insurance Company

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

Email form to: [horseinsurance@markel.com](mailto:horseinsurance@markel.com)

Phone: 1.800.446.7925 Fax: 1.804.527.7999

Our equine service professional insurance policy is intended to cover liability arising out of applicant's commercial equine service professional operation only. All operations must be declared on application.

### Section 1 – Customer information

Desired effective date: \_\_\_\_\_ Markel agent name/number: \_\_\_\_\_

Insured 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 contact full name: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

Mail my policy (please allow 7-10 business days)

When selecting email/electronic delivery of policy 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. Document delivery preferences can be updated at any time by a Markel representative, or by logging into a Markel portal account at <https://account.markel.com>.

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, 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. **Do any of the following apply to the applicant's operation?  Yes  No**

Note: If any of the below apply to the applicant's operation, the applicant is ineligible for a Markel Equine Service Professionals or Commercial Equine Liability policy.

- 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 the applicant's premises
- Allow stallions to be used for riding instruction not owned, or leased by a student
- Manage and / or conduct rodeos
- Pony rides as primary operations or held off premises
- Process or slaughter animals for meat on premises
- House or breed exotic animals
- Facility primarily used for veterinary services and rehabilitation

3. Business type/legal entity:  individual  corporation  partnership  joint venture  LLC  trust  organization

4. Is the applicant a member of any horse related associations:  None  AAEP  AFA  AMHA  AQHA  APHA  ARIA  ARHFA  ASHA  AHA  CHA  IAPF  NBHA  NRCHA  NRHA  NSBA  NSHA  PTHA  USDF  USEF  USHJA  Other: \_\_\_\_\_

## Section 2 – Operations

- Does applicant conduct any other commercial equine operations, i.e. riding lessons, horse training, boarding, breeding, farrier services, clinician?  Yes  No  
(If yes, applicant is ineligible for Markel's Equine Service Professionals policy. Please complete Markel's Commercial Equine Liability application.)
- 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  
(If yes, applicant is ineligible for Markel's Equine Service Professionals policy. Please complete Markel's Commercial Equine Liability application.)
- Number of years applicant has been in this type of operation: \_\_\_\_\_
- Number of years applicant's personal experience with equines: \_\_\_\_\_
- Does applicant own or lease horses?  Yes  No If yes, how many horses owned/leased? \_\_\_\_\_
- Check all services provided. All services you provide must be declared. If not listed, please describe in 'other'.
 

<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Braiding	<input type="checkbox"/> Chiropractic care	<input type="checkbox"/> Clipping	<input type="checkbox"/> Farm sitting
<input type="checkbox"/> Grooms	<input type="checkbox"/> Kinesiology taping	<input type="checkbox"/> Lasering	<input type="checkbox"/> Massage	<input type="checkbox"/> PEMF
<input type="checkbox"/> Stall cleaning	<input type="checkbox"/> Other: _____			
- Indicate all equipment owned and/or leased.
 

<input type="checkbox"/> PEMF machine Cost: _____ Serial #: _____ Make/model: _____ _____	<input type="checkbox"/> Cryotherapy machine Cost: _____ Serial #: _____ Make/model: _____ _____	<input type="checkbox"/> Water treadmill Cost: _____ Serial #: _____ Make/model: _____ _____	<input type="checkbox"/> Other If other is selected, provide details below.
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If other was selected, provide a description of your owned and/or leased equipment (to include name of the equipment, cost, make/model and serial number): \_\_\_\_\_
- Annual gross sales for equine service professional operation: \$ \_\_\_\_\_
- Does applicant hold certifications in the modality/modalities offered? (Submit proof of certification.)  Yes  No
- Are animals held, tied, or contained in a stall for treatment?  Yes  No
- Any services provided to humans, dogs or other animals?  Yes  No
- Average number of horses serviced a day: \_\_\_\_\_ Highest value of any one horse serviced: \$ \_\_\_\_\_
- Does applicant have any employees or helpers?  Yes  No  
 If yes: How many employees and/or helpers: \_\_\_\_\_  
 Are all employees and/or helpers over 18 years old?  Yes  No
- Does applicant sell hay or feed?  Yes  No If yes, annual gross receipts: \$ \_\_\_\_\_
- Does applicant sell tack or clothing?  Yes  No If yes, annual gross receipts: \$ \_\_\_\_\_  
 Note: Manufacturing and/or repairing of tack is excluded.

## Section 3 – Policy information

### Previous coverage

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

## Coverage selections

### 1. Select general liability and care, custody and control limits:

Choose one:	Liability limit: (occurrence/aggregate)	Care, custody and control / legal liability limit: (Per horse limit/Aggregate claims limit)
<input type="checkbox"/>	\$300,000 / \$900,000	\$5,000 / \$25,000
<input type="checkbox"/>	\$500,000 / \$1,000,000	\$10,000 / \$50,000
<input type="checkbox"/>	\$1,000,000 / \$3,000,000	\$25,000 / \$100,000

If higher care, custody and control limits are desired, indicate limits here: \$ \_\_\_\_\_

Note: 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.

2. Does applicant use equine swimming pools, hot walkers, and/or treadmills?  Yes  No

3. Does applicant or any employees transport equines they do not own?  Yes  No

If yes:

– Number of trips per year: \_\_\_\_\_ – Average mileage per trip: \_\_\_\_\_

– Have any drivers had any traffic violations within the past 5 years?  Yes  No

4. Would applicant like to add excess liability to the policy?  Yes  No

Note: 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.

If yes:

– Select excess liability limit (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

– Include auto?  Yes  No

– Does applicant have vehicles titles or leased with a passenger capacity over 15?  Yes  No

## Section 4 – Payment information

**Payment amount:**  Full annual premium  Installments: 4-pay plan (Fee added per installment; amount shown on invoice)

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

Note: If anything other than send me an invoice or cash is selected, a Markel representative 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:** 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." Please use this link to see the state specific fraud language: <https://www.markel.com/application-fraud-warnings>

**Agreement:** The undersigned is 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: \_\_\_\_\_