



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: _____

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 Market 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:

<input type="checkbox"/> Arts and crafts	<input type="checkbox"/> Campfire/bonfire	<input type="checkbox"/> Environmental educational	<input type="checkbox"/> Field sports
<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Rodeo/Rough stock	<input type="checkbox"/> Ropes course	<input type="checkbox"/> Vaulting
<input type="checkbox"/> Water activities (ie: swimming, boating, fishing, rafting)		<input type="checkbox"/> 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
		<input type="checkbox"/> Clinic <input type="checkbox"/> Drill competition <input type="checkbox"/> Gymkhana <input type="checkbox"/> Hunt (member) <input type="checkbox"/> Hunt (non-member) <input type="checkbox"/> Show <input type="checkbox"/> Other				<input type="checkbox"/> Applicant/Self <input type="checkbox"/> Other
		<input type="checkbox"/> Clinic <input type="checkbox"/> Drill competition <input type="checkbox"/> Gymkhana <input type="checkbox"/> Hunt (member) <input type="checkbox"/> Hunt (non-member) <input type="checkbox"/> Show <input type="checkbox"/> Other				<input type="checkbox"/> Applicant/Self <input type="checkbox"/> Other
		<input type="checkbox"/> Clinic <input type="checkbox"/> Drill competition <input type="checkbox"/> Gymkhana <input type="checkbox"/> Hunt (member) <input type="checkbox"/> Hunt (non-member) <input type="checkbox"/> Show <input type="checkbox"/> Other				<input type="checkbox"/> Applicant/Self <input type="checkbox"/> Other
		<input type="checkbox"/> Clinic <input type="checkbox"/> Drill competition <input type="checkbox"/> Gymkhana <input type="checkbox"/> Hunt (member) <input type="checkbox"/> Hunt (non-member) <input type="checkbox"/> Show <input type="checkbox"/> Other				<input type="checkbox"/> Applicant/Self <input type="checkbox"/> 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. Market 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 WITHOUT 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 **only** 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:

- | | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> \$1,000,000 occurrence /
\$3,000,000 aggregate | <input type="checkbox"/> \$500,000 occurrence /
\$1,500,000 aggregate | <input type="checkbox"/> \$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: _____