



Markel Insurance Company
 MarkelDIRECT - a division of Markel Service Incorporated
 P.O. Box 2009, Glen Allen, VA 23058-2009
 Telephone: (800) 50-HORSE Fax: (804) 527-7784
 Email applications to: horseinsurance@markel.com

Commercial Equine Liability Insurance Application

The Markel Commercial Equine Liability Policy is intended to cover liability arising out of the applicant's commercial and/or personal equine operation only. Only horses and operations declared on this application will be covered, unless otherwise endorsed. This policy does not provide workers compensation coverage. At this time, Markel does not have a workers compensation product for equine risks. 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. Applicant must be at least 18 years of age.

Desired effective date: _____ Markel agent name/number: _____
 Named insured: _____ DBA: _____
 Email: _____ Phone No.: _____ Cell No.: _____
 Mailing address: _____ City: _____ State: _____ Zip code: _____
 Website: _____ Primary contact name: _____ Phone No.: _____

Please send the insurance policy by: Email/Electronic delivery
 (policy documents will be delivered to the email address provided above)
 Mail the policy via USPS (allow 7-10 business days for receipt)

When selecting email/electronic delivery of policy 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://portal.markelinsurance.com>.

Section 1 – Customer Information

- In addition to standard policy exclusions, this policy DOES NOT cover:
 - "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. "Bodily injury" includes injury to any person while practicing, instructing or participating in any physical exercises or games, sports or athletic contest or exhibition including rodeo events, racing, vaulting, hunts, jousting, or polo matches/practices.
 - Livery stable operations
 - 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>

Please confirm applicant acknowledges the above statement. Yes No

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

Section 2 – 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. Please indicate which of the following primary operations apply: *(at least one must be selected)*
 Boarding of other's equines Breeding Equine training Pleasure Riding instruction to students Teaching clinics
3. Please indicate if any of the following secondary operations apply:
 Day or overnight camp Equine rescue Farrier services for non-owned equines
 Hay rides/sleigh rides Host shows/host clinics Lease equines to camps or resorts
 Livestock other than equines Pony rides Racehorse training
 Sale of hay, tack, food, clothing Sale of equines Therapeutic equine activities (including equine assisted psychotherapy and learning)
4. Number of years applicant has been in this type of operation(s): _____
5. Number of years applicant's personal experience with equines: _____
6. 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: _____
7. Are there any additional businesses being conducted by the applicant on their premises? (e.g. bed & breakfast, farmer's market, home daycare, kennels, RV hookups/camping)? Yes No If yes, please explain: _____
8. Does the applicant use any recreational vehicles for their operations? Yes No

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: \$ _____

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

Farrier Services - not applicable to applicant's operation

Note: This policy does not provide workers compensation coverage, and workers compensation is not available through Market.

1. Does applicant perform farrier services on equines they do not own? Yes No
2. Does applicant have farrier apprentices? Yes No If yes, apprentice payroll: \$ _____
3. Does applicant have farrier helpers? Yes No If yes, helper payroll: \$ _____
4. Does applicant employ or contract other farriers for applicant's farrier operation? Yes No
If yes, employed and/or contracted farriers payroll: \$ _____
5. Are all employees/contractors at least 18 years of age? Yes No

Host Shows/Host Clinics - not applicable to applicant's operation

For the purpose of this application, a schooling show means an event to demonstrate student achievements or progress associated with riding academies or instruction; no outside participants.

1. Based on the above definition, does applicant host shows and/or clinics other than schooling shows? Yes No
2. If yes, please answer the following questions:
 - a. Total number of clinics hosted per year: _____
 - b. Total number of show days hosted per year: _____
 - c. Maximum number of spectators on grounds per event day: _____
 - d. Does applicant host any of the following events: Yes No
 - Barrel racing
 - Polo matches
 - Rodeos (bronco riding, steer wrestling, bull riding)
 - Team sorting or roping
 - e. Events are conducted and/or managed by: Applicant/Self Other: _____
 - f. Does applicant have vendors at events? Yes No
Note: Certificates of insurance will be required. Market requires all vendors carry same or greater liability limits with an "A" rated admitted carrier.

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 livestock, other than cattle and equines: _____
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:
 - a. Are waivers signed for all test rides? Yes No
 - b. Is supervision provided during the test ride? Yes No

Recreational Vehicle Use - not applicable to applicant's operation

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. To apply for personal ATV coverage, visit markelinsurance.com/atv.

Please indicate which types of recreational vehicles are used for the applicant's operation:

- | | | | |
|--|-----------------|--|-----------------|
| <input type="checkbox"/> All-terrain vehicles/utility vehicles – | how many: _____ | <input type="checkbox"/> Buggies – | how many: _____ |
| <input type="checkbox"/> Carriages – | how many: _____ | <input type="checkbox"/> Carts – | how many: _____ |
| <input type="checkbox"/> Dirt bikes/mopeds/motorized scooters – | how many: _____ | <input type="checkbox"/> Golf carts – | how many: _____ |
| <input type="checkbox"/> Sleds/sleighs – | how many: _____ | <input type="checkbox"/> Snowmobiles – | how many: _____ |
| <input type="checkbox"/> Wagons – | how many: _____ | | |

Instructors/Trainers/Clinicians - 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 and clinicians work at the applicant's facility? (Include applicant, 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 do not carry their own liability insurance: _____

3. **Information on instructors, trainers and clinicians (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. Space is available for up to 3; 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 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. Space is available for up to 3; 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 3 – Summary of Equines

Count each equine only once, based on its primary use. Primary equine use examples are: pleasure, show, training, racing, and equines for sale (including mares, stallions, broodmares, foals, weanlings, and two year olds)

1. Total number of equines applicant owns/leases:

2. Total number of equines applicant does not own that they care for, breed, train, or use for their operation: _____

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 applicant teach lessons? Yes No Note: Students riding their own horses in a full time training program should not be counted as school horses or included in the receipts below.

If yes: a. Annual gross receipts for instruction given on student owned horses: \$_____

b. Total number of school horses assigned by an instructor at any one time that are owned/leased: _____

c. Total number of school horses assigned by an instructor at any one time that are non-owned: _____

4. Does applicant participate in parades with applicant's equines? Yes No

If yes: a. Number of parades: _____

b. Number of equines used per parade: _____

Section 4 – Safety

1. Does applicant abide by the equine liability law in applicant's state and post state statutory signs, where applicable? Yes No
2. Does applicant require a signed waiver/release for all equine activities? Yes No
3. Does the applicant have a written safety program that includes but not limited to emergency evacuation procedures, working smoke alarm system and fully charged and mounted fire extinguishers? Yes No
4. Is the signed release kept on file for a minimum of 5 years? Yes No
5. Does the applicant require everyone to wear an ASTM/SEI certified helmet while on an equine? Yes No
6. Does the applicant require other protective gear to be worn while riding? Yes No
If yes, indicate type of safety gear applicant requires: Boots/heeled shoes Gloves Long pants Other: _____
7. Does the applicant own or allow any of the following dog breeds: Akita, Chow, Doberman, Great Dane, Malamute, and/or Wolf Crossbreed, Pitbull Rottweiler, Sharpeis, Shepard, St. Bernard? Yes No

Section 5 – Policy Information

1. Years with liability insurance: _____
2. Last year's insurance information:
 - b. Premium: \$_____
 - c. 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 (occurrence/aggregate):

- \$1,000,000/\$3,000,000 - \$550 minimum earned premium (NY only-\$700; CA only-\$695, FL & WA only-\$725)
- \$500,000/\$1,500,000 - \$450 minimum earned premium (NY only-\$550; CA, FL & WA only-\$575)
- \$300,000/\$900,000 - \$350 minimum earned premium (NY only-\$400; CA, FL & WA only-\$425)

Care, Custody and Control

Care, custody and control provides legal liability coverage should an applicant be found negligent after 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. Those not eligible for this coverage are veterinarians, equine dentists, commercial transporters, rehabilitation centers, and embryo transplant facilities.

1. Would applicant like to add care, custody and control coverage of non-owned equines to the policy? Yes No
2. If yes, please answer the questions below:
 - a. Select one limit of insurance (per equine/maximum loss per policy year):
 \$5,000/\$25,000 \$5,000/\$50,000 \$10,000/\$50,000 \$10,000/\$100,000
 \$25,000/\$100,000 \$25,000/\$250,000 \$50,000/\$250,000 \$100,000/\$500,000
 - b. Highest value of any one horse the applicant does not own in their care: \$_____
 - c. Any use of barbed wire for enclosing equines on the property? Yes No
 - d. Any use of an electric wire fence on the property? Yes No
 - e. Are any fences over 15 years old on the property? Yes No
 - f. Are any barns over 30 years old being used for equines applicant does not own? Yes No
 - g. Is the barn sprinklered? Yes No
 - h. Is there use of a portable heater in the barn? Yes No
 - i. Does applicant store hay in the same barns as the non-owned equines? Yes No
 - j. Does applicant use equine swimming pools, hot walkers, and/or treadmills? Yes No
 - k. Is there full-time supervision on the property? Yes No
 - l. Does applicant or any employees transport equines they do not own? Yes No
If yes, answer these questions:
 - Number of trips per year: _____ Average mileage per trip: _____
 - Have any drivers had any traffic violations within the past 5 years? Yes No

Additional Insureds

Note: 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.

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

Excess Liability

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 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
 - Emergency evacuation procedures
 - 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
 - Working smoke alarm system in barns / arenas / stables
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: _____
d. 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: (space available for up to 2; 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 full time supervision at this location? 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 full time supervision at this location? Yes No

Payment information

Payment amount: Full annual premium

Installments: 4-pay plan - \$5 fee added per installment (\$4 fee per installment in FL only)

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 AL, AR, DC, 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/insurance/personal-and-commercial-lines-policyholder-application-fraud-warnings>

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 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.

Applicant's signature & date: _____

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

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

Servicing agent name: _____