



Mary Phelps #00053  
Office 800-572-3286  
Fax 386-985-4657

# Equi-Farm Application For Horse Related Operations

P.O. Box 2009, Glen Allen, VA 23058-2009 Phone: (800) 262-7535 Fax: (804) 527-7784  
Website: www.horseinsurance.com Email: agapplications@markelcorp.com

**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued.

Applicant: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Web site: \_\_\_\_\_

Broker Name: Mary Phelps Broker Number: 00053  
Company Name: Markel Insurance Company - Agent  
Mailing Address: PO Box 868  
City: DeLeon Springs State: FL Zip Code: 32130  
Phone #: (800) 572 - 3286 Fax #: (386) 985 - 4657  
Email Address: Tracey@horsesdaily.com

## Section 1 - Applicant Information Desired Effective Date: \_\_\_\_\_

- a. Type of Ownership:  Corporation  Individual\*  Joint Venture  Limited Liability Company  
 Trust  Organization  Partnership  None
- b. \*If applicant is multiple individual names, what is the relationship of applicant(s):  Husband / Wife;  
 Parent / Child;  Siblings;  Other: \_\_\_\_\_
- c. If ownership is not an individual: i. Which entity owns: premises- \_\_\_\_\_ horses- \_\_\_\_\_  
ii. Which entity is the dwelling owned under: \_\_\_\_\_  
iii. Which entity conducts horse operation: \_\_\_\_\_
2. Names of corporate partners/officers for each entity: \_\_\_\_\_
3. Is the applicant a member of:  AHA;  AQHA;  APHA;  ARIA;  NRCHA;  NRHA;  USDF;  USEF;  
 USHJA;  Other: \_\_\_\_\_  None
4. Deductible:  \$1,000;  \$3,000;  \$5,000;  \$10,000;  Other: \_\_\_\_\_ (Under \$1,000 not available)
5. Is property located within 25 miles of:  
Coast, Waterway, Sound, or Bay?  Yes  No ; Brush Zone?  Yes  No; Flood Zone?  Yes  No
6. **Oklahoma Residents Only:** If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments?  Yes  No
7. Does the applicant own any rental property?  Yes  No If yes, please explain: \_\_\_\_\_
8. Mortgagee(s)  N/A: \_\_\_\_\_
9. Loss Payee(s)  N/A: \_\_\_\_\_
- 10.a. Type of Farm/ Ranch: \_\_\_\_\_ b. Breed of horse: \_\_\_\_\_
11. Other Business Pursuits (Please Explain): \_\_\_\_\_

## 12. Location of Actual Operation(s) (For additional locations, provide on an additional page.)

Location <i>Include Street, County, City, State &amp; Zip Code</i>	# of Acres	# of Years at Location	Responding Fire District Name	Feet from Fire Hydrant	Miles from Fire Dept.	Check One: <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent From Others
1.						<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent From Others
2.						<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent From Others

## Section 2 - Prior 3 Year Property & Liability Insurance Information

Must be completed in full in order to receive a quote; Including homeowners, renters and business owners' policies.

Company	Effective Dates	Premium	No. of Claims

- a. Have applicant been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.)  Yes  No  
b. If yes, please explain: \_\_\_\_\_
2. Explain losses/incidents within the past 5 years with dates & details of loss, incl. amount paid, on separate sheet of paper.  None
3. Has the applicant ever filed for bankruptcy or had a foreclosure?  Yes  No Explain: \_\_\_\_\_

### Section 3 – Dwelling Information

	<b>Dwelling 1</b> (includes modular) <b>Location #</b> ____	<b>Dwelling 2</b> (includes modular) <b>Location #</b> ____	<b>*Mobile Home</b> (manufactured) <b>Location #</b> ____ <b>Photos Required</b>
Limit of Insurance	\$ _____	\$ _____	\$ _____
Appurtenant Structure (Detached Garage Only)	\$ _____	\$ _____	Make: _____ Model: _____
Household Contents (Applicant's Only)	\$ _____	\$ _____	\$ _____
Loss of Use	\$ _____	\$ _____	\$ _____
Dwelling / Household Contents - Covered Cause of Loss	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special
Replacement Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Families			
Occupancy	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal
Occupied By	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant
Year Built			
Renovation Update Year of all updates.	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None
Number of Stories			
Total Square Footage (Exclude garage)			Dimensions: ____ ft. X ____ ft.
Construction (Frame of Building)	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	Permanent foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No Tie downs meet building code requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No # of tie downs: _____
Roof Type	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other: _____	Skirting <input type="checkbox"/> None Type: _____
House Siding	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____
Number of:	Chimney(s) ____ Fireplace(s) ____	Chimney(s) ____ Fireplace(s) ____	Chimney(s) ____ Fireplace(s) ____
Number of Baths	½ Baths: ____ Full Baths: ____	½ Baths: ____ Full Baths: ____	½ Baths: ____ Full Baths: ____
Additions If other, attach additional information.	<input type="checkbox"/> Breezeway Sq.Ft. _____ <input type="checkbox"/> Balcony/Decks Sq.Ft. _____ <input type="checkbox"/> Room Additions Sq. Ft. _____	<input type="checkbox"/> Breezeway Sq.Ft. _____ <input type="checkbox"/> Balcony/Decks Sq.Ft. _____ <input type="checkbox"/> Room Additions Sq. Ft. _____	<input type="checkbox"/> Breezeway Sq.Ft. _____ <input type="checkbox"/> Balcony/Decks Sq.Ft. _____ <input type="checkbox"/> Room Additions Sq. Ft. _____
<b>Garage</b>	<input type="checkbox"/> Attached <input type="checkbox"/> None <input type="checkbox"/> Detached   Sq Ft _____	<input type="checkbox"/> Attached <input type="checkbox"/> None <input type="checkbox"/> Detached   Sq Ft _____	<input type="checkbox"/> Attached <input type="checkbox"/> None <input type="checkbox"/> Detached   Sq Ft _____
<b>Basement</b>	<input type="checkbox"/> Finished <input type="checkbox"/> None <input type="checkbox"/> Unfinished   Sq Ft _____	<input type="checkbox"/> Finished <input type="checkbox"/> None <input type="checkbox"/> Unfinished   Sq Ft _____	<input type="checkbox"/> Finished <input type="checkbox"/> None <input type="checkbox"/> Unfinished   Sq Ft _____
<b>Attic</b>	<input type="checkbox"/> Finished <input type="checkbox"/> None <input type="checkbox"/> Unfinished   Sq Ft _____	<input type="checkbox"/> Finished <input type="checkbox"/> None <input type="checkbox"/> Unfinished   Sq Ft _____	<input type="checkbox"/> Finished <input type="checkbox"/> None <input type="checkbox"/> Unfinished   Sq Ft _____
Heat Type List all that apply. *Supplement required. Contact company.	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump - BTU's _____ <input type="checkbox"/> Other: _____
Air Conditioning	Using: <input type="checkbox"/> Heat Ducts <input type="checkbox"/> Separate Ducts <input type="checkbox"/> Window Unit	Using: <input type="checkbox"/> Heat Ducts <input type="checkbox"/> Separate Ducts <input type="checkbox"/> Window Unit	<input type="checkbox"/> Central BTU's _____ <input type="checkbox"/> Window Unit _____ <input type="checkbox"/> Other: _____
Protection Features	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> UL Approved Lightning Rods <input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> UL Approved Lightning Rods <input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> UL Approved Lightning Rods <input type="checkbox"/> Sprinkler System

**\* Mobile Homes are subject to approval.**

## Section 4 - Schedule of Farm Buildings, Stables and Other Structures

Building	Building # ____ / Loc. # ____	Building # ____ / Loc. # ____	Building # ____ / Loc. # ____
Limit of Insurance	\$ _____	\$ _____	\$ _____
Year Built	_____	_____	_____
Renovation Update <i>Year of all updates. Mark N/A if no heating, plumbing and/or electricity in building.</i>	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None
Covered Cause of Loss	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special
Replacement Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Type	<input type="checkbox"/> Barn # of stories: _____ <input type="checkbox"/> Stable / Horse Barn <input type="checkbox"/> Arena: <input type="checkbox"/> Covered <input type="checkbox"/> Enclosed <input type="checkbox"/> Shed: # of sides _____ <input type="checkbox"/> Shop/Tack Building <input type="checkbox"/> Other: _____	<input type="checkbox"/> Barn # of stories: _____ <input type="checkbox"/> Stable / Horse Barn <input type="checkbox"/> Arena: <input type="checkbox"/> Covered <input type="checkbox"/> Enclosed <input type="checkbox"/> Shed: # of sides _____ <input type="checkbox"/> Shop/Tack Building <input type="checkbox"/> Other: _____	<input type="checkbox"/> Barn # of stories: _____ <input type="checkbox"/> Stable / Horse Barn <input type="checkbox"/> Arena: <input type="checkbox"/> Covered <input type="checkbox"/> Enclosed <input type="checkbox"/> Shed: # of sides _____ <input type="checkbox"/> Shop/Tack Building <input type="checkbox"/> Other: _____
Square Footage	Total Building: _____ Apartment: _____ Apt. occupied by: _____ Arena: _____ Bathroom: _____ Loft: _____ Office: _____ Tack Room: _____	Total Building: _____ Apartment: _____ Apt. occupied by: _____ Arena: _____ Bathroom: _____ Loft: _____ Office: _____ Tack Room: _____	Total Building: _____ Apartment: _____ Apt. occupied by: _____ Arena: _____ Bathroom: _____ Loft: _____ Office: _____ Tack Room: _____
Building Height	Feet: _____	Feet: _____	Feet: _____
Construction <i>(Frame of Building)</i>	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Pole <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Pole <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Pole <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____
Exterior Wall Type	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete Block <input type="checkbox"/> Metal <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete Block <input type="checkbox"/> Metal <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete Block <input type="checkbox"/> Metal <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____
Roof Type	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other: _____
No. of Horse Stalls	<input type="checkbox"/> Free Stalls: _____ <input type="checkbox"/> Tie Stalls: _____	<input type="checkbox"/> Free Stalls: _____ <input type="checkbox"/> Tie Stalls: _____	<input type="checkbox"/> Free Stalls: _____ <input type="checkbox"/> Tie Stalls: _____
Heat Type <i>List all that apply. *Supplement required. Contact company.</i>	<input type="checkbox"/> None <input type="checkbox"/> Gas / Oil <input type="checkbox"/> Heat Pump <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Heater Type: _____ Use of Heater _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Gas / Oil <input type="checkbox"/> Heat Pump <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Heater Type: _____ Use of Heater _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Gas / Oil <input type="checkbox"/> Heat Pump <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Heater Type: _____ Use of Heater _____ <input type="checkbox"/> Other: _____
Cooling Type	<input type="checkbox"/> None <input type="checkbox"/> Forced Cool Air <input type="checkbox"/> Unit Air Conditioner <input type="checkbox"/> Evaporated Coolers <input type="checkbox"/> Heat Pumps <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Forced Cool Air <input type="checkbox"/> Unit Air Conditioner <input type="checkbox"/> Evaporated Coolers <input type="checkbox"/> Heat Pumps <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Forced Cool Air <input type="checkbox"/> Unit Air Conditioner <input type="checkbox"/> Evaporated Coolers <input type="checkbox"/> Heat Pumps <input type="checkbox"/> Other: _____
Floor	<input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Other: _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Other: _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Other: _____
Protection Features	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> UL Approved Lightning Rods <input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> UL Approved Lightning Rods <input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> UL Approved Lightning Rods <input type="checkbox"/> Sprinkler System

*On a separate piece of paper, show all buildings on the premises (whether insured or not) and distance in feet between them. Label all buildings and attach a dated photograph of every building. This information is required prior to binding.*

## Section 5 - Personal Property

1. **Dwelling Personal Property** (Antiques, Fine Arts, Furs, Guns, Jewelry, & Silverware)-  **No Coverage Requested**  
*An appraisal within 3 years and an itemized list must be provided for coverage to be bound.*

**\*SUBJECT TO COMPANY APPROVAL**

<u>Total Limit</u>		<u>Total Limit</u>		<u>Total Limit</u>	
<input type="checkbox"/> Antiques	\$ _____	<input type="checkbox"/> Furs	\$ _____	<input type="checkbox"/> Jewelry	\$ _____
<input type="checkbox"/> Fine Arts	\$ _____	<input type="checkbox"/> Guns	\$ _____	<input type="checkbox"/> Silverware	\$ _____

2. **Computer** -  **No Coverage Requested**

Does applicant use surge protectors on their computer(s)?  **Yes**  **No**

<u>Type of Computer</u>	<u>Make</u>	<u>Model</u>	<u>Serial Number</u>	<u>Total Value</u>
<input type="checkbox"/> Desk <input type="checkbox"/> Laptop <input type="checkbox"/> Other	_____	_____	_____	\$ _____
<input type="checkbox"/> Desk <input type="checkbox"/> Laptop <input type="checkbox"/> Other	_____	_____	_____	\$ _____

## Section 6 - Farm Personal Property

1. **Machinery** -  **No Coverage Requested**

*No coverage for vehicles subject to motor vehicle registration or 3-wheel all terrain vehicles.*

Check Applicable Box:  Blanket\*\* *or*  Schedule *and*  Basic  Broad  Special

<u>Year</u>	<u>Type &amp; Model</u>	<u>Make &amp; Serial Number</u>	<u>Total Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. **Type of Materials, Feed & Seed** -  **No Coverage Requested**

Check Applicable Box:  Blanket\*\* *or*  Schedule *and*  Basic  Broad  Special

<u># of Units</u>	<u>Description</u>	<u>Unit Value</u>	<u>Total Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

3. **Livestock Owned by Applicant Only** -  **No Coverage Requested**

*(If valued over \$2,000 per head, not eligible for coverage.)*

Check Applicable Box:  Schedule *and*  Basic  Broad

<u>Name or Reg. #</u>	<u>Breed</u>	<u>Total Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

4. **Type of Tack - Owned by Applicant Only.**

**No Coverage Requested**

Check Applicable Box:

Blanket\*\* *or*  Schedule  
*and*  Basic  Broad  Special

<u># of Units</u>	<u>Description</u>	<u>Total Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- Miscellaneous Farm Personal Property**

**No Coverage Requested**

Check Applicable Box:

Blanket\*\* *or*  Schedule  
*and*  Basic  Broad  Special

<u># of Units</u>	<u>Description</u>	<u>Total Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**\*\*Not available on total farm personal property schedule of \$25,000 or more and livestock.**

**Section 7 - General Information - All questions must be answered.**

**A. Disruption of Farming - \$5,000 limit is included on commercial operations with eligible buildings.**  
If higher limit is desired, please contact company.

**B. Miscellaneous Exposure -**

1. Does the applicant have a trampoline?  Yes  No  
2. Is day care being provided for children?  Yes  No

3. Does applicant own / lease / use:
- |                                | Use  | Model                 | Age   | HP or<br>CC | Length |
|--------------------------------|--|-----------------------|-------|-------------|--------|
| a. Watercraft                  | <input type="checkbox"/> None <input type="checkbox"/> Farm <input type="checkbox"/> Personal <input type="checkbox"/> Other | _____                 | _____ | _____       | _____  |
| b. Jet Ski/Personal Watercraft | <input type="checkbox"/> None  | No Coverage Available |       |             |        |
- To apply for watercraft or jet ski coverage, visit [www.markelinsuresfun.com](http://www.markelinsuresfun.com).

**C. Swimming Pool & Water Exposure -  No Exposure**

1. Does the applicant have a:  Pool;  Lake;  Other: \_\_\_\_\_
2. a. Is pool fenced?  Yes  No If yes, what is the height: \_\_\_\_\_ Ft.  
b. Does the pool have self-locking gates?  Yes  No  
c. Is there an alarm to alert when people enter the pool or pool area?  Yes  No  
d. What is the depth of the pool: \_\_\_\_\_  
e. Are there water slides?  Yes  No  
f. Are there diving boards or platforms?  Yes  No
3. a. Is the pool compliant with the Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No  
b. If no, explain action plan and time table for compliance: \_\_\_\_\_

**Section 8 - Equi-Farm Liability**

- Choose One  \$ 300,000 occurrence / \$ 900,000 aggregate - \$700.00 Minimum Earned Premium  
Limit of Liability:  \$ 500,000 occurrence / \$1,500,000 aggregate - \$775.00 Minimum Earned Premium  
 \$1,000,000 occurrence / \$3,000,000 aggregate - \$850.00 Minimum Earned Premium

**A. Equine Operations**

1. All operations must be declared. Check all that apply.  
Operation(s):  Boarding/Breeding  Horse Sales  Pleasure  Rodeo\*  
 Day or Overnight Camp\*  Horse Shows  Pony Rides\*  Trail/Endurance Rides\*  
 Exotic Animals  Llamas /Alpaca  Riding Instruction/Clinics  Training Race/Show  
 Hay/Sleigh Rides  NARHA Facility  Racing  Other: \_\_\_\_\_  
(\* Must complete supplements. Supplements can be downloaded from our website - [www.horseinsurance.com](http://www.horseinsurance.com))
2. a. Estimated gross income from equine operation: \$ \_\_\_\_\_  None  
b. Identify percentage of applicant's equity:  < 20%;  21-50%;  51-100%
3. a. Number of years in this type of operation: \_\_\_\_\_  
b. Describe applicant's experience in this operation: \_\_\_\_\_  
c. Does applicant live on the premises?  Yes  No If no, how often does applicant visit: \_\_\_\_\_  
d. Is there a full-time  caretaker  manager?  Yes  No Are they an:  employee or  independent
4. Describe applicant's experience with horses: \_\_\_\_\_
5. Do any additional insureds need to be added to this policy? (Liability only.)  Yes  No  
Insurable Interest:  Owner of Premises  Government Entity  Other: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

**B. Summary of Horses**

**Count each horse only once**, based on its primary use. All horse-related exposures must be insured.

All Owned / Leased Horses, On or Off Premises, Must Be Declared

**1. Number of Owned & Leased Horses Used for:**

- a. Instruction to Others (ie- school horses) \_\_\_\_\_
- b. Pony Rides \_\_\_\_\_
- c. Rental Rides to Others \_\_\_\_\_
- d. Trail & Pack Trips \_\_\_\_\_

**2. Number of Horses Leased to Others:** \_\_\_\_\_

**3. Number of Owned Horses Used for:**

- a. Pleasure: \_\_\_\_; b. Show: \_\_\_\_; c. Training: \_\_\_\_
- d. For Sale: \_\_\_\_; e. Racing: \_\_\_\_; f. Other: \_\_\_\_

**4. Number of Horses Used for Breeding:**

- a. Mares: \_\_\_\_; b. Stallions: \_\_\_\_; c. Foals/Weanlings: \_\_\_\_

**Total of Sections 1-4:** \_\_\_\_\_

**5. Number of Horses Not Owned by Applicant Used for:**

- a. Boarded used by applicant as School Horses \_\_\_\_\_
- b. Furnished by Independent Instructors \_\_\_\_\_  
for Lessons to Others \_\_\_\_\_
- c. Boarding/Pasturing \_\_\_\_\_
- d. Breeding Only \_\_\_\_\_  
(including mares kept on premises until foaling)
- e. Training (Breed: \_\_\_\_\_ ) \_\_\_\_\_
- f. Racing (Breed: \_\_\_\_\_ ) \_\_\_\_\_
- g. Lay Ups  for rest  vet care/rehabilitation \_\_\_\_\_
- h. On Consignment for Sale \_\_\_\_\_  
(Breed: \_\_\_\_\_ )
- i. Other: \_\_\_\_\_

**Total of Section 5:** \_\_\_\_\_

**C. Additional Liability Exposure**

1. a. Does applicant own/lease/use any of the following?  Yes  No (Indicate all vehicles used.)

Note: No liability coverage for Three-wheel All-Terrain Vehicles.

	None	# of Vehicles	Personal Use	Farm Use	Rides to Public
All Terrain Vehicles / Utility Vehicle	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buggies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carts	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Carts	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirt Bikes / Motorized Scooters / Mopeds	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowmobiles	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carriages	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleds	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wagons	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use of any above vehicle is limited to use by the applicant / employee for horse operation only.

- b. Are any of the above used by:  Boarders;  Guests;  Volunteers;  Anyone under 16;  Other: \_\_\_\_\_;  None
- c. Are operators required to be licensed in applicant's state?  Yes  No

2. a. Does applicant perform/participate in parades?  Yes  No

b. Number of parades: \_\_\_\_; Number of horses used per parade: \_\_\_\_

c. Please provide name of parade(s): \_\_\_\_\_; Size of parade(s): \_\_\_\_\_

3. Does applicant conduct the following:

a. Trail rides, rental/saddle animal for hire? (Not including riding instruction or trails available for boarders.)  Yes  No

b. Hay rides, sleigh rides, carriage rides, pack trips, hunting or fishing trips?  Yes  No

4. a. Does applicant hire any part-time or full-time employees? # of part time: \_\_\_\_; # of full time: \_\_\_\_  Yes  No

b. Does applicant carry Workers Compensation / Employers Liability?  Yes  No

c. Does applicant have:  leased or  temporary employees? # of leased: \_\_\_\_ # of temporary: \_\_\_\_  Yes  No

d. Does applicant have any volunteers working for them? # of volunteers: \_\_\_\_  Yes  No

(Explain duties on separate page.)

e. Does applicant have any exchange labor working for them?  Yes  No

If yes, explain: \_\_\_\_\_

NOTE: "Bodily injury" to any person arising out of and in the course of that person acting on behalf of the applicant, whether through employment, voluntarily or otherwise, expressly is not covered by the general liability policy applied for with this application.

5. Are any other businesses being conducted on applicant's premises? **If yes, provide details on a separate page.**

No Other Operation

Bed & Breakfast

Cut your own Christmas Tree

Fruit & Vegetable "Pick Your Own"

Home Day Care

Kennels

Petting Zoos

RV Hookups / Campsites

Retail Store (tack, feed, food, etc.)

Other: \_\_\_\_\_

**D. Premises Owned and/or Leased**

Answer all questions in this section.

- 1. Does applicant lease any part of their land or operation to others? (Provide certificate of insurance.) Yes No
If yes, describe:
2. a. Is there anyone other than applicant living on premises? Yes No
If yes, tenant; employee; relative; other:
b. Do any of the above carry personal liability insurance? Yes No If yes, provide Certificate of Insurance.
3. a. Fencing- Type: Age: (years) Condition: (Submit photo of fence.)
b. If "barbed wire" fence, number of strands:
c. How often is fencing checked? Daily; Weekly; Monthly; Other:
4. a. Does applicant allow people not boarding horses at their facility to use their facility? Yes No
b. If yes, mark all applicable: Haul-in's; Practices for: team penning; roping; polo; Other:
c. Number of days yearly: Average participants daily: Gross Receipts \$
5. a. Does applicant own, lease or use cattle; llamas; and/or alpacas? Yes No
b. Number head of cattle; llamas; alpacas:
c. Use of cattle; llamas; alpacas:
d. Does applicant have slaughtering or processing on premises? Yes No
6. a. # of dogs owned by applicant: None; # of dogs not owned by applicant: Owned by: None
b. Breed of dog(s):(If mixed, provide primary breed.)
c. Have any dogs been trained for guard duty or drug detection? Yes No
d. Have there been any incidents of aggressive behavior including biting? Yes No
e. Are all dogs confined when guests or the public (including boarders & students) are on the premises? Yes No
f. Does the applicant allow dogs not owned on the premises? (Provide details.) Yes No
7. a. Does applicant have any bleachers or grandstands? (Submit photo.) Yes No
b. Does applicant: Own or Rent; Are they: Permanent or Temporary; Do they have handrails? Yes No
c. What is the construction: / Age: yrs / Condition: / Height: / Total seating capacity:
d. Who erects the bleachers if they are not owned by the applicant?

**E. Safety Program**

- 1. Who is the primary manager of the applicant's operations? Applicant; Other: Name-;
Employee or Independent; Date of Birth:
Provide management experience:
2. Is there a closed circuit t.v. monitor on the facility or a night watchman with hourly watch? Yes No
3. a. Does the applicant abide by the equine liability law in the applicant's state? Yes No
b. Does the applicant require a signed waiver/release for all equine activities? (Submit copy.) Yes No
c. Is the signed release kept on file for a minimum of 5 years? Yes No
d. Does the applicant have safety and barn rules posted? (Submit copy or photo.) Yes No
e. Does the applicant have emergency evacuation procedures? Yes No
f. Is smoking permitted in the barn or immediate area? Yes No
g. Does applicant have "No Smoking" signs clearly posted? Yes No
h. Does applicant have working smoke alarm systems in their barns/arenas/stables? Yes No
i. Does applicant have fully charged & mounted fire extinguishers in barns/arenas/stables?(Submit photo.) Yes No
4. a. Are ASTM/SEI certified helmets required at all times while mounted by Everyone; Everyone under18; or not required?
b. Does applicant require signed helmet rejection form from those who don't wear an ASTM/SEI certified helmet? Yes No
c. Check safety gear required: Boots/Heeled Shoes Long Pants Gloves Other:
d. Explain other safety procedures followed:

**F. Boarding/Breeding/Training/Racing of Horses**  No Exposure or  Exposure (With or without income.)

- Boarding:** 1. Does applicant provide riding facilities for their boarders?  Yes  No  
 None 2. If yes, is the facility an:  Indoor Arena  Outdoor Arena  Trails  Other: \_\_\_\_\_  
3. Is there supervision when boarders are using the facility?  Yes  No
- Breeding:** 1. Are outside mares kept on premises until foaling?  Yes  No Number of outside mares: \_\_\_\_\_  
 None 2. Any breeding horses used for pleasure/show/training/racing?  Yes  No  
3. Method of breeding conducted by applicant on premises:  Live Breeding;  Artificial Insemination  
4. Are owned stallions shipped off premises for breeding?  Yes  No  
5. Any sales and/or shipment of semen? (No products liability.)  Yes  No

**Training is: "Instruction given to horses. Includes demonstration/instruction to owners of horses in training."**

- None 1. Training is given by: (Check all that apply.)  Applicant;  Employee;  Independent Trainer  
2. a. Does applicant have a trainer on staff?  Yes  No  
b. How many independent horse trainers utilize applicant's facility: \_\_\_\_\_  
3. Type of Training:  Race  Show-Type of show: \_\_\_\_\_  Other type of training: \_\_\_\_\_  
4. If horses are not kept on premises, where are they kept?  Training/Boarding Facility;  
 Racetrack;  Other: \_\_\_\_\_  
5. Does applicant attend off-premise shows with horses in training?  Yes  No  
6. Do ALL independent horse trainers carry their own general liability insurance\*?  Yes  No

*\*Provide proof of coverage, naming applicant as additional insured owner of premises, with an "A" rated admitted carrier with equal or greater liability limits as applicant.  
An independent trainer may be eligible for a Market quote by completing our Independents Application.*

Complete this section for ALL trainers including independent trainers, applicant, and employees working on behalf of the applicant or at applicant's facility. (MUST BE AT LEAST 18 YEARS OF AGE)

**Trainer # 1**

- a. Trainer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
b. Type of Training Offered: \_\_\_\_\_ Any licenses/certification for training:  Yes  No  
c. Trainer is:  Applicant;  Employee;  Independent Number of years experience as a trainer: \_\_\_\_\_  
d. Give details and competition experience: \_\_\_\_\_

**Trainer # 2**

- a. Trainer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
b. Type of Training Offered: \_\_\_\_\_ Any licenses/certification for training:  Yes  No  
c. Trainer is:  Applicant;  Employee;  Independent Number of years experience as a trainer: \_\_\_\_\_  
d. Give details and competition experience: \_\_\_\_\_

**G. Clinics/Independent Clinicians -**  No Exposure or  Exposure (With or without income.)

1. a. Does the applicant hold clinics on their premises?  Yes  No If yes, how many per year: \_\_\_\_\_  
b. Clinics conducted by:  Applicant  Independent Clinician  
c. What are the annual receipts for clinics conducted by applicant: \$ \_\_\_\_\_
2. a. If Independent Clinician, name of Independent Clinician: \_\_\_\_\_  
b. Do they have their own insurance\*?  Yes  No  
c. Is the Independent Clinician certified?  Yes  No  
d. How many clinics are given by independents per year: \_\_\_\_\_ Average number of participants: \_\_\_\_\_
3. a. Any clinician under 18 years of age?  Yes  No  
b. Do all clinicians have a minimum of 5 years experience conducting clinics?  Yes  No
4. Indicate dates of clinics: \_\_\_\_\_

*\*Provide proof of coverage, naming applicant as additional insured owner of premises, with an "A" rated admitted carrier with equal or greater liability limits as applicant.*



**H. Riding Instruction to Students**  No Exposure or  Exposure (With or without income.)

Instruction is: "Teaching students to ride on their horses or horses provided by applicant or independent instructor."

1. Riding instruction is given by (check all that apply):  Applicant;  Your Employee;  Independent Instructor  
(Instructors must be a minimum of 18 years old.)
2. How many school horses do you use at any one time for lessons: \_\_\_\_\_
3. a. Number of lessons per week on school horses owned/used/leased by applicant: \_\_\_\_\_  
b. Charge per lesson: \$ \_\_\_\_\_; Number of weeks per year: \_\_\_\_\_
4. a. Number of lessons per week on student owned horses: \_\_\_\_\_  
b. Charge per lesson: \$ \_\_\_\_\_; Number of weeks per year: \_\_\_\_\_  
c. Receipts for riding Instruction given to students on their own horses by named insured or employee: \$ \_\_\_\_\_ annually
5. Does anyone under the age of 18 give riding instruction or clinics on your premises?  Yes  No
6. a. Do you provide riding instruction for handicapped students?  Yes  No  
b. Are you a North American Riding for the Handicapped Association center member?  Yes  No
7. Level of instruction given:  
*Beginner:* Ratio of students: \_\_\_\_\_ to instructor: \_\_\_\_\_ # of students- Under age 18: \_\_\_\_\_ 18 or over: \_\_\_\_\_  
*Intermediate:* Ratio of students: \_\_\_\_\_ to instructor: \_\_\_\_\_ # of students- Under age 18: \_\_\_\_\_ 18 or over: \_\_\_\_\_  
*Advanced:* Ratio of students: \_\_\_\_\_ to instructor: \_\_\_\_\_ # of students- Under age 18: \_\_\_\_\_ 18 or over: \_\_\_\_\_
8. How many schooling shows per year: \_\_\_\_\_; Number of spectators: \_\_\_\_\_
9. Stallions used during instruction for:  Beginner;  Intermediate;  Advanced;  No stallions used for instruction.
10. Do you use lesson plans which are adapted for each class or student?  Yes  No
11. Do all instructors wear a helmet while riding?  Yes  No
12. Is instruction given on your premises by independent instructors?  Yes  No  
If yes: a. How many independent instructors: \_\_\_\_\_  
b. How many students: \_\_\_\_\_  
c. Receipts for Independent Instructors giving instruction to students on student owned horse: \$ \_\_\_\_\_ annually  
d. Do you obtain certificates of insurance from independent instructors? (If yes, provide copy.)  Yes  No

Please complete below for all riding instructors (self, employees, independents) utilizing your facility. If an instructor(s) requires coverage for other than working at your facility, they must complete their own application. We can provide a quotation to cover their riding instruction operation.

**Instructor # 1**

1. Instructor's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Type of Instruction: \_\_\_\_\_
2. Instructor is:  Self  Your Employee  Independent Instructor
3. Number of years experience as a riding instructor: \_\_\_\_\_  
a. Certified by:  ARIA  CHA  NARHA  Other: \_\_\_\_\_  Not a certified instructor  
b. Give details on competition experience: \_\_\_\_\_
4. If instructor is an independent, does instructor need to be added to this insurance policy?  Yes  No\*
5. Does instructor provide horses used for lessons?  Yes  No If yes, number of horses provided: \_\_\_\_\_

**Instructor # 2**

1. Instructor's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Type of Instruction: \_\_\_\_\_
2. Instructor is:  Self  Your Employee  Independent Instructor
3. Number of years experience as a riding instructor: \_\_\_\_\_  
a. Certified by:  ARIA  CHA  NARHA  Other: \_\_\_\_\_  Not a certified instructor  
b. Give details on competition experience: \_\_\_\_\_
4. If instructor is an independent, does instructor need to be added to this insurance policy?  Yes  No\*
5. Does instructor provide horses used for lessons?  Yes  No If yes, number of horses provided: \_\_\_\_\_

**Complete information for over two instructors on additional paper.**

\* If no, provide proof of coverage naming applicant as additional insured owner of premises with an "A" rated admitted carrier with the equal or greater liability limits as applicant. Independent instructors operating under your name can be added as additional insured with appropriate charge, but coverage is limited to your operations only.

## I. Care, Custody & Control – Legal Liability

### Not Eligible for this Coverage: Veterinarians, Equine Dentists, Commercial Transporters, Rehabilitation Centers & Embryo Transplant Facilities.

Legal liability provides coverage arising from the applicant's negligence resulting in injury to or death of horses the applicant does not own in their care, custody, and control. 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.

Please check one:  ACCEPT or  DECLINE Care, Custody & Control Coverage.  PLEASE QUOTE.

Check a box below to indicate choice of Care, Custody & Control coverage.

If the applicant requires different limits, please call us.

#### Limit Per Horse / Maximum Loss Per Policy Year

\$ 5,000 / \$ 25,000

\$ 5,000 / \$ 50,000

\$ 10,000 / \$ 50,000

#### Limit Per Horse / Maximum Loss Per Policy Year

\$ 10,000 / \$ 100,000

\$ 25,000 / \$ 100,000

\$ 25,000 / \$ 250,000

#### Limit Per Horse / Maximum Loss Per Policy Year

\$ 50,000 / \$ 250,000

\$ 100,000 / \$ 500,000 \*

Other: \_\_\_\_\_ / \_\_\_\_\_

#### \* Substantiation of Value may be required when values are \$100,000 and over.

1. a. Are horses not owned kept:  in stalls *or*  in pasture

b. Number of pastured acres: \_\_\_\_\_

c. Are pastures fenced?  Yes  No

d. Are shelters provided in each pasture?  Yes  No

2. a. Average value of horses not owned in applicant's care: \$ \_\_\_\_\_

b. Number of horses applicant does not own: \_\_\_\_\_

3. Does applicant store hay in the same barns as the horses not owned?  Yes  No

4. Does applicant require mortality coverage for horses in applicant's care, custody and control?  Yes  No

5. a. Does applicant own, lease/rent or use a vehicle in order to transport horses not owned?  Yes  No

b. Number of vehicles: \_\_\_\_\_ Number of trips per year: \_\_\_\_\_ Radius of operation: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

d. Type and capacity of box or trailer: \_\_\_\_\_

e. Does applicant have a safety maintenance program for vehicle(s)? (Submit a copy.)  Yes  No

Current drivers list must be provided. (MVRs may be required.)

6. Does applicant own, lease or use any facility for rehabilitation or surgical purposes?  Yes  No

If yes, describe: \_\_\_\_\_

7. Distance from fire department: \_\_\_\_\_ Number of miles to regular vet: \_\_\_\_\_

8. Applicant uses:  equine swimming pool;  hot walker;  tread mill;  none

9. Are extension cords used in the barn?  Yes  No

#### 10. Barn Information:

Complete additional barns on separate page.

**Barn #1**  
Location #: \_\_\_\_\_

**Barn #2**  
Location #: \_\_\_\_\_

**Barn #3**  
Location #: \_\_\_\_\_

**Barn #4**  
Location #: \_\_\_\_\_

Average number of horses applicant does not own in each barn: \_\_\_\_\_

\* Barns 30 years or older with no electric updates within 20 years must have a certified electrician's statement, wiring is safe for current usage.

**J. Services and Sales -  No Exposure** *This policy does not cover products liability.*

1. a. Does the applicant perform farrier services?  Yes  No Annual gross receipts: \$ \_\_\_\_\_  
 On Premises  Off Premises and  Owned Horses  Horses Not Owned
- b. Does the applicant have: *Apprentice*  Yes  No If yes, payroll \$ \_\_\_\_\_  
*Helper*  Yes  No If yes, payroll: \$ \_\_\_\_\_
2. Does the applicant sell hay or feed?  Yes  No If yes, gross receipts \$ \_\_\_\_\_
3. Does the applicant prepare or mix feed for animals for sale or consumption?  Yes  No
4. a. If the applicant manufactures and/or repairs any goods sold, please explain: \_\_\_\_\_  N/A  
b. Does the applicant repair riding equipment for others?  Yes  No
5. a. Does the applicant sell  tack,  clothing,  other: \_\_\_\_\_?  Yes  No  
b. Annual gross receipts \$ \_\_\_\_\_ Location on premises: \_\_\_\_\_ Square Footage: \_\_\_\_\_
6. a. Does the applicant have food or snack bar sales? (*Liquor liability not covered.*)  Yes  No  
b. Annual gross receipts \$ \_\_\_\_\_ Location on premises: \_\_\_\_\_ Square Footage: \_\_\_\_\_  
c. Does the applicant have:  Ansul Systems;  Commercial Grill System;  Deep Fat Fryers  
d. Does the applicant have vending machines?  Yes  No Are they anchored securely?(*Submit photo.*)  Yes  No  
e. Does the applicant have working  fire extinguishers and/or  smoke alarm systems?  Yes  No

**K. Horse Events/Competitions -  No Exposure or  Exposure** (*With or without income.*)

1. Type of events held:  Shows  Rodeos (*complete Rodeo supplement*)  Polo matches  Other: \_\_\_\_\_
2. Events are conducted and/or managed by:  Applicant,  Other: \_\_\_\_\_
3. Total number of event days per year: conducted and/or managed by applicant: \_\_\_\_\_  
not conducted and/or managed by applicant: \_\_\_\_\_
4. What is the maximum number of participants on grounds per event day? \_\_\_\_\_
5. Maximum number of spectators on grounds per event day: \_\_\_\_\_
6. Indicate dates of events: \_\_\_\_\_
7. Does applicant have vendors at the events?  Yes  No  
(*Provide proof of coverage, naming applicant as additional insured owner of premises, with an "A" rated admitted carrier with equal or greater liability limits as applicant.*)
8. Describe security and safety procedures at events: \_\_\_\_\_
9. Recognized by what National and/or International Sanctioning Organizations: \_\_\_\_\_  N/A

**L. Horse Sales -  No Exposure** *Note, this policy does not cover horses as a product.*

1. Does applicant sell from their own premises?  Yes  No Explain any other method of sales: \_\_\_\_\_
2. How many horses does applicant sell annually: Owned by applicant: \_\_\_\_\_ Owned by others: \_\_\_\_\_
3. Is the buyer allowed to test ride?  Yes  No Type of test ride given:  Open Field;  Arena;  Other: \_\_\_\_\_
4. Is supervision provided during the test ride?  Yes  No
5. Are waivers signed for all test rides?  Yes  No (*Must be kept on file for 5 years.*)
6. Does applicant sell horses as an agent for others?  Yes  No Receipts for selling as agent: \$ \_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

**Authorization**

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Signature	Date	Broker Signature (if applicable)	Date

**How did you hear about Markel:**  Magazine Ad  Referral  Convention  Web Site  Other

**Describe:** \_\_\_\_\_

***Thank you for choosing Markel, The Insurance Company With Horse Sense®***