

Equi-Farm Policy Application - For Horse Related Operations

Applicant: _____ Farm Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Farm Phone#: () _____ Person to contact for inspection: _____

DESIRED EFFECTIVE DATE: _____

Location of Actual Operation(s) INCLUDING COUNTY	Fire District Name	Protection Class	Feet from Fire Hydrant	Miles from Fire Dept.
1.				
2.				
3.				
4.				

Is property located: Within ten miles of coast Yes No In Brush Zone Yes No In Flood Zone Yes No

Applicant is: Joint Venture Individual Corporation Partnership
 Other: Specify _____

Names of all Partners or Officers of Corporation & their social security numbers: _____

Deductible: \$500 Min. \$1,000 \$3,000 \$5,000 \$10,000, Other: _____

Mortgagee(s) and Address(es): _____

Loss Payee(s) and Address(es): _____

Type of Farm/Ranch: _____ Breed of Horse: _____

Number of Acres: _____ Other Business Pursuits (Explain): _____

Is farm used or leased for recreational use or U Pick Sales? Yes No Explain: _____

How long has Producer known insured? _____ Number of years experience in this type of operation: _____

Number of years at this location: _____ Estimated Gross Income from Farming Operation: _____

Identify Percentage of Farmers Equity: _____ Date Producer last inspected the premises and buildings: _____

PAST THREE YEARS PREMIUM & LOSS HISTORY - PROPERTY AND LIABILITY (MUST BE ANSWERED IN FULL)

Company-attach copy of current policy	Policy Number	Period	Premium	No. of Claims	Losses

Explain losses within past three years, give approximate dates and explanation of loss: _____

Have you been cancelled or refused coverage in last (3) years Yes No If yes, please explain: _____
 (*Not applicable in Missouri)

PROPERTY SECTION

	DWELLING - 1	DWELLING - 2	DWELLING - 3
AMOUNT OF COVERAGE			
Dwelling	\$ _____	\$ _____	\$ _____
Appurtenant Structures	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____
Loss of Use	\$ _____	\$ _____	\$ _____
Year Built			
Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spec.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spec./Broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 STORIES	1 <input type="checkbox"/> 2 <input type="checkbox"/> 1.5 <input type="checkbox"/> Tri-Level <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 1.5 <input type="checkbox"/> Tri-Level <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 1.5 <input type="checkbox"/> Tri-Level <input type="checkbox"/>
Location #			
Number of Families			
Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary/Seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner Occupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Occupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GROUND FLOOR SQ. FT.			
CONSTRUCTION			
Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stucco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____
ROOF TYPE			
Asphalt Shingle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cedar Shake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____
PROTECTION FEATURES			
Central Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead Bolt Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lightning Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UL Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HEAT TYPE			
Wood Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Baseboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil/Gas Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____
AIR CONDITIONING			
Using Heat Ducts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Ducts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUMBER OF CHIMNEYS			
NUMBER OF BATHS			
Breezeway	sq. ft.	sq. ft.	sq. ft.
Balcony/Decks	sq. ft.	sq. ft.	sq. ft.
Room Additions	sq. ft.	sq. ft.	sq. ft.
Other	sq. ft.	sq. ft.	sq. ft.
GARAGE			
Attached	sq. ft.	sq. ft.	sq. ft.
Detached	sq. ft.	sq. ft.	sq. ft.
BASEMENT			
Finished	sq. ft.	sq. ft.	sq. ft.
Unfinished	sq. ft.	sq. ft.	sq. ft.
ATTIC			
Finished	sq. ft.	sq. ft.	sq. ft.
Unfinished	sq. ft.	sq. ft.	sq. ft.
RENOVATION UPDATE			
Year of update for all bldgs. over 15 years of age	Wiring _____ yr. Plumbing _____ yr. Heating _____ yr. Roofing _____ yr.	Wiring _____ yr. Plumbing _____ yr. Heating _____ yr. Roofing _____ yr.	Wiring _____ yr. Plumbing _____ yr. Heating _____ yr. Roofing _____ yr.

OUT BUILDINGS	#1	#2	#3	#4
Coverage Amount:	\$	\$	\$	\$
Year Built:				
LOCATION #				
Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spec.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spec./Broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
One-Story Barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-Story Barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stable/Horse Barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arena-Riding or Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Story Barn W/Loft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay Shed (Open One Side)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay Shed (Open Four Sides)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
CONSTRUCTION				
Wood Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pole Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Square Footage				
Loft:	Sq. ft.	Sq. ft.	Sq. ft.	Sq. ft.
Story Height in Ft.:				
EXTERIOR WALL TYPE				
Stucco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood on Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brick Veneer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free-Stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tie Stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of Stalls				
HEAT TYPE				
Steam /Hot Water Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas, Oil, Electric Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Baseboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced Warm Air Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood Stove	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portable Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type & Use of Heater				
Other				
COOLING TYPE				
Forced Cool Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit Air Conditioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaporative Coolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Concrete Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slatted Floors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
RENOVATION UPDATE				
Year of update for all buildings over 15 years of age	Wiring _____ yr.	Wiring _____ yr.	Wiring _____ yr.	Wiring _____ yr.
	Plumbing _____ yr.	Plumbing _____ yr.	Plumbing _____ yr.	Plumbing _____ yr.
	Heating _____ yr.	Heating _____ yr.	Heating _____ yr.	Heating _____ yr.
	Roofing _____ yr.	Roofing _____ yr.	Roofing _____ yr.	Roofing _____ yr.

MOBILE HOME	
Coverage Amount	\$
Yr. Built	
Make & Model	
Serial Number	
Purchase Price	\$
HOUSE SIDING	
Frame	<input type="checkbox"/>
Cedar	<input type="checkbox"/>
Face Brick	<input type="checkbox"/>
Other	
Total Sq. Feet	
OCCUPANCY	
Owner	<input type="checkbox"/>
Tenant	<input type="checkbox"/>
Vacant	<input type="checkbox"/>
COVERAGE	
Basic	<input type="checkbox"/>
Broad	<input type="checkbox"/>
Special	<input type="checkbox"/>
Special/Broad	<input type="checkbox"/>
REPLACEMENT COST	<input type="checkbox"/> Yes <input type="checkbox"/> No
PROTECTIVE DEVICES	
Smoke Alarm	<input type="checkbox"/>
Dead Bolt Lock	<input type="checkbox"/>
Other	<input type="checkbox"/>
Wood Stove	<input type="checkbox"/> Yes <input type="checkbox"/> No
AIR CONDITIONING	
Central	BTU
Heat Pump	BTU
Porches/Decks	sq. ft.
Room Additions	sq. ft.
Patio/Carport	sq. ft.
SKIRTING TYPE	
Aluminum	lin. ft.
Brick	lin. ft.
Concrete Block	lin. ft.
Vinyl	lin. ft.

ADDITIONAL PROPERTY COVERAGES

1. Is Scheduled/All Risk Computer Coverage Desired? Yes No

If Yes, please Provide Description Including Serial #, & Amount of Coverage Desired.

2. Is Scheduled/All Risk Coverage Desired on Jewelry, Furs, Silverware or Fine Arts? Yes No

Total Limit

	Total Limit
Jewelry	
Furs	
Silverware	
Fine Art	

A complete schedule & current appraisal must be provided for coverage to be bound. SUBJECT TO APPROVAL.

Equi-Farm Liability

Check Desired Limits:	<input type="checkbox"/> \$ 300,000 / \$900,000 occurrence / aggregate	<input type="checkbox"/> \$ 500,000 / \$1,500,000 occurrence / aggregate	<input type="checkbox"/> \$ 1,000,000 / \$3,000,000 occurrence / aggregate
Minimum Policy Premium – Fully Earned	\$ 650.00 Minimum Premium	\$ 725.00 Minimum Premium	\$ 800.00 Minimum Premium

Umbrella coverage may be purchased for General Liability limits greater than \$1,000,000. (A separate application is required.)

1. **Operation(s):** Check all that apply.

<input type="checkbox"/> Boarding / Breeding	<input type="checkbox"/> Horse Shows/Rodeo	<input type="checkbox"/> Racing
<input type="checkbox"/> Hay/Sleigh Rides/Trail Rides	<input type="checkbox"/> Pleasure	<input type="checkbox"/> Riding Instruction/Clinics
<input type="checkbox"/> Horse Sales	<input type="checkbox"/> Pony Rides	<input type="checkbox"/> Training Race/Show
<input type="checkbox"/> NARHA Facility	<input type="checkbox"/> Other: _____	
2. Are you a member of the: AQHA APHA NRHA Other: _____ None
3. Number of years at this location: _____ Number of years in this type of operation: _____
4. If less than 5 years of experience, please give brief description and background in horse business: _____

5. Do you live on the premises? Yes No If no, how many times do you visit? _____
6. a. Do you currently have horse liability insurance? If yes, name of carrier: _____ Yes No
 b. Have you previously had horse liability insurance? Yes No
 c. Have you been canceled, or refused coverage in last 3 years? Yes No
 If yes, please explain: (Not applicable in Missouri.) _____
7. Do any additional insureds need to be added to this policy? (Liability only.) Yes No
Name: _____
Address: _____
Reason: _____

8. Summary of Horses

Account for each horse below only once, based on its primary use. All operations must be declared. All horse-related exposures must be insured.

Horses You Own/Lease/Use	Number	Horses You Do Not Own	Number
a.) Rentals/Trail/Pack Trips	_____	a.) Boarding/Pasturing	_____
b.) Pony Rides	_____	b.) Breeding Only (Mares: _____; Stallions: _____)	_____
c.) Used for Instruction to Others	_____	c.) Show Training (Breed: _____)	_____
d.) Boarded Horses Used by Applicant for Instruction to Others	_____	d.) Racing and/or Training (Breed: _____)	_____
e.) Furnished by Independent Instructors for Lessons to Others	_____	e.) Lay Ups	_____
All Owned Horses Not Included Above		f.) On Consignment for Sale (Breed: _____)	_____
f.) Breeding: _____; Mares: _____; Stallions: _____; Foals/Weanlings: _____		g.) Other: _____	_____
Pleasure: _____; Show: _____; Training: _____ For Sale: _____		Total of Lines a-g:	_____
Other: _____		Number of Horses You Do Not Own Used for Riding Instruction*:	_____
All Owned Horses Must Be Declared.	Total of Lines a-f: _____	<i>*Do not count horses used for riding instruction on horses owned by students.</i>	
g.) Number of wagons, sleds, carriages, carts, buggies, etc.:	_____		
Describe Use: _____			

9. Are any other businesses being conducted on your premises? ***If yes, please provide details on a separate piece of paper.***

<input type="checkbox"/> No Other Operation	<input type="checkbox"/> Fruit & Vegetable "Pick Your Own"	<input type="checkbox"/> Petting Zoos
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Home Day Care	<input type="checkbox"/> Retail Store
<input type="checkbox"/> Cut your own Christmas Tree	<input type="checkbox"/> Kennels	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Day or Overnight Camp/Camping		

10. Do you perform/participate in parades? Yes No Number of parades: _____ Number of horses used per parade: _____
11. Do you conduct the following:
- a. Trail rides, rental or saddle animal for hire (**not including** riding instruction, or trails for boarding)? Yes No
 - b. Hay rides, sleigh rides, carriage rides, pack trips, hunting or fishing trips? Yes No
 - c. Do you use wagons, carts, sleds, etc. in public events? Number of carts _____ wagons _____ sleds _____ Yes No
 - d. Do you use golf carts, mopeds, 4-wheel ATV, snowmobiles for rides to the public? Yes No
12. Do you hire any part time or full time employees? Number of part time: _____ Number of full time: _____ Yes No
13. Do you carry Workers Compensation/Employers Liability? Yes No
14. Do you have leased employees? Number of leased employees: _____ Yes No
15. Do you have any volunteers working for you? Number of volunteers: _____ Yes No
16. Do you have any exchange labor working for you? 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 named insured, whether through employment, voluntarily or otherwise, expressly is not covered by the general liability policy applied for with this application.

Premises Owned and/or Leased

Premises coverage is included for your livestock operation only. All questions must be answered in this section.

1. Do you lease any part of your land or operation to others? Yes No
If yes, describe: _____
2. Total number of acres owned: _____ Total number of acres rented from others: _____
3. a. Type of fence: _____ Age and condition of fence: _____ How often is fencing checked? _____
b. If "barbed wire" fence: Number of strands? _____ **Please submit photo of fence.**
4. Do you provide riding facilities for your boarders? N/A Yes No
5. Do you allow people not boarding horses at your facility to use your facility? N/A Yes No
If yes, explain: _____
6. Do you allow premises use for team penning, roping, polo and/or haul-in? Yes No
If yes, number of days yearly: _____ Average number of participants daily: _____ Gross Receipts \$ _____ Yes No
7. Do you have cattle on your premises? Number head of cattle: _____ Use: _____ Yes No
8. Do you have slaughtering on premises? Yes No
9. a. Number of dogs on the premises? _____ None
b. Is the dog(s) Owned Not owned by Insured and dog (s) owned by: _____
c. Please list the breed of dog(s) on premises: _____
d. Have any dogs been trained for guard duty or drug detection? Yes No
e. Have there been any incidents of aggressive behavior including biting? Yes No
f. Are unconfined dogs on premises during lessons or shows? Yes No
10. a. Do you have any bleachers or grandstands? Yes No
b. If yes, do you: Own or Rent and are they: Permanent or Temporary
c. What is the construction, age and condition: _____ Total seating capacity: _____
d. Who erects the bleachers if they are not owned by the insured? _____

Safety Program

All questions must be answered in this section.

1. Who is the primary manager of your facility? You Other: _____
Age: _____ Experience: _____
2. Is there a closed circuit t.v. monitor of the facility or a night watchman/hourly watch? Yes No

3. a. Do you have safety and barn rules posted? Yes No
 b. Do you abide by the equine law requirement in your state*? Yes No
 c. Do you require a signed release/waiver** for all equine activities on your premises? Yes No N/A
 d. Is the signed release kept on file for a minimum of 5 years? Yes No
 e. Do you have fire drill procedures in place? (Enclose a copy.) Yes No
 f. Do you have "No Smoking" signs clearly posted? Yes No
 g. Do you have working smoke alarm systems in your barns? Yes No
 h. Is smoking permitted in the barn or immediate area? Yes No
4. a. Are ASTM/SEI certified helmets required by Everyone OR Everyone under 18 at ALL times while mounted? Yes No
 b. Check safety gear required: Boots/Heeled Shoes Long Pants Gloves Other: _____
 c. Do you use breakaway stirrups: Yes, all the time. Only for riding instruction. No, do not use.
 d. Explain other safety procedures followed: _____

** Submit a photo of the posted signs with the required wording.*

***Please submit a copy of the release you use for our files.*

Riding Instruction To Students

Riding Instructors Must Be 18 Years of Age or Older.

- No Exposure Exposure (No Income) Exposure (With Income)

Instruction is: *"teaching students to ride on their horses or horses provided by you or independent instructor."*

1. Riding instruction is given by (check all that apply): You Independent Instructor Your Employee
2. Are you a certified Instructor? Yes No Please check: ARIA CHA NARHA Other: _____
3. Number of years experience you have as a riding instructor: _____ Number of years instructing at this location: _____
4. Your Date of Birth: _____ Type of instruction given: _____ Average cost per lesson: _____
5. Total receipts* from Riding Instruction given to students on their own horses: \$_____ annually
 *If independent does not have their own insurance, please add their receipts into total receipts.
6. Does any one under the age of 18 give riding instruction or clinics on your premises? Yes No
7. Do you provide riding instruction for handicapped students? Yes No
8. Level of instruction given: Beginner Intermediate Advanced
9. Number of students under age 18: _____ Number of students over age 18: _____ Ratio of students to instructor: _____
10. Are stallions used during instruction? If yes, is student a Beginner Intermediate Advanced rider. Yes No
11. Do independent riding instructors utilize your facility? Yes No
12. Do independent riding instructors carry their own general liability insurance*? Yes No

Riding Instructors

Please complete below for all riding instructors utilizing your facility. (employees, self, independents)

**Please provide proof of coverage naming you as additional insured owner of premises with an "A" rated carrier and limits same as insured.*

- a. Instructor's Name: _____ DOB: _____ Type of Instruction: _____
- b. Number of years experience as a riding instructor: _____ Are you a certified instructor? Yes No
 If yes, give details and competition experience: _____
- c. Does instructor need to be added to this insurance policy? Yes No
- d. Does instructor provide horses used for lessons? If yes, number of horses provided at one time: _____ Yes No
- e. Instructor is: Independent Instructor Your Employee

- a. Instructor's Name: _____ DOB: _____ Type of Instruction: _____
- b. Number of years experience as a riding instructor: _____ Are you a certified instructor? Yes No
 If yes, give details and competition experience: _____
- c. Does instructor need to be added to this insurance policy? Yes No
- d. Does instructor provide horses used for lessons? If yes, number of horses provided at one time: _____ Yes No
- e. Instructor is: Independent Instructor Your Employee

On premises liability coverage is provided for independent riding instructors if added to your policy. If an instructor(s) requires OFF premises coverage, they must complete their own application. We can provide a quotation to cover their riding instruction ON/OFF premises.

Boarding/Breeding/Training of Horses No Exposure Exposure (No Income) Exposure (With Income)

Training is: "training given to horses."

1. Training is given by: (Check all that apply.) You Independent Trainer Your Employee
2. Type of Training: Race Show – Type of show: _____ Other type of training: _____
3. Do you attend off-premise shows with horses in training? Yes No
4. Do independent horse trainers utilize your facility? Yes No
5. Do ALL independent horse trainers carry their own general liability insurance*? Yes No

*Please provide proof of coverage naming you as additional insured owner of premises with an "A" rated carrier and limits same as insured.

Below list ALL trainers including yourself, employees and independent trainers utilizing your facility.
(MUST BE AT LEAST 18 YEARS OF AGE)

a. Trainer's Name: _____	DOB: _____	Type of Training Offered: _____
b. Number of years experience: _____	Any licenses or certificates for training: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give details and competition experience: _____		
c. Trainer is: <input type="checkbox"/> You <input type="checkbox"/> Independent Trainer <input type="checkbox"/> Your Employee		
a. Trainer's Name: _____	DOB: _____	Type of Training Offered: _____
b. Number of years experience: _____	Any licenses or certificates for training: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give details and competition experience: _____		
c. Trainer is: <input type="checkbox"/> You <input type="checkbox"/> Independent Trainer <input type="checkbox"/> Your Employee		

On premises liability coverage is provided for the independent trainer if added to your policy. If any trainer requires OFF premises coverage, they must complete their own application. We can provide a quotation to cover their training ON/OFF premises.

6. Breeding:
 - a. Number of non-owned stallions: _____ Breed: _____
 - b. Maximum Number of Outside Mares: _____ Are mares kept on premises until foaling? Yes No

Horse Sales No Exposure *Note, this policy does not cover products liability.*

1. a. Do you sell from your own premises? Yes No Explain any other method of sales: _____
b. How many horses do you sell annually: Owned by you: _____ Owned by others: _____
c. Is the buyer allowed to test ride? Yes No If yes, type of test ride given: Open Field Arena Other: _____
d. Is supervision provided during the test ride? Yes No
2. Do you sell horses as an agent for others? Yes No

Tack Store/Snack Shop or Retail/Farrier Sales No Exposure *Note, this policy does not cover products liability.*

1. If you manufacture and/or repair any goods sold, please explain: _____ N/A
2. Do you sell tack and/or clothing? Yes No If yes, annual gross receipts \$ _____ Square Footage: _____
3. a. Do you have food or snack bar sales? (Liquor liability not covered.) Yes No
b. If yes, annual gross receipts \$ _____ Square Footage: _____ Located? _____
c. Do you have: Ansul Systems Commercial Grill System Deep Fat Fryers
d. Do you have vending machines? Yes No If yes, are they anchored securely? Yes No
4. Do you sell hay or feed? Yes No If yes, gross receipts \$ _____
5. Do you prepare or mix feed for animals for sale or consumption? Yes No

6. Do you perform farrier services On Premises Off Premises and what are your annual gross receipts: \$ _____ N/A
 Do you have: Apprentice Yes No If yes, payroll \$ _____ Helper Yes No If yes, payroll: \$ _____

Horse Shows/Competitions/Clinics

No Exposure Exposure (No Income) Exposure (With Income)

1. a. Do you conduct or manage Shows/Rodeo type events? *If yes*, please complete Rodeo Supplement.* Yes* No
 b. Shows/Rodeos are conducted and/or managed by: You Others: _____
 a. What is the total number of show days per year conducted and/or managed by you: _____
 d. What is the total number of show days per year on your premises not conducted and/or managed by you: _____
 e. What is the average number of participants on grounds per show day? _____
2. Maximum number of spectators on grounds per show day: _____
3. Names of National and/or International Sanctioning Organizations: _____
4. Do you hold clinics? Yes No If yes, how many per year: _____ What are the annual receipts: _____
5. a. Are there any clinics conducted by an independent Clinician? Yes No
 b. Is the Independent clinician certified? Yes No
 c. How many clinics are given per year: _____ Average number of participants: _____

Care, Custody & Control (Legal Liability)

I accept / decline (circle one) Care, Custody & Control Coverage.

Legal liability provides coverage arising from your negligence resulting in injury to or death of horses you do not own in your care, custody, and control. Coverage includes cost to defend any suit alleging injury or death. Generally, legal liability can not 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.

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

Please check a box to indicate choice of coverage. If you require greater limits, please call us.

<u>Limit Per Horse</u>	<u>Maximum Loss Per Policy Year</u>	<u>Limit Per Horse</u>	<u>Maximum Loss Per Policy Year</u>
<input type="checkbox"/> \$ 5,000	\$ 25,000	<input type="checkbox"/> \$ 25,000	\$ 250,000
<input type="checkbox"/> \$ 5,000	\$ 50,000	<input type="checkbox"/> \$ 25,000	\$ 500,000
<input type="checkbox"/> \$ 10,000	\$ 50,000	<input type="checkbox"/> \$ 50,000	\$ 250,000
<input type="checkbox"/> \$ 10,000	\$ 100,000	<input type="checkbox"/> \$ 50,000	\$ 500,000
<input type="checkbox"/> \$ 25,000	\$ 100,000	<input type="checkbox"/> \$ 100,000	\$ 500,000

1. Are horses you do not own kept: in stalls? in pasture? If pastured, number of acres: _____
2. Do you store more than 50 bales of hay at any one time in the same barns as the horses you do not own? Yes No
3. Do you require mortality coverage for horses in your care, custody and control? Yes No
4. a. Do you own, lease/rent or use a vehicle in order to transport horses you do not own? Yes No
 b. Number of vehicles: _____ Number of trips per year: _____ Radius of operation: _____
5. Do you own, lease or use any facility for rehabilitation or surgical purposes? Yes No
 If yes, describe: _____
6. Distance from fire department: _____ Number of miles to regular vet? _____
7. Is a hot walker used for horses you do not own? Yes No
8. Do you have an equine swimming pool? Yes No

9. Location Number 1:	Barn #1	Barn #2	Barn #3
Construction Type:			
Year Built*:			
Year of Updates: If no heating, plumbing and/or electricity in building, please mark not applicable.	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A
Heat Type:	<input type="checkbox"/> None <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other:	<input type="checkbox"/> None <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other:	<input type="checkbox"/> None <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other:
Protective Devices:	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other:	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other:	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other:
Average number of horses you do not own in each barn:			
Average value of horses you do not own in each barn:			

**Barns 30 years or older with no electric updates within 20 years must have an electrician certifying electricity is safe for current usage.*

NOTE: Coverage cannot be bound until the Company approves your completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is approved. If we do not approve your application, we will refund your premium.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Thank you for choosing Markel Insurance Company!

The Insurance Company With Horse Sense

Applicant's Signature

Date

Please let us know how you heard about Markel Insurance Company:

Advertisement: _____
(Magazine & Issue Date)

Convention: _____
(Name & Date)

Referral: _____
(Agent, Customer, etc.)

Web Site Link: _____

Other: _____

Please check any of the following exposures that may be included within your operation: Camp Operation Pony Rides Rodeos
 Trail / Endurance Rides (For each exposure checked, please complete an additional supplemental application.)