

**\*\*\* Rates Not Available in NY. Our website has appropriate application. \*\*\***

**This policy provides coverage for bodily injury and property damage only done by a horse which is scheduled on this policy both on and off premises. This policy is not available to individuals involved in commercial equine operations\*, or if applicant owns more than 10 horses. For the appropriate coverage, please contact Markel Insurance Company at (800) 262-7535 or visit our website.**

*\*Commercial Equine Operations: where the applicant is actively involved in the breeding, boarding, training of horses, trail rides, riding instruction, leasing of horses to others and any activity that receives money or other compensation.*

<b>Applicant:</b> _____ <b>Business Name:</b> _____ <b>Mailing Address:</b> _____ <b>City:</b> _____ <b>County:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____ <b>Phone #:</b> (____) _____ <b>Fax #:</b> (____) _____ <b>Contact Person:</b> _____ <b>Contact Phone #:</b> _____ <b>Email:</b> _____	<b>Broker Name:</b> _____ <b>Broker Number:</b> _____ <b>Company Name:</b> _____ <b>Mailing Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____ <b>Phone #:</b> (____) _____ <b>Fax #:</b> (____) _____ <b>Email Address:</b> _____
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**I. Applicant Information**

1. a. Type of Ownership:  Corporation  Individual\*  Joint Venture  Limited Liability Company  Trust  
 Organization  Partnership **FEIN:** \_\_\_\_\_  None  
 b. \*If applicant shows multiple individual names, what is the relationship of applicant(s):  Husband/Wife;  Parent/Child;  Siblings;  Other: \_\_\_\_\_
2. Names of corporate partners/officers and social security numbers: \_\_\_\_\_
3. Desired Effective Date: \_\_\_\_\_
4. Is applicant a member of:  AQHA;  APHA;  ARIA;  NRHA;  USDF;  USEF;  Other: \_\_\_\_\_  None
5. a. Date of birth of applicant: \_\_\_\_\_  
 b. Describe applicant's experience with horses: \_\_\_\_\_
6. a. Is applicant's primary residence:  owned or  rented?  
 b. Where are applicant's horses boarded:  owned premises;  rented premises;  racetrack;  training/boarding facility;  other: \_\_\_\_\_  
 c. Are there any other operations conducted on owned/rented facility? **If yes, explain on a separate page.**  Yes  No
7. Do any of applicant's horses have any evidence of behavioral vices or habits? **If yes, explain on a separate page.**  Yes  No
8. a. Does applicant own or use carts or buggies with their horses?  Yes  No **If yes, number of carts or buggies:** \_\_\_\_\_  
 b. Carts are used for:  pleasure;  pulling;  show;  racing;  other: \_\_\_\_\_
9. Would applicant like coverage for horses that travel outside the U.S.? (Other than Canada, U.S. Possession & Puerto Rico)  Yes  No  
**If yes, list the countries applicant would like covered:** \_\_\_\_\_ (Additional premium will apply.)

**If applicant answers yes to any questions 10-14, complete a Commercial Equine Liability application.**

10. Does applicant lease horses owned to others?  Yes  No
11. Training of applicant's horses:  
 a. Does applicant personally train their own horses?  Yes  No  
 b. Does an Independent Trainer\* train applicant's horses?  Yes  No  
 \*Provide proof of coverage with an "A" rated admitted carrier with equal or greater liability limits as applicant.  
 c. Horses are trained for:  dressage;  hunting and/or jumping;  racing;  show;  other: \_\_\_\_\_
12. Is riding instruction provided by applicant on owned horses, leased horses, or horses not owned by applicant?  Yes  No
13. Does applicant breed horses  owned or  not owned by applicant?  Yes  No  
**If yes to breeding, download and complete the Private Horse Owner Supplement from our website or contact our office.)**
14. Are any horses which applicant does not own stabled or pastured at applicant's premises?  Yes  No

**II. 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	Dates	Premium	No. of Claims	Amount Paid

1. a. Has 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 and details of loss, including amount paid, on a separate sheet of paper.  None
3. Has the applicant ever filed for bankruptcy or had a foreclosure?  Yes  No Explain: \_\_\_\_\_

