



Private Horse Owner Application

P.O. Box 2009, Glen Allen, VA 23058-2009 Phone: (800) 262-7535 Fax: (804) 527-7784

Web site: www.horseinsurance.com Email: agapplications@markelcorp.com

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. If applicant is involved in commercial equine operations*, or if applicant owns more than 10 horses, complete a **Commercial Equine Liability application** for appropriate coverage.

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

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: _____

Broker Name: _____ Broker Number: _____
Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: (____) _____ Fax #: (____) _____
Email Address: _____

Section 1 - Applicant Information

Desired Effective Date: _____

1. a. Type of Ownership: Corporation Individual* Joint Venture Limited Liability Company
 Trust Organization Partnership 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: _____
3. Is applicant a member of: AHA AQHA; APHA; ARIA; NRCHA; NRHA; USDF; USEF; USHJA
 Other: _____ None
4. a. Date of birth of applicant: _____
b. Describe applicant's experience with horses: _____
5. 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
6. Do any applicant's horses have any evidence of behavioral vices or habits? **If yes, explain on separate page.** Yes No
7. 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: _____
8. Would applicant like coverage for horses that travel outside the U.S.? Yes No
If yes, list the countries applicant would like covered: _____ (Additional premium will apply.)

If applicant answers yes to any questions 9-13, complete a Commercial Equine Liability application.

9. Does applicant lease owned horses to others? Yes No
10. 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: _____
11. Does applicant or anyone else give riding instruction on applicant's horses? Yes No
12. 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.
13. Are any horses which applicant does not own stabled or pastured at applicant's premises? Yes No

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	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 separate page. None
3. Has the applicant ever filed for bankruptcy or had a foreclosure? Yes No Explain: _____

Section 3 - Horses Owned / Leased by Applicant

Donkeys and Mules are not eligible for coverage under the Private Horse Owner policy.

Total Number of Owned/Leased Horses: _____ (All owned/leased horses must be declared.)

Name of Horse	Breed	% of Ownership	Age	Color	Sex	Use						
						Pleasure	Show	Racing	Breeding	Pulling	Driving	Other
1.		%				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		%				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		%				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		%				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		%				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		%				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		%				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		%				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		%				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		%				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For unnamed horses: Under Name of Horse, write "Unnamed Horse", sire and dam's names, and indicate year horse was born.

Are you interested in mortality coverage for the horses? Yes No
(If yes, purchase online at www.horseinsurance.com.)

Section 4 - Premium (fully earned) / Payment Information (Must be completely filled out.)

Check One Limit:	Base Premium: Includes up to 4 horses	Occurrence / Aggregate	Number of horses above 4:	Number of carts/buggies:	For pulling horses, add flat fee to premium.	Total Premium: (Total lines across.)
<input type="checkbox"/>	\$230 <i>(NY: \$175)</i>	\$300,000 Occ / \$900,000 Agg	_____ X \$37 = _____ <i>(NY: \$41 / FL & WA: \$45)</i>	_____ X \$30 = _____	\$25.00 <i>(N/A in NY)</i>	= \$ _____
<input type="checkbox"/>	\$250 <i>(NY: \$220)</i>	\$500,000 Occ / \$1,500,000 Agg	_____ X \$50 = _____ <i>(NY: \$56 / FL & WA: \$55)</i>	_____ X \$40 = _____	\$25.00 <i>(N/A in NY)</i>	= \$ _____
<input type="checkbox"/>	\$295 <i>(NY: \$265)</i>	\$1,000,000 Occ / \$3,000,000 Agg	_____ X \$63 = _____ <i>(NY: \$70 / FL & WA: \$70)</i>	_____ X \$50 = _____	\$25.00 <i>(N/A in NY)</i>	= \$ _____

If any changes need to be made to applicant's policy, please complete the Private Horse Owner Supplement. All changes need to be in writing for our records. Visit our website at www.horseinsurance.com or contact our office at (800) 262-7535, for the supplement.

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®
Application must be signed and dated.