

Horse Club Application

Mary Phelps ♦ Markel Equine Insurance Specialist

This policy provides coverage for horse clubs and operations that are part of the club such as: meetings, dinners, shows, clinics, parades and fund raisers.

Name of Club: _____ <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit Mailing Address: _____ City: _____ County: _____ State: _____ Zip Code: _____ Phone #: (____) _____ Fax #: (____) _____ Contact Person: _____ Contact Phone #: _____ Email: _____ Web site: _____	Broker Name: <u>Mary Phelps</u> Broker Number: <u>83822 / 00053</u> Company Name: <u>Markel Equine Insurance Specialist</u> Mailing Address: <u>P.O. Box 868</u> City: <u>DeLeon Springs</u> State: <u>FL</u> Zip Code: <u>32130</u> Phone #: <u>(800) 572-3286</u> Fax #: <u>(386) 985-4657</u> Email Address: <u>info@horsesdaily.com</u>
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I. Applicant Information

1. Type of Ownership: Corporation; Joint Venture; Limited Liability Company; Trust; Organization; Partnership; None
 FEIN: _____

2. Names of corporate partners/officers and social security numbers: _____

3. Type of club: Dressage; Driving; Endurance; Equestrian School; Gymkhana; Hunt; Polo;
 Rodeo; Type of Event: _____; Trail Ride; Other: _____

4. a. State where club is registered: _____ b. What year was this club established: _____

5. Is club a member of: AQHA; APHA; ARIA; NRHA; USDF; USEF; Other: _____ None

6. Check Desired Limits: \$ 300,000 occurrence / \$ 900,000 aggregate \$375.00 Minimum Fully Earned Premium
 \$ 500,000 occurrence / \$1,500,000 aggregate \$425.00 Minimum Fully Earned Premium
 \$1,000,000 occurrence / \$3,000,000 aggregate \$500.00 Minimum Fully Earned Premium

7. Desired Effective Date: _____

II. Prior 3 Year Property & Liability Insurance Information

Must be completed in full in order to receive a quote.

Company	Dates	Premium	No. of Claims	Amount Paid

1. a. Does club currently have club liability insurance? Yes No
 b. Has club previously had club liability insurance? Yes No
 c. If no, provide reason: _____

2. a. Has the club been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.) Yes No
 b. If yes, please explain: _____

3. Explain losses/incidents within the past 5 years with dates and details of loss, including amount paid, on a separate sheet of paper. None

4. Has the club ever filed for bankruptcy or had a foreclosure? Yes No Explain: _____

III. Clinics/Independent Clinicians

No Exposure or Exposure (With or without income.)

1. a. Does the club hold clinics? Yes No If yes, how many per year: _____ What are the annual receipts: \$ _____
 b. Are the clinics: Members only; Dates: _____ and/or Public Events; Dates: _____

2. a. Are there any clinics conducted by a Member who is an independent clinician? Yes No b. Do they have their own insurance*? Yes No
 c. Are there any clinics conducted by a Non-Member who is an independent clinician? Yes No
 d. Is the independent clinician certified? Yes No e. Any clinician under 18 years of age? Yes No
 f. How many clinics are given by independents per year: _____ g. Average number of participants: _____

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

IV. Club Information

1. a. Total number of individual club members per year (including individuals in family membership): _____; Under age 18: _____ Age 18 or over: _____
b. Does club allow one-day memberships? Yes No
2. Number of club members' meetings per year: _____ Membership Fee: \$ _____
3. Does the club have by-laws? *(Please provide a copy.)* Yes No
4. a. Is the club a member of a national or regional group? Yes No b. Name of group: _____
c. If yes, is the club made up of local clubs? Yes No d. List all states where clubs are established: _____
5. a. Are minors allowed to participate in club activities? Yes No b. If yes, minimum age of rider/participant: _____
c. Ratio of Adults _____ to Children _____ during club activities
6. Does the club require individual club members to carry their own: a. Horse liability insurance? Yes No b. Medical insurance? Yes No
7. In detail, describe all club functions: _____

8. Does club hold fundraisers? Yes No If yes, indicate type of event(s) and last year's receipts: _____
9. a. Does the club sell tack, clothing or conduct other miscellaneous sales? Yes No
b. If yes: annual gross receipts: \$ _____ / where sold: _____ / square footage: _____ / product(s) sold: _____
10. Are weapons or firearms carried during any activities? Yes No If yes, describe in detail: _____

11. Is the club involved in any search or rescue activities? Yes No If yes, describe in detail: _____

12. Are there first aid, emergency medical technicians or medical personnel on premises for shows? Yes No
13. a. Does the club use: golf carts (# of: _____), ATVs / utility vehicles (# of: _____) or motorized scooters (# of: _____)? Yes No
b. Explain use: _____
c. Minimum age of driver of vehicles: _____; Are drivers required to be licensed in the club's state? Yes No
d. Are rides given to the public on golf carts, All-Terrain Vehicles or motorized scooters? Yes No
e. Does club rent All-Terrain Vehicles, golf carts or motorized scooters to others during club activities? Yes No
If yes, Members; Non-Members; Both
f. Are helmets required at all times by everyone using All-Terrain Vehicles or motorized scooters? Yes No N/A
*Three Wheel ATV's cannot be covered under this policy.

V. Horse Information

1. Does the club own any horses? Yes No
2. Does the club lease horses to members or non-members. *(If yes, attach lease agreement.)* Yes No
3. Do club members borrow horses for club functions from: club; club members; Other: _____; Not Applicable
4. Does club rent or lease horses or ponies to camps/resorts or individuals? Yes No If yes, explain in detail: _____

5. a. Does the club obtain signed releases? *(If yes, attach a copy for our records.)* Yes No
b. If yes, does club archive these releases for a minimum of 5 years? Yes No
6. Indicate safety gear required: ASTM/SEI Helmets; Heeled Shoes; Long Pants; Gloves; Other: _____
7. a. Is the club responsible for the maintenance of any trails? Yes No If yes, who owns the land? _____
b. Number of trails & miles: _____ Describe maintenance: _____
c. Are trails used by public? Yes No If yes, explain: _____
8. a. Does the club conduct hay rides or sleigh rides; on or off premises? Yes No # of Hay Rides: _____
b. If yes, are non-members invited? Yes No # of Sleigh Rides: _____
9. Does club have any other activities other than those indicated on the application? Yes No If yes, please explain: _____

VI. Events Information

1. All operations must be declared. Check all that apply.

(*Must complete supplements. Supplements can be downloaded from our website at www.horseinsurance.com.)

	No Exposure	Members Only	Non-Members		No Exposure	Members Only	Non-Members
Day Camp Operation*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overnight Camp*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay/Sleigh Rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training Race/Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinics*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Western Pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodeo*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endurance Rides*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse Shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail Rides*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NARHA Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. a. Does club perform/participate in parades? Yes No If yes, number of parades: _____; number of horses used per parade: _____

b. Please provide name and date of parade(s): _____; Size of parade(s): _____

c. How many members participate? _____ How many non-members participate on behalf of the club? _____

3. List all event days sponsored by the applicant.

- A **public event day** is any activity in which non-members or spectators attend or participate. **Specific dates** of each event are required.
- If dates have not been set, Markel Insurance Company must be notified 10 days prior to the event day and dates must be approved by the company.

Event Type	Name of Event	Dates of Event	Total Number of Participants Per Day		Maximum # of Spectators Per Day
			Members: _____	Non-members: _____ <input type="checkbox"/> None	
Show:			Members: _____	Non-members: _____ <input type="checkbox"/> None	
			Members: _____	Non-members: _____ <input type="checkbox"/> None	
			Members: _____	Non-members: _____ <input type="checkbox"/> None	
			Members: _____	Non-members: _____ <input type="checkbox"/> None	
Clinic:			Members: _____	Non-members: _____ <input type="checkbox"/> None	
			Members: _____	Non-members: _____ <input type="checkbox"/> None	
Drill Competitions			Members: _____	Non-members: _____ <input type="checkbox"/> None	
Gymkhana			Members: _____	Non-members: _____ <input type="checkbox"/> None	
Other:			Members: _____	Non-members: _____ <input type="checkbox"/> None	
Other:			Members: _____	Non-members: _____ <input type="checkbox"/> None	

*Trail Ride or Endurance Ride	<input type="checkbox"/> No Exposure	Supplement must be completed.
*Hunt: # of hounds used: _____	<input type="checkbox"/> No Exposure	
*Rodeos	<input type="checkbox"/> No Exposure	
*Pony Rides	<input type="checkbox"/> No Exposure	

VII. Premises Information

1. Does club own any premises? Yes No

2. a. Does club rent or lease any premises? Yes No
 b. If yes, indicate the location and how many acres? _____
 c. Rent / Lease Period: 1 day; 1 week; 1 month; 6 months; 1 year; other: _____

3. a. Please indicate any buildings owned or leased: None
 Stables # _____ Barns # _____ Clubhouse # _____
 Concession Stand # _____ Restrooms # _____ Shed # _____
 Indoor Arena # _____ Outdoor Arena # _____ Other: _____ # _____
 b. If rented, who is responsible for maintenance? _____
 c. What is the age of each building and the date each building was updated? (*Need photographs of all owned or long term leased buildings.*)

 d. Do any of the buildings contain cooking facilities and/or commercial kitchens? Yes No
 e. If yes, is there an ansul or fire extinguishing system? (**Submit photo if ansul system is installed.**) Yes No

4. a. Does club have any bleachers or grandstands? (**Please submit photo.**) Yes No
 b. If yes, does club: Own or Rent; Are they: Permanent or Temporary; Do they have handrails? Yes No
 c. What is the construction: _____ / Age: (years) _____ / Condition: _____ / Height: _____ / Total seating capacity: _____
 d. Who erects the bleachers if they are not owned by the club? _____

5. a. Does club hire/use a caterer? Yes No b. Does club hire/use independent concessionaires? Yes No
 c. If yes to caterer or concessionaires, give details: _____
If yes to a. or b., attach a certificate of insurance with an admitted "A" rated carrier with equal or greater liability limits as the club.

6. a. Does the club sell food or beverages, including concession stands' sales? Yes No If yes, annual gross receipts: \$ _____
 b. Is alcohol provided or sold at club activities? Yes No If yes, annual gross receipts: \$ _____
Provide proof of liquor liability coverage. (Will need dates alcohol will be sold and/or provided.)

7. Does the club provide RV hook-ups or guest accommodations? Yes No If yes, explain: _____

8. a. Does the club lease facility to members or non-members for other events? Yes No If yes, annual gross receipts: \$ _____
If is a leased facility, attach a certificate of insurance naming club as additional insured with an admitted "A" rated carrier with equal or greater liability limits as the club.
 b. Does club allow use of premises for: Haul-in's; Practices for: team penning; roping; polo; Other: _____
 weddings & parties; seminars & conferences; other: _____
 c. Number of days yearly: _____; Average number of participants daily: _____; Annual Gross Receipts: \$ _____

9. a. Are dogs allowed at club activities? Yes No If yes, number of dogs? _____
 b. Are dogs owned by: Club; Club Members; Non-Members
 c. Breed of dog(s): (**If mixed, provide primary breed.**) _____
 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 dogs required to be: leashed at all times; confined at all times; not leashed/confined

10. Do any additional insureds need to be added to this policy? (Liability only.) Yes No
 Insurable Interest: Owner of Premises; Other: _____
 Name: _____ Address: _____

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.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

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.

Applicant's Signature	Date	Broker's 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®