



# Horse Club Application

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

**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.**

**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.

Name of Club: \_\_\_\_\_  
 For Profit  Not for Profit  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Web site: \_\_\_\_\_

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

## Section 1 - Applicant Information

Desired Effective Date: \_\_\_\_\_

- Type of Ownership:  Corporation;  Joint Venture;  Limited Liability Company;  Trust;  
 Organization;  Partnership;  None
- Names of corporate partners/officers for each entity: \_\_\_\_\_
- Type of club:  Dressage;  Driving;  Endurance;  Equestrian School;  Gymkhana;  Hunt;  Polo;  
 Rodeo-Type of Event: \_\_\_\_\_;  Trail Ride;  Other: \_\_\_\_\_
- a. State where club is registered: \_\_\_\_\_ b. What year was this club established: \_\_\_\_\_
- Club a member of:  AHA;  AQHA;  APHA;  ARIA;  NRCHA;  NRHA;  USDF;  USEF;  USHJA;  
 Other: \_\_\_\_\_  None
- Choose One  \$ 300,000 occurrence / \$ 900,000 aggregate - \$375 Min. Earned Premium (\$300 for NY)  
Limit of Liability:  \$ 500,000 occurrence / \$1,500,000 aggregate - \$425 Min. Earned Premium (\$350 for NY)  
 \$1,000,000 occurrence / \$3,000,000 aggregate - \$500 Min. Earned Premium (\$450 for NY)

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

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

Company	Effective Dates	Premium	No. of Claims	Amount Paid

- 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: \_\_\_\_\_
- 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: \_\_\_\_\_
- Explain losses/incidents within the past 5 years with dates & details of loss, including amount paid, on separate paper.  None
- Has the club ever filed for bankruptcy or had a foreclosure?  Yes  No Explain: \_\_\_\_\_

## Section 3 - Clinics/Independent Clinicians No Exposure or Exposure (With or without income.)

- a. Does the club hold clinics?  Yes  No If yes, how many per year: \_\_\_\_\_  
b. Are the clinics:  Members only; Dates: \_\_\_\_\_ and/or  Public Events; Dates: \_\_\_\_\_  
c. What are the annual receipts: \$ \_\_\_\_\_
- 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. How many clinics are conducted by independents per year: \_\_\_\_\_; # of days: \_\_\_\_\_; Average # of participants/day: \_\_\_\_\_
- 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
- Indicate dates of clinics: \_\_\_\_\_

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

## Section 4 - 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. 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 club use:  golf carts (#: \_\_\_\_);  ATVs/utility vehicles (#: \_\_\_\_);  motorized scooters (#: \_\_\_\_);  None?  
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.

## Section 5 - 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: \_\_\_\_\_;  N/A
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. 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, explain: \_\_\_\_\_

## Section 6 - 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](http://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, # of parades: \_\_\_\_; # 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
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			
*Hunt: # of hounds used: _____	<input type="checkbox"/> No Exposure			
<b>Supplement must be completed.</b>				
*Rodeos	<input type="checkbox"/> No Exposure			
*Pony Rides	<input type="checkbox"/> No Exposure			

**Section 7 - Premises Information**

1. a. Does club  own,  rent/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 & date of updates for each building? *(Need photographs of all owned/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 club sell food or beverages, including concession stands' sales?  Yes  No; Annual gross receipts: \$ \_\_\_\_\_  
 b. Is alcohol provided or sold at club activities?  Yes  No; Annual gross receipts: \$ \_\_\_\_\_  
*Provide proof of liquor liability coverage. (Will need dates alcohol will be sold and/or provided.)*
7. Does club provide RV hook-ups or guest accommodations?  Yes  No    If yes, explain: \_\_\_\_\_
8. a. Does club lease facility to members or non-members for other events?  Yes  No; 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. # of days yearly: \_\_\_\_\_; Average # 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: \_\_\_\_\_

**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.

Authorization			
<i>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.</i>			
<b>Signature</b>	<b>Date</b>	<b>Broker Signature (if applicable)</b>	<b>Date</b>

**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®*