



Insurance Application for PATH Int'l Centers General Liability & Excess Accident Medical

4600 Cox Road, Glen Allen, VA 23060-9817 Phone: (800) 262-7535 Fax: (804) 527-7784
Website: www.horseinsurance.com Email: agapplications@markelcorp.com

This coverage is intended to cover liability arising out of your PATH Int'l Center exposure only. PATH Int'l Center membership is required and must be maintained.

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage.

Limits:
General Liability: \$1,000,000 Per Occurrence / \$3,000,000 Aggregate *\$580 fully earned min. premium*
Excess Accident Medical: \$5,000 Accidental Death & Dismemberment / *\$100 fully earned min. premium*
 \$10,000 Accident Medical Expense / \$50,000 Aggregate **(Additional Plans Available)**

Section 1 - General Information Desired Effective Date: _____

1. a. PATH Int'l Center Name (applicant): _____ Check one: For Profit Not-for-Profit
 b. PATH Int'l Center Membership #: _____ Type: Center Member; Affiliate Center; Premier Accredited Center
2. Mailing Address: _____ Phone #: (____) _____
 City: _____ County: _____ State: _____ Zip Code: _____ Fax #: (____) _____
3. Contact Person: _____ Contact Phone #: (____) _____
4. E-Mail Address: _____ Website: _____
5. a. Type of Ownership: Corporation Joint Venture Limited Liability Company Trust
 Organization Partnership FEIN: _____ None
 b. Names of officers and/or partners: _____
6. Is the applicant a member of: ARIA; AHA; EAGALA; Other: _____
7. a. Number of years in PATH Int'l operations: _____
 b. Describe applicant's experience in the horse business: _____

8. Location of Actual Operation(s)

Location <i>Including Street, County, City, State & Zip Code</i>	# of Acres	# of Years at Location	Responding Fire District Name	Feet from Fire Hydrant	Miles from Fire Dept.	Check One
1.						<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent/Use (no lease)
2.						<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent/Use (no lease)

9. Prior Property & Liability Insurance Information - Must be completed in full to receive a quote.
 Including homeowners, renters & business owners' policies.

Company	Effective Dates	Premium	No. of Claims	Amount Paid

- a. Has the applicant been canceled or refused coverage in the last 5 years?(Not applicable in Missouri.) Yes No
 If yes, please explain: _____
- b. Explain losses/incidents within the past 5 years with dates and details of loss, including amount paid, on a separate sheet of paper. None
- c. Has the applicant ever filed for bankruptcy or had a foreclosure? Yes No Explain: _____

10. Operations Offered by Applicant (All operations must be declared. Check all that apply.)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Therapeutic Riding/Driving | <input type="checkbox"/> Hippotherapy | <input type="checkbox"/> Non-Therapeutic Riding Instruction | <input type="checkbox"/> Sale of Horses |
| <input type="checkbox"/> Boarding/Breeding | <input type="checkbox"/> Horse Shows | <input type="checkbox"/> Training Horses (other than lesson) | <input type="checkbox"/> Pleasure |
| <input type="checkbox"/> Non-Horse Related Therapy | <input type="checkbox"/> Pony Rides* | <input type="checkbox"/> Day or Overnight Camp* | <input type="checkbox"/> Hay/Sleigh Rides |
| <input type="checkbox"/> Meal Preparation/Service of Food | <input type="checkbox"/> Playground | <input type="checkbox"/> Swimming, Fishing, aquatic activities | |
| <input type="checkbox"/> Residential/group home facility | <input type="checkbox"/> Day Care/Child Care | <input type="checkbox"/> Small Animal Program or Petting Zoo | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | | |

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

Section 2 - Operations

1. Are any other businesses being conducted on the applicant's 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"/> Home Day Care |
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> RV Hookups / Campsites | <input type="checkbox"/> Cut your own Christmas Tree |
| <input type="checkbox"/> Kennels | <input type="checkbox"/> Retail Store (tack, feed, food, etc.) | <input type="checkbox"/> Day or Overnight Camp |
| <input type="checkbox"/> Petting Zoos | <input type="checkbox"/> Other: _____ | |

2. a. Are there any other operations/services provided by the applicant, not already indicated on this application, either on or off premises? Yes No

b. If yes, please explain: _____

3. a. Are there any other operations taking place on the same premises as the therapeutic program? Yes No

b. If yes, indicate what the operations are and whose they are: _____

4. Does the applicant have an "at-risk" type of program (including but not limited to students, volunteers, employees or student aides)? Yes No

("At-risk" is defined as: Persons involved in the center's program as a result of any local, state or federal government, any similar private program and/or court mandated program, including but not limited to criminal rehabilitation or community service sentences.) **If yes, provide details, including copy of agreement with assigning agency. Additional premium may apply.**

5. Does the applicant conduct the following:

a. Trail rides, rental/saddle animal for hire? Yes No

(Not including riding instruction, therapeutic riding, or trails available for boarders.)

b. Hay rides, sleigh rides, carriage rides, or fishing trips? Yes No

c. Camp? Day Camp Overnight Camp **(Complete horse camp supplement.)** Yes No

6. a. Does the applicant own/lease/use any of the following vehicles listed below? Yes No

b. If yes, mark all exposures for the following:

(Indicate all vehicles used.)

	None	# of Vehicles	Use			Rides to Public
			Therapeutic Riding / Driving	Personal	Farm	
All Terrain Vehicles / Utility Vehicle	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buggies / Carts / Carriages	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Carts	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirt Bikes/Scooters/ Mopeds	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowmobiles	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleds / Wagons	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use of any above vehicle is limited to use by the applicant / employee and used for horse operation only.

c. Are any of the above used by: Boarders Guests Volunteers Anyone under 16? Yes No

d. Are operators required to be licensed in the applicant's state? Yes No

e. Are helmets required at all times for: operators passengers? Yes No

7. a. Does the applicant sell food and/or beverages (not including alcohol)? Yes No

b. If yes, indicate gross annual receipts: \$ _____

c. Type of products sold: _____

8. a. Does the applicant sell tack and/or clothing? Yes No

b. If yes, indicate gross annual receipts: \$ _____

c. Type of products sold: _____

9. Does the applicant hire any part time or full time employees? Yes No

If yes, number of part time: __; number of full time: __

10. Does the applicant carry Workers Compensation/Employers Liability? Yes No

11. Does the applicant have leased *or* temporary employees? Yes No

If yes, number of leased: __ number of temporary: __

12. a. Does the applicant have any exchange labor working for the center? Yes No

b. 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. Coverage for "bodily injury" to instructors/therapists (employees only) and volunteers is provided under the excess accident medical policy.

Section 3 - Premises One Location More Than One Location (Complete this section separately for each location)

All questions must be answered.

1. a. Premises are: Owned by the Center Leased Used (No formal lease)
b. Total number of acres from which applicant operates: _____
2. **Program Sessions:**
 - a. Number of weeks per year: _____
 - b. If seasonal, indicate dates closed: _____
 - c. Number of days per week: _____
 - d. Number of hours per day: _____
 - e. How many hours per day is any one student at applicant's facility: _____
3. Facilities used for riding instruction/therapeutic equine operations (check all that apply):
 Indoor Arena; Outdoor Arena; Trails; Other: _____
4. a. Does the applicant lease any part of their land or operation to others? Yes No
b. If yes, describe: _____
5. a. Does the applicant allow people other than boarders or students to use their facility? Yes No
b. If yes, mark all applicable: Haul-in's; *Practices for:* team penning; roping; polo; other: _____
c. Number of days yearly: _____ Average participants daily: _____ Gross Receipts \$ _____
6. a. Does anyone reside on the premises? Yes No
b. Occupant: Premises Owner Tenant of premises owner PATH Int'l Center's Employee
 PATH Int'l Center's Volunteer PATH Int'l Center's Tenant Other: _____
(If occupied by other than premises owner or tenant of premises owner, provide certificate of insurance indicating personal liability coverage through an "A" rated, admitted carrier with maximum available limits.)
7. a. Number of dogs on the premises: _____ None
b. Owned by: Premises Owner Tenant of premises owner PATH Int'l Center's Employee
 PATH Int'l Center's Volunteer PATH Int'l Center's Tenant Other: _____
Provide certificate of insurance for dog owner indicating personal liability coverage through an "A" rated, admitted carrier with maximum available limits.
 - c. Breed of dog(s): (If mixed, indicate primary breed.) _____
 - d. Have any dogs been trained for guard duty or drug detection? Yes No
 - e. Have there been any incidents of biting or other aggressive behavior? Yes No
 - f. Are all dogs confined when guests or the public (including boarders and students) are on premises? Yes No
8. a. Fencing: Type: _____ Age (yrs): _____ Condition: _____
b. If "barbed wire" fence: Number of strands: _____
c. How often is fencing checked? Daily; Weekly; Monthly; Other: _____ (Submit photo of fence.)
9. a. Do you have any bleachers or grandstands? (Submit photo.) Yes No
b. If yes, does applicant Own or Rent and are they Permanent or Temporary?
c. Do the bleachers or grandstands have handrails? Yes No
d. What is the construction: _____ Age: _____ Condition: _____ Height: _____ Total seating capacity: _____
e. Who erects the bleachers if they are not owned by the applicant: _____
10. a. Do you have vending machines? Yes No
b. If yes, are they anchored securely to prevent tipping? Yes No
11. Is there a closed circuit t.v. monitor of the facility or a night watchman with hourly watch? Yes No
12. Do you have "No Smoking" signs clearly posted? Yes No
13. Do you have working fire extinguishers and/or smoke alarm/heat detector systems in your barns? Yes No
14. Is smoking permitted in the barn or immediate area? Yes No
15. Do you have emergency evacuation procedures? (Provide copy.) Yes No

Section 4 - Safety Program

1. a. Who is the primary manager of applicant's operations? Name: _____; Date of Birth: _____
b. Relationship: Employee; Independent; Volunteer; Other: _____
c. Describe management experience: _____
2. a. Does the applicant post *or* hand-out written safety and barn rules? (Provide copy of rules.) Yes No
b. Does the applicant abide by the equine liability law in applicant's state? Yes No
c. Does the applicant require a signed liability release/waiver by everyone for all activities? (Provide copy.) Yes No
d. Is the signed release kept on file for a minimum of 5 years? Yes No
3. a. Are ASTM/SEI certified horse riding helmets required at all times while mounted by:
 Everyone; Everyone under 18; *or* not required?
b. Does the applicant require a signed helmet rejection form for those who do not wear an ASTM/SEI-certified helmet? Yes No
c. Check all safety gear required: Boots/Heeled Shoes; Long Pants; Gloves; Other: _____
d. Does the applicant abide by all PATH Int'l safety guidelines? Yes No
e. Explain other safety procedures followed: _____

Section 5 - Boarding, Breeding & Training of Horses

A. Boarding of Non-Program Horses: No Exposure or Exposure (With or without income.)

1. Number of non-program horses boarded by applicant: _____
2. Does the applicant provide riding facilities for boarders? Yes No
3. Indoor Arena; Outdoor Arena; Trails; Other: _____
4. Is there supervision when boarders are using the facility? Yes No

B. Breeding: No Exposure or Exposure (With or without income.)

1. Number of horses used for breeding: _____ program horses - _____ non-program horses - _____
2. Are outside mares kept on premises until foaling? Yes No Number of outside mares: _____
3. Any breeding horses used for pleasure/show/training/racing? Yes No
4. Method of breeding conducted by applicant on premises: Live Breeding Artificial Insemination
5. Are owned stallions shipped off premises for breeding? Yes No
6. Any sales and/or shipment of semen? (No products liability provided.) Yes No

C. Training of Non-Program Horses - No Exposure or Exposure (With or without income.)

Training is: "Instruction given to horses." Includes demonstration/instruction to owners of horses in training.

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 operation for non-program horses.

1. Number of non-program horses trained: _____ owned - _____ not owned by applicant - _____
2. Training is given by: (Check all that apply.) Employee/Officer(s); Volunteer(s); Independent Contractor(s)*
3. Does the applicant have a trainer on staff? Yes No
4. How many independent horse trainers utilize applicant's facility: _____
5. Type of Training: Race Show - Type of show: _____ Other type of training: _____
6. If horses are not kept on premises, where are they kept? Training/Boarding Facility Race Track Other: _____
7. Does the applicant attend off-premises shows with horses in training? Yes No
8. Do ALL independent horse trainers carry their own general liability insurance? Yes* No

List ALL trainers including yourself, employees, volunteers & independent trainers utilizing applicant's facility.
(MUST BE AT LEAST 18 YEARS OF AGE)

Trainer # 1

Trainer's Name #1: _____ DOB: _____ Type of Training Offered: _____
Trainer is: Employee/Officer; Volunteer; Independent Contractor Number of years experience as a trainer: _____
Any licenses/certification for training: Yes No
Give details and competition experience: _____

Trainer # 2

Trainer's Name #2: _____ DOB: _____ Type of Training Offered: _____
Trainer is: Employee/Officer; Volunteer; Independent Contractor Number of years experience as a trainer: _____
Any licenses/certification for training: Yes No
Give details and competition experience: _____

Section 6 - Riding Instruction/Therapeutic Equine Operations

1. Therapeutic riding instruction/therapy is provided by (check all that apply):
 Employee(s)/Officer(s); Volunteer(s); Independent Contractor(s)*
2. How many school horses do you use at any one time for lessons: _____
3. a. Is riding instruction given to non-disabled students? Yes No
b. If yes, by: Employee/Officer(s); Volunteer(s); Independent Contractor(s)*
4. Level of instruction given:
- | | Disabled | Non-Disabled |
|---|----------|--------------|
| Beginner Number of students- Under age 18: ____ 18 or older: ____ Ratio of students to instructor: _____ | : | : |
| Intermediate Number of students- Under age 18: ____ 18 or older: ____ Ratio of students to instructor: _____ | : | : |
| Advanced Number of students- Under age 18: ____ 18 or older: ____ Ratio of students to instructor: _____ | : | : |
5. a. Is riding instruction or therapy given to students who provide their own horses? Yes No
b. If yes, given by: Employee/Officer(s); Volunteer(s); Independent Contractor(s) *
c. Number of lessons per week: _____ Charge per lesson: \$ _____
d. Applicant's gross annual receipts from lessons to students providing their own horses: \$ _____
e. Independent Instructor's gross annual receipts from lessons to students providing their own horses: \$ _____
6. Does anyone under the age of 18 give riding instruction or clinics on applicant's premises? Yes No
7. a. Are stallions used during riding instruction or therapeutic equine operations? Yes No
b. Level of student: Beginner; Intermediate; Advanced
c. Are other horses or students in the arena at the same time as the stallion? Yes No

*Provide proof of coverage naming applicant as additional insured owner of premises, with an "A" rated admitted carrier with the same liability limits as applicant.

Section 7 - Riding Instructors / Therapists / Clinicians

Please complete this section for ALL riding instructors, therapists, and clinicians utilizing your facility – use copies if more than two.

1 Instructor / Therapist / Clinician

- a. Name: _____ DOB: _____ Type of Instruction/Therapy: _____
- b. Employee/Officer; Volunteer; Independent Contractor
If independent, provide mailing address: _____
- c. Number of years experience as instructor/therapist: ____
If less than 5 years, provide full narrative on all horse related experience: _____

- d. Type of Certification - Please check: AHA; ARIA; CHA; PATH Int'l; Other: _____
- e. Does instructor/therapist/ provide horses used for lessons/therapy? Yes No If yes, number of horses provided: ____
- f. Does independent instructor/therapist need to be added to this insurance policy? Yes No*

2 Instructor / Therapist / Clinician

- a. Name: _____ DOB: _____ Type of Instruction/Therapy: _____
- b. Employee/Officer; Volunteer; Independent Contractor
If independent, provide mailing address: _____
- c. Number of years experience as instructor/therapist: ____
If less than 5 years, provide full narrative on all horse related experience: _____

- d. Type of Certification - Please check: AHA; ARIA; CHA; PATH Int'l; Other: _____
- e. Does instructor/therapist/ provide horses used for lessons/therapy? Yes No If yes, number of horses provided: ____
- f. Does independent instructor/therapist need to be added to this insurance policy? Yes No*

*Provide proof of coverage naming applicant as additional insured owner of premises with an "A" rated admitted carrier with the same liability limits as applicant. Independents operating under your name can be added as additional insured with appropriate charge, but coverage is limited to your operations only.

Section 8 – PATH Int'l Insurance Coverage Premium (Rates may vary for NY. Submit for quote.)

1. **Base premium (fully earned) includes:** Riding Instruction to disabled students with 7 program horses, 1 Standard Public Event (Hazard 1) Day & 1 Parade Day with 7 program horses participating.

Check One: a. Base Premium \$ 580 + Premises Liability \$180 = **\$760**
 - OR - b. Accredited Center Base Premium: \$ 522 + Premises Liability \$180 = **\$702**

2. a. Total number of program horses: Owned:____ Non-owned:____
 b. Number used at any one time for disabled students:____
 c. If more than 7 program horses are used during any one lesson period, enter number of additional horses used during any one lesson period:
 ____ X \$160.00 = \$____
 ____ X \$ 50.00 = \$____
 3. If the center gives lessons to students providing their own horses enter the total gross receipts: ____ X 0.055 = \$____
 4. If the center gives lessons to more than 5 non-disabled students, number of horses used at one time: ____ X \$315.00 = \$____
 5. a. Total number of All Terrain Vehicles/Utility Vehicles: ____ X \$125.00 = \$____
 b. Total number of wagons, sleds, carriages, carts, buggies, golf carts, or similar vehicles: ____ X \$ 50.00 = \$____
 6. For bleachers or grandstands with seating capacity of 51-150, premium \$150. (\$250 in CA, FL, WA) \$____
Seating capacity greater than 150, submit for rating.
 7. Gross annual receipts from sale of food & beverages over \$2,500; premium \$10.00 per each \$1,000 of additional gross annual receipts. \$____
 8. Gross annual receipts from sale of tack & clothing over \$5,000; premium \$10.00 per each \$1,000 of additional gross annual receipts. \$____
 9. Complete a Public Event Request Form for each public event or parade participation. If more than 1 standard event, indicate number of additional standard event days: ____ X \$ 75.00 = \$____
(Non-standard public event days will be quoted upon receipt of Public Event Request Form.)
 10. Complete an Additional Insured Request Form for any additional insureds to be added to the Liability policy.
 a. Number of owners/lessors of horses or premises who are private entities: ____ X \$ 35.00 = \$____
 b. Number of owners/lessors of horses or premises who are governmental entities: ____ X \$125.00 = \$____
 c. Number of Independent Instructors or Independent Therapists to be included on this policy: ____ X \$215.00 = \$____
(Do not include employees or volunteers, who are automatically included at no charge.)
 11. Volunteer Suit Buyback Coverage: Decline Accept Total # of volunteers: ____ x \$ 0.50 = \$____

A. General Liability Premium (Add lines 1-11): \$_____
X 1.25 (apply debit for "At Risk" Volunteers) = Sub-Total General Liability Premium \$_____

PATH Int'l Excess Accident Plans

Plans	Benefits	Rates
<input type="checkbox"/> Plan A	<ul style="list-style-type: none"> • \$100 minimum premium; \$50,000 Aggregate; 5,000 Accidental Death & Dismemberment Benefit • \$10,000 Accident Medical Expense benefit (for clients, volunteers, instructors/therapists) • NY Rate is \$1.60 per client, volunteer, instructor/therapist 	\$2.00 -per client, volunteer, instructor/therapist
<input type="checkbox"/> Plan B	<ul style="list-style-type: none"> • \$125 minimum premium; \$50,000 Aggregate; \$5,000 Accidental Death & Dismemberment benefit • \$10,000 Accident Medical Expense benefit (for clients) • \$25,000 Accident Medical Expense benefit (for volunteers, instructors/therapists) • NY Rate is \$1.60/client and \$1.70/volunteer, instructor/therapist • WA Rate is \$2.12/client/\$2.25 per volunteer, instructor/therapist 	\$2.00 -per client \$2.12 -per volunteer, instructor/therapist
<input type="checkbox"/> Plan C	<ul style="list-style-type: none"> • \$150 minimum premium; \$100,000 Aggregate; \$5,000 Accidental Death& Dismemberment benefit • \$10,000 Accident Medical Expense benefit (for clients) • \$50,000 Accident Medical Expense benefit (for volunteers, instructors/therapists) • NY Rate is \$1.68/client and \$1.92/volunteer, instructor/therapist • WA Rate is \$2.23/client and \$2.45 per volunteer, instructor/therapist 	\$2.10 -per client \$2.40 -per volunteer, instructor/therapist

B. Excess Accident Medical Premium (Mandatory) *Clients with mental/emotional disabilities should be counted as disabled; PATH Int'l guidelines for disabled students apply. Headcount includes estimated # of individuals for the policy year.*

1. Disabled Clients:____ + Non-Disabled Clients:____ = Total # of Clients:____ X Client rate:____ = Client Subtotal Premium: \$_____
 2. Volunteers:____ + Instructors/Therapists:____ = Total Volunteer/Instructor/Therapist:____ X Volunteer/Instructor/Therapist rate:____ = Volunteer/Instructor/Therapist Subtotal Premium: \$_____
Sub-Total (1+2) Excess Accident Medical Premium or Minimum Premium, whichever is greater = \$_____

C. Total Tentative Premium (Subject to Company approval) = \$_____ **(Add A & B)**

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 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 _____

Section 9 - Final Checklist

- Completed, signed and dated application.
- Payment of Total Tentative Premium. **(Section 8, Page 6)**
- Complete any required supplements such as: Additional Insured Request Form, Public Event Request Form, Horse Camp Supplement, Pony Ride Supplement.
- Current color photos of premises including: outbuildings, fencing, posted barn safety rules, Equine Law signs and "No Smoking" signs. (Please do not send Polaroids.)
- Brochure or flyer for your program, if any.
- Copy of liability release form(s) and safety rules.

Optional Coverages Available

- **Umbrella / Excess Coverage** *Not available in VT.* **Application Attached** OR **Decline Coverage**
(Application at www.horseinsurance.com) For general liability limits higher than \$1,000,000 per occurrence.
- **Sex Abuse Coverage (Call for application.)** **Application Attached** OR **Decline Coverage**
Sub-limits of \$100,000 per person, per occurrence / \$200,000 aggregate per policy period apply.
Minimum Premium is \$250. *Not available in GA, LA, MA, ME, NJ, VA.*
- **Volunteer Suit Buyback** **See page 6, #11 to Add Coverage** OR **Decline Coverage**
Protects center from volunteer lawsuits against the center. Excess Accident Medical 'Plan C' limits must be in place.
Rate is \$0.50 per volunteer; \$250,000 per person, per occurrence / \$250,000 aggregate per policy period
- **Care, Custody & Control Coverage** **Application Attached** OR **Decline Coverage**
(Application at www.horseinsurance.com) Legal liability coverage for claims arising out of your negligence resulting in injury to or death of horses you do not own while in your care, custody and control.
Complete the Care, Custody & Control section of the Commercial Equine Liability application.

Send application and forms to:

Agapplications@markelcorp.com **OR** Fax to: (804) 527-7784 **OR**
Markel Insurance Company, P.O. Box 2009, Glen Allen, VA 23058-2009

For questions, please contact Debi DeTurk Peloso at (888) 217-3657.

Payment Plans (See Page 6 for Total Tentative Premium.)

- Full Pay** or **4-Pay Plan*** for Liability & Full Pay for Excess Accident Medical

*4-Pay Plan includes a 25% down payment plus installment fee per installment. Remaining installments will be billed in 60 day intervals. (\$5 fee per installment, except Florida \$4.)

Visa or **MasterCard** Cardholder's Name: _____
Card Number: _____ Expiration Date: _____
Cardholder's Signature: _____

Thank you for choosing Markel, The Insurance Company With Horse Sense®