



# 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

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](http://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"/>	<b>\$230</b> <i>(NY: \$175)</i>	\$300,000 Occ / \$900,000 Agg	_____ X \$37 = _____ <i>(NY: \$41 / FL &amp; WA: \$45)</i>	_____ X \$30 = _____	\$25.00 <i>(N/A in NY)</i>	= \$ _____
<input type="checkbox"/>	<b>\$250</b> <i>(NY: \$220)</i>	\$500,000 Occ / \$1,500,000 Agg	_____ X \$50 = _____ <i>(NY: \$56 / FL &amp; WA: \$55)</i>	_____ X \$40 = _____	\$25.00 <i>(N/A in NY)</i>	= \$ _____
<input type="checkbox"/>	<b>\$295</b> <i>(NY: \$265)</i>	\$1,000,000 Occ / \$3,000,000 Agg	_____ X \$63 = _____ <i>(NY: \$70 / FL &amp; 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](http://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
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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.