

# BEDFORD UNDERWRITERS, LTD.

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## Commercial Equine Liability & Care, Custody & Control Application

<b>Check Desired Limits:</b>	<input type="checkbox"/> \$ 300,000 / \$900,000 occurrence / aggregate	<input type="checkbox"/> \$ 500,000 / \$1,500,000 occurrence / aggregate	<input type="checkbox"/> \$ 1,000,000 / \$3,000,000 occurrence / aggregate
<b>Minimum Policy Premium – Fully Earned</b>	\$ 400.00 Minimum Premium	\$ 550.00 Minimum Premium	\$ 700.00 Minimum Premium

- Umbrella coverage may be purchased for General Liability limits greater than \$1,000,000. (A separate application is required.)
- This coverage is intended to cover liability arising out of your commercial and/or personal horse operation only.

Applicant: Dr. / Mr. / Mrs. / Ms. Applicant's Farm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Day Time Phone #: (\_\_\_\_) \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

1. Type of Ownership:  Corporation  Individual  Joint Venture  Limited Liability Company  Organization  Partnership

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

3. Location of equine operations if different from above:
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- Does Insured:**  
 Own or  Rent From Others  
 Own or  Rent From Others
4. Type of Operation:  Boarding / Breeding  Horse Shows / Rodeos  Racing  
 Check all that apply.  Hay/Sleigh Rides/Trail Rides  Pleasure  Riding Instruction/Clinics  
 Other: \_\_\_\_\_  Horse Sales  Pony Rides  Training Race / Show
5. Are you a member of the:  AQHA  APHA  NRHA  Other: \_\_\_\_\_  None
6. Number of years at this location: \_\_\_\_\_ Number of years experience in this type of operation: \_\_\_\_\_
7. If less than 5 years of experience, please give brief description and background in horse business: \_\_\_\_\_
8. Do you live on the premises?  Yes  No If no, how often do you visit the premises: \_\_\_\_\_
9. a. Do you currently have horse liability insurance?  Yes  No  
 b. Have you previously had horse liability insurance?  Yes  No  
 c. Have you been canceled, or refused coverage in last 3 years?  Yes  No  
 If yes, please explain: (Not applicable in Missouri.) \_\_\_\_\_
10. Explain all claims and reported incidents for the past three year period. (Include dates, cause of loss and amount paid): \_\_\_\_\_
11. Do any additional insureds need to be added to this policy? (Liability only.)  Yes  No  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Reason: \_\_\_\_\_

## General Information

1. Please count each horse only once under primary use.		<b>Horses You Own</b>		<b>Horses You Do Not Own</b>	
Number of Pleasure / Show / Racing:		_____		Number of Horses:	_____
Number of Breeding:	+	_____		Number of Non-Owned Horses	_____
Number of Training:	+	_____		Used for Riding Instruction:	+ _____
Number of Lesson Horses Provided by You at Any One Time:	+	_____		<b>Total Non-Owned Horses:</b>	= _____
<b>Total Number of Owned Horses:</b>	=	_____			

2. Are any other businesses being conducted on your premises? *If yes, please provide details on a separate piece of paper.*

- No Other Operation
  Bed & Breakfast
  Fruit & Vegetable "Pick Your Own"
  Petting Zoos  
 Cut your own Christmas Tree
  Home Day Care
  Retail Store  
 Day or Overnight Camp/Camping
  Kennels
  Other: \_\_\_\_\_

3. Do you perform/participate in parades?  Yes  No Number of parades: \_\_\_\_\_ Number of horses used per parade: \_\_\_\_\_

4. Do you conduct the following:

- a. Trail rides, rental or saddle animal for hire (**not including** riding instruction, or trails for boarding)?  Yes  No  
 b. Hay rides, sleigh rides, carriage rides, pack trips, hunting or fishing trips?  Yes  No  
 c. Do you use wagons, carts, sleds, etc. in public events?  Yes  No  
 d. Do you use golf carts, mopeds, 4-wheel ATV, snowmobiles for rides to the public?  Yes  No

5. Do you hire any part time or full time employees?  Yes  No

6. Do you carry Workers Compensation/Employers Liability?  Yes  No

7. Do you have leased employees?  Yes  No

8. Do you have any volunteers working for you?  Yes  No

9. Do you have any exchange labor working for you?  Yes  No

**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.**

## Premises

Premises coverage is included for your livestock operation only.

1. Is any part of your land or operation leased to others?  Yes  No

If yes, describe: \_\_\_\_\_

2. Total number of acres owned: \_\_\_\_\_ Total number of acres rented from others: \_\_\_\_\_

3. a. Type of fence: \_\_\_\_\_ Age and condition of fence: \_\_\_\_\_ How often is fencing checked? \_\_\_\_\_

b. If "barbed wire" fence: Number of strands? \_\_\_\_\_ **Please submit photo of fence.**

4. Do you provide riding facilities for your boarders?  N/A  Yes  No

5. Do you allow people not boarding horses at your facility to use your facility?  N/A  Yes  No

If yes, explain: \_\_\_\_\_

6. Do you have cattle on your premises? Number head of cattle: \_\_\_\_\_ Use: \_\_\_\_\_  Yes  No

7. Do you have slaughtering on premises?  Yes  No

8. a. Number of dogs on the premises? \_\_\_\_\_  None

b. Is the dog(s)  Owned  Not owned by Insured and dog (s) owned by: \_\_\_\_\_

c. Please list the breed of dog(s) on premises: \_\_\_\_\_

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 unconfined dogs on premises during lessons or shows?  Yes  No

9. a. Do you have any bleachers or grandstands?  Yes  No  
 b. If yes, do you:  Own or  Rent and are they:  Permanent or  Temporary  
 c. What is the age and condition: \_\_\_\_\_ Total seating capacity: \_\_\_\_\_  
 d. Who erects the bleachers if they are not owned by the insured? \_\_\_\_\_

## Safety Program

All questions must be answered in this section.

1. Who is the primary manager of your facility?  You  Other: \_\_\_\_\_  
 Age: \_\_\_\_\_ Experience: \_\_\_\_\_
2. Is there a closed circuit t.v. monitor of the facility or a night watchman/hourly watch?  Yes  No
3. a. Do you have safety and barn rules posted?  Yes  No  
 b. Do you abide by the equine law requirement in your state\*?  Yes  No  
 c. Do you require a signed release/waiver\*\* for all equine activities on your premises?  Yes  No  N/A  
 d. Is the signed release kept on file for a minimum of 5 years?  Yes  No  
 e. Do you have fire drill procedures in place? (Enclose a copy.)  Yes  No  
 f. Do you have "No Smoking" signs clearly posted?  Yes  No  
 g. Do you have working smoke alarm systems in your barns?  Yes  No  
 h. Is smoking permitted in the barn or immediate area?  Yes  No
4. a. Are ASTM/SEI certified helmets required by  Everyone OR  Everyone under 18 at ALL times while mounted?  Yes  No  
 b. Check safety gear required:  Boots/Heeled Shoes  Long Pants  Gloves  Other: \_\_\_\_\_  
 c. Do you use breakaway stirrups:  Yes, all the time.  Only for riding instruction.  No, do not use.  
 d. Explain other safety procedures followed: \_\_\_\_\_

\* Submit a photo of the posted signs with the required wording.

\*\*Please submit a copy of the release you use for our files.

## Riding Instruction To Students

No Exposure  Exposure (No Income)  Exposure (With Income)

Instruction is: "teaching students to ride on their horses or horses provided by you or independent instructor."

1. Riding instruction is given by (check all that apply):  You  Independent Instructor  Your Employee
2. Are you a certified Instructor?  Yes  No Please check:  ARIA  CHA  NARHA  Other: \_\_\_\_\_
3. Number of years experience you have as a riding instructor: \_\_\_\_\_ Number of years instructing at this location: \_\_\_\_\_
4. Type of instruction given: \_\_\_\_\_ Average cost per lesson: \_\_\_\_\_
5. Total receipts\* from Riding Instruction given to students on their own horses: \$\_\_\_\_\_ annually  
 \*If independent does not have their own insurance, please add their receipts into total receipts.
6. Does any one under the age of 18 give riding instruction or clinics on your premises?  Yes  No
7. Do you provide riding instruction for handicapped students?  Yes  No
8. Level of instruction given:  Beginner  Intermediate  Advanced
9. Number of students under age 18: \_\_\_\_\_ Number of students over age 18: \_\_\_\_\_
10. Ratio of students to instructor: \_\_\_\_\_
11. Are stallions used during instruction? If yes, is student a  Beginner  Intermediate  Advanced rider.  Yes  No
12. Do you hold clinics?  Yes  No If yes, how many per year: \_\_\_\_\_ What are the annual receipts: \_\_\_\_\_
13. a. Are there any clinics conducted by an independent Clinician?  Yes  No  
 b. Is the Independent clinician certified?  Yes  No  
 c. How many clinics are given per year: \_\_\_\_\_ Average number of participants: \_\_\_\_\_

## Independent Riding Instructors

\*Please provide proof of coverage naming you as additional insured owner of premises with an "A" rated carrier and limits same as insured.

1. Do independent riding instructors utilize your facility?  Yes  No
2. Do independent riding instructors carry their own general liability insurance\*?  Yes  No

Below list **ALL** Riding Instructors utilizing your facility. (MUST BE AT LEAST 18 YEARS OF AGE)

a. Instructor's Name: _____	DOB: _____	Type of Instruction: _____
b. Number of years experience as a riding instructor: _____ Are you a certified instructor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and competition experience: _____		
c. Does instructor need to be added to this insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Does instructor provide horses used for lessons? If yes, number of horses provided at one time: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Instructor is: <input type="checkbox"/> You <input type="checkbox"/> Independent Instructor <input type="checkbox"/> Your Employee		

  

a. Instructor's Name: _____	DOB: _____	Type of Instruction: _____
b. Number of years experience as a riding instructor: _____ Are you a certified instructor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and competition experience: _____		
c. Does instructor need to be added to this insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Does instructor provide horses used for lessons? If yes, number of horses provided at one time: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Instructor is: <input type="checkbox"/> You <input type="checkbox"/> Independent Instructor <input type="checkbox"/> Your Employee		

*On premises liability coverage is provided for independent riding instructors if added to your policy. If an instructor(s) requires OFF premises coverage, they must complete their own application. We can provide a quotation to cover their riding instruction ON/OFF premises.*

### Training of Horses

No Exposure  Exposure (No Income)  Exposure (With Income)

Training is: "training given to horses."

1. Training is given by: (Check all that apply.)  You  Independent Trainer  Your Employee
2. Type of Training:  Race  Show – Type of show: \_\_\_\_\_  Other type of training: \_\_\_\_\_

### Independent Trainers

3. Do independent horse trainers utilize your facility?  Yes  No
4. Do ALL independent horse trainers carry their own general liability insurance\*?  Yes  No

\*Please provide proof of coverage naming you as additional insured owner of premises with an "A" rated carrier and limits same as insured.

Below list **ALL** trainers including yourself, employees and independent trainers utilizing your facility. (MUST BE AT LEAST 18 YEARS OF AGE)

a. Trainer's Name: _____	DOB: _____	Type of Training Offered: _____
b. Number of years experience: _____ Any licenses or certificates for training: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and competition experience: _____		
c. Trainer is: <input type="checkbox"/> You <input type="checkbox"/> Independent Trainer <input type="checkbox"/> Your Employee		

  

a. Trainer's Name: _____	DOB: _____	Type of Training Offered: _____
b. Number of years experience: _____ Any licenses or certificates for training: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and competition experience: _____		
c. Trainer is: <input type="checkbox"/> You <input type="checkbox"/> Independent Trainer <input type="checkbox"/> Your Employee		

*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 ON/OFF premises.*

### Horse Sales

No Exposure *This policy does not cover products liability.*

1. a. Do you sell from your own premises?  Yes  No Explain any other method of sales: \_\_\_\_\_
- b. How many horses do you sell annually: Owned by you: \_\_\_\_\_ Owned by others: \_\_\_\_\_
- c. Is the buyer allowed to test ride?  Yes  No If yes, type of test ride given:  Open Field  Arena  Other: \_\_\_\_\_
- d. Is supervision provided during the test ride?  Yes  No
2. Do you sell horses as an agent for others?  Yes  No

**Tack Store/Snack Shop or Retail Sales** No Exposure*This policy does not cover products liability.*

1. If you manufacture and/or repair any goods sold, please explain: \_\_\_\_\_  N/A
2. Do you sell tack and/or clothing?  Yes  No If yes, annual gross receipts \$ \_\_\_\_\_ Square Footage: \_\_\_\_\_
3. a. Do you have food or snack bar sales? (Liquor liability not covered.)  Yes  No  
 b. If yes, annual gross receipts \$ \_\_\_\_\_ Square Footage: \_\_\_\_\_ Located? \_\_\_\_\_  
 c. Do you have:  Ansul Systems  Commercial Grill System  Deep Fat Fryers  
 d. Do you have vending machines?  Yes  No If yes, are they anchored securely?  Yes  No
4. Do you sell hay or feed?  Yes  No If yes, gross receipts \$ \_\_\_\_\_
5. Do you prepare or mix feed for animals for sale or consumption?  Yes  No
6. Do you perform farrier services  On Premises  Off Premises and what are your annual gross receipts: \$ \_\_\_\_\_  N/A

**Horse Shows/Competitions/Practices** No Exposure Exposure (No Income) Exposure (With Income)

1. a. Do you conduct or manage Shows/Rodeo type events?  Yes\*  No  
 b. Shows/Rodeos are conducted and/or managed by:  You  Others: \_\_\_\_\_  
 c. What is the total number of show days per year conducted and/or managed by you: \_\_\_\_\_  
 d. What is the total number of show days per year on your premises not conducted and/or managed by you: \_\_\_\_\_  
 e. What is the average number of participants on grounds per show day? \_\_\_\_\_
2. Maximum number of spectators on grounds per show day: \_\_\_\_\_
3. Names of National and/or International Sanctioning Organizations: \_\_\_\_\_
4. Do you allow practices for team penning, roping and/or polo?  Yes  No  
 If yes, number of days yearly: \_\_\_\_\_ Average number of participants daily: \_\_\_\_\_ Gross Receipts?  Yes  No \$ \_\_\_\_\_

*\*If you have Rodeos, please complete the Rodeo supplement.*

**Care, Custody & Control (Legal Liability)**

I accept / reject (circle one) Care, Custody &amp; Control Coverage.

Legal liability provides coverage arising from your negligence resulting in injury to or death of horses you do not own in your care, custody, and control. Coverage includes cost to defend any suit alleging injury or death. Generally, legal liability can not be restricted by contractual or hold harmless agreements. The coverage for the exposure is excluded in most general liability policies. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.

**Not Eligible for this Coverage: Veterinarians, Equine Dentists, Commercial Transporters, Rehabilitation Centers and Embryo Transplant Facilities. \*Please check a box to indicate choice of coverage.**

<u>Limit Per Horse</u>	<u>Maximum Loss Per Policy Year</u>	<input type="checkbox"/>	<u>Limit Per Horse</u>	<u>Maximum Loss Per Policy Year</u>
<input type="checkbox"/> \$ 5,000	\$ 25,000	<input type="checkbox"/>	\$ 25,000	\$ 250,000
<input type="checkbox"/> \$ 5,000	\$ 50,000	<input type="checkbox"/>	\$ 25,000	\$ 500,000
<input type="checkbox"/> \$ 10,000	\$ 50,000	<input type="checkbox"/>	\$ 50,000	\$ 250,000
<input type="checkbox"/> \$ 10,000	\$ 100,000	<input type="checkbox"/>	\$ 50,000	\$ 500,000
<input type="checkbox"/> \$ 25,000	\$ 100,000	<input type="checkbox"/>	\$ 100,000	\$ 500,000

\*If you require greater limits, please call us.

1. Are horses you do not own kept:  in stalls?  in pasture? If pastured, number of acres: \_\_\_\_\_
2. Do you store more than 50 bales of hay at any one time in the same barns as the horses you do not own?  Yes  No
3. Do you require mortality coverage for horses in your care, custody and control?  Yes  No
4. a. Do you own, lease/rent or use a vehicle in order to transport horses you do not own?  Yes  No  
 b. Number of vehicles: \_\_\_\_\_ Number of trips per year: \_\_\_\_\_ Radius of operation: \_\_\_\_\_
5. Do you own, lease or use any facility for rehabilitation or surgical purposes?  Yes  No  
 If yes, describe: \_\_\_\_\_
6. Distance from fire department: \_\_\_\_\_ Number of miles to regular vet? \_\_\_\_\_

7. Is a hot walker used for horses you do not own?  
 8. Do you have an equine swimming pool?

Yes  No  
 Yes  No

9. Location Number 1:	Barn #1	Barn #2	Barn #3
<b>Construction Type:</b>			
<b>Year Built*:</b>			
<b>Year of Updates:</b> If no heating, plumbing and/or electricity in building, please mark not applicable.	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A
<b>Heat Type:</b>	<input type="checkbox"/> None <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other:	<input type="checkbox"/> None <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other:	<input type="checkbox"/> None <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other:
<b>Protective Devices:</b>	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other:	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other:	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other:
<b>Average number of horses you do not own in each barn:</b>			
<b>Average value of horses you do not own in each barn:</b>			

\* 30 year old barns with no electric updates within 20 years must be checked by an electrician certifying electricity is safe for current usage.

**NOTE:** Coverage cannot be bound until the Company approves your completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is approved. If we do not approve your application, we will refund your premium.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Thank you for choosing Markel Insurance Company!**  
**The Insurance Company With Horse Sense <sup>SM</sup>**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**If applicable, please have your agent complete.**

Agency Name _____	Agent's Signature _____	Date _____
Agency Number (Assigned by Markel) _____	E-Mail _____	Agency Phone Number / Fax Number _____

**Please let us know how you heard about Markel Insurance Company:**

<input type="checkbox"/> Advertisement: _____ (Magazine & Issue Date)	<input type="checkbox"/> Convention: _____ (Name & Date)
<input type="checkbox"/> Referral: _____ (Agent, Customer, etc.)	<input type="checkbox"/> Web Site Link: _____
<input type="checkbox"/> Other: _____	

The supplements listed below, if completed, will be attached as part of this application. Please check and return applicable supplements for your specific exposure.

Camp Operation	<input type="checkbox"/> Exposure <input type="checkbox"/> No Exposure	Rodeo	<input type="checkbox"/> Exposure <input type="checkbox"/> No Exposure
Pony Ride	<input type="checkbox"/> Exposure <input type="checkbox"/> No Exposure	Trail / Endurance Ride	<input type="checkbox"/> Exposure <input type="checkbox"/> No Exposure