



Farrier's Insurance 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 coverage is intended to cover liability arising out of applicant's commercial farrier operation only.
 ALL OPERATIONS MUST BE DECLARED.**

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: _____ Web site: _____	Broker Name: _____ Broker Number: _____ Company Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Phone #: (____) _____ Fax #: (____) _____ Email Address: _____
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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 is multiple individual names, what is the relationship of applicant(s): Husband / Wife;
 Parent/Child; Siblings; Other: _____
2. Names of corporate partners/officers: _____

Section 2 - Prior 3 Year Property & Liability Insurance Information

(Must be completed in full - Past three years premium and loss history, including homeowners, renters and business insurance policies)

Company	Effective Dates	Premium	No. of Claims	Amount Paid

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

Section 3 - Coverage Information

Choose One <u>Liability Limit</u>	Liability Limit – <u>Occurrence / Aggregate</u>	Care, Custody & Control <u>Legal Liability</u>	<u>Owned Transportable Farrier Equipment Floater Limit</u> \$500 deductible per claim. Please provide a schedule.	Minimum Premium is fully earned in the event of a cancellation.
<input type="checkbox"/>	\$300,000occ / \$900,000agg	\$5,000/\$25,000*	\$1,000*	Min. Prem.: <u>\$450</u>
<input type="checkbox"/>	\$500,000occ / \$1,500,000agg	\$10,000/\$50,000*	\$2,500*	Min. Prem.: <u>\$600</u>
<input type="checkbox"/>	\$1,000,000occ / \$3,000,000agg	\$25,000/\$100,000*	\$5,000*	Min. Prem.: <u>\$725</u>

Care, Custody & Control/Legal Liability provides coverage arising from applicant's negligence resulting in injury to or death of horses applicant does not own in the applicant's care, custody and control as a result of the applicant's negligence as a Farrier. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.

***If higher limits are desired, please indicate below: (Additional charges apply.)**

Care, Custody, & Control Limit : \$ _____

Transportable Equipment Limit : \$ _____

NOTE: Rates and Coverages May Not Be Available in All States.

Section 4 - Farrier Services Information

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

If any of the operations listed below are being conducted by the applicant, complete a Commercial Equine Liability application and appropriate supplement(s)*, located on our website at www.horseinsurance.com.

Operation(s): No Other Operations Hay/Sleigh Rides Iron Works Riding Instruction
 Boarding/Breeding Horse Sales Pleasure Rodeo*
 Clinics Horse Show Vendor Pony Rides* Racing
 Sale of farrier equipment/products Farrier Shows Horse Show Sponsor
 Training Race/Show Other: _____

2. Does applicant service animals other than horses? Yes No

If yes, what type of animals: cattle goat other: _____

3. a. Number of years of experience as a farrier: _____ Date of Birth: _____

b. Did the applicant attend Farrier school? Yes No If yes, name of school: _____

c. Does applicant hold a certification? Yes No If yes, through what association: _____

d. Does applicant hold a farrier license? Yes No If yes, how long: _____

e. Number of years business has been established: _____

f. Is applicant a member of: AFA; BWFA; Other: _____; None

4. a. Average number of horses applicant works on each year: ____ (Count each horse only once.)

b. Total annual farrier receipts: \$_____ c. Breed and discipline of horses: _____

5. a. Does applicant own horses? Yes No

If yes, how many and use: # _____ **and** Pleasure; Breeding; Training; Other: _____

b. Are they owned: In Applicant's Individual Name; In Applicant's Business Name; Other: _____

c. Describe applicant's experience with horses: _____

6. How many horses, not owned by applicant, are stabled/pastured at applicant's premises? _____ None

7. Do additional insureds need to be added? (Liability only.) Yes No

Insurable Interest: Owner of Premises Government Entity Other: _____

Name: _____ Address: _____

8. a. Does applicant operate the business from: owned premises leased premises other: _____

applicant's vehicle (If from vehicle only, go to Question 10.)

b. Give physical location: _____
Address City State Zip

c. Number of acres owned: _____ Number of acres leased: _____

d. Are there other operations conducted on premises? Yes No

e. If yes, describe: _____

9. a. Are safety rules posted? (Submit a copy.) Yes No

b. Are "No Smoking" signs posted? (Submit a photo.) Yes No

c. Is the equine law for applicant's state posted? (Submit a photo.) Yes No

10.a. Number of dogs owned by applicant? _____ None Are dogs taken with applicant on service calls? Yes No

b. Breed of dog(s): (If mixed, provide primary breed.) _____

c. Have there been any incidents of aggressive behavior, including biting? Yes No

d. Are dogs confined while work is being done? Yes No

11.a. Are horses shod in an area away from public or other horse traffic? Yes No

b. Describe restraint methods used while shoeing: cross ties live handler other: _____

c. Describe other safety procedures applicant has in place: _____

Section 5 - Farriers/Apprentices/Helpers

1. Does applicant employ additional certified or non-certified farriers, apprentices, helpers? Yes No
2. List **all** Farriers/Apprentices/Helpers. (Must be at least 18 years of age).
- a. Name: _____ DOB: _____
 Employee or Independent *and* Apprentice, Helper, or Farrier
Annual payroll: \$ _____ None
Number of years of experience: _____ Any license/certification: Yes No
Farrier's school? Yes No If yes, name of school: _____
- b. Name: _____ DOB: _____
 Employee or Independent *and* Apprentice, Helper, or Farrier
Annual payroll: \$ _____ None
Number of years of experience: _____ Any license/certification: Yes No
Farrier's school? Yes No If yes, name of school: _____
- c. Name: _____ DOB: _____
 Employee or Independent *and* Apprentice, Helper, or Farrier
Annual payroll: \$ _____ None
Number of years of experience: _____ Any license/certification: Yes No
Farrier's school? Yes No If yes, name of school: _____
3. Does applicant carry workers compensation? Yes No
(Note: This policy provides no workers compensation coverage.)

Section 6 - Equipment/Tools/Supplies

1. Are all tools and equipment locked in the vehicle and/or trailer when not in use? Yes No
2. Total value of all owned transportable farrier equipment (excluding vehicle & trailer): \$ _____
(See Section 3 for policy limit.)
3. Is there a working alarm system on vehicle? Yes No If yes, audible and/or disabling?
4. Is there a working fire extinguisher with current inspection tag in vehicle? Yes No
5. a. Is applicant's vehicle and equipment parked in visible sight of applicant's work area? Yes No
b. If no, where is it parked: _____
6. a. Is there any other insurance in place covering applicant's owned transportable farrier equipment/supplies? Yes No
b. If yes, give limits and carrier: _____
7. Does applicant have a shop on premises? Yes No If yes, what is the square footage: _____
8. a. Does applicant sell farrier equipment and products? Yes No (No products liability provided.)
b. If yes, what kind of equipment and products? _____
c. What are the annual receipts? \$ _____

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

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®