



NEW RENEWAL

Show Animal Club Liability Application

P.O. Box 2009, Glen Allen, VA 23058-2009 Phone: (800) 262-7535 Fax: (804) 527-7784
Email: gapplications@markelcorp.com Website: www.horseinsurance.com

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.

Name of Club: _____
Mailing Address: _____
City: _____ County: _____
State: _____ Zip Code: _____
Phone #: (____) _____ Fax #: (____) _____
Contact Person: _____ 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: _____

1. Type of ownership: Corporation; Limited Liability Company; Trust; Organization; None
2. Names of corporate partners/officers for each entity: _____
3. a. Type of Club: Dog; Cat; Bird; Cattle; Alpaca/Llama; Other: _____
b. Show Classes: All Breed; Obedience; Field Trials; Agility;
 Specialty (Breed: _____); Other: _____
4. a. State where club is registered: _____
b. What year was this club established: _____
5. a. Does club have By-Laws? Yes No
b. Waiver(s) / Release(s) used? Yes No (Submit a copy of each.)
c. Is the club: For Profit Not for Profit

Section 2 - Club Information

1. Is club's premises: Owned; Leased - Long term **or** Short term; Donated
2. How many acres? _____
3. List all locations and describe: (street address, city, state, zip code) _____
4. Does club own or lease any buildings? Yes No
 Concession Stand # _____ Restrooms # _____ Shed # _____ Clubhouse # _____
 Indoor Arena # _____ Outdoor Arena # _____ Other: _____

Section 3 - 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. Do you currently have club liability insurance? Yes No
b. Have you previously had club liability insurance? Yes No
2. a. Has the club been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.) Yes No
b. If yes, explain: _____
3. Explain losses/incidents within the past 5 years with dates & details of loss, including amount paid, on sheet of paper. None
4. Has the club ever filed for bankruptcy or had a foreclosure? Yes No Explain: _____
5. No prior insurance? Yes No; Reason: _____

Section 4 – Events Information

1. 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.

2. Completely describe all club functions: _____

3. What is the maximum number of individual club members each year including individuals in family memberships: _____

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	
Confirmation Classes:			Members: ___ Non-members: ___ <input type="checkbox"/> None	
			Members: ___ Non-members: ___ <input type="checkbox"/> None	
Clinics/Eye/Tattoo:			Members: ___ Non-members: ___ <input type="checkbox"/> None	
			Members: ___ Non-members: ___ <input type="checkbox"/> None	
Trials: Field*/Agility			Members: ___ Non-members: ___ <input type="checkbox"/> None	
			Members: ___ Non-members: ___ <input type="checkbox"/> None	
Matches/Fun Shows:			Members: ___ Non-members: ___ <input type="checkbox"/> None	
			Members: ___ Non-members: ___ <input type="checkbox"/> None	
Obedience:			Members: ___ Non-members: ___ <input type="checkbox"/> None	
Fundraisers:			Members: ___ Non-members: ___ <input type="checkbox"/> None	

*Are horses used in field trials? Yes No If yes, how many horses? _____

4. Are you required to name any other party as an additional insured? Yes No

Name: _____

Address: _____

Interest: Owner of Premises; Other: _____

5. a. Are weapons/firearms used in any club activities? Yes No

b. What type of ammunition is used? Live Popper

c. Experience of person handling guns and/or poppers: _____

d. Number of people shooting at any one time: _____

e. Distance from spectators: _____ft.

Note: If live ammunition is being used, company must give final approval before coverage can be bound.

6. a. Does your club sponsor an animal rescue program? Yes No

b. If yes, confirm average number of animals rescued per year and type of animal: _____

c. Describe rescue program in detail on separate sheet of paper.

Section 5 - Premium / Payment Information

Step 1: Basic Rate - Check desired limit; for different limits, contact the company.

All minimum premiums are fully earned and include 100 members, 5 public event days, 200 or less spectators per day and a \$5,000 medical payment limit.

A **public event day** is any activity in which non-members or spectators attend or participate.

Check here if no Public Event Days

Check One Limit of Liability:	<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
Base Minimum Earned Premium:	\$325	\$350	\$425

Step 2: Additional Rates - Use rate in column below desired limit.

Owned or Leased Premises	# of Acres: _____	\$110 Flat = _____	\$145 Flat = _____	\$180 Flat = _____
Additional Members (above 100)	# _____	x \$0.40 (member) = _____	x \$0.50 (member) = _____	x \$0.75 (member) = _____
Additional Public Event Days	# _____	x \$10 (day) = _____	x \$20 (day) = _____	x \$30 (day) = _____
Obedience & Confirmation Classes	# _____	x \$10 (session) = _____	x \$15 (session) = _____	x \$20 (session) = _____
Additional Insureds – Owner of Premises	# _____	x \$25 (each) = _____	x \$30 (each) = _____	x \$35 (each) = _____
Additional Insureds – Government Entities and/or Other Special Interests	# _____	x \$75 (each) = _____	x \$100 (each) = _____	x \$125 (each) = _____

Food Sales: <input type="checkbox"/> Yes Gross Receipts: \$ _____	Gross Receipts Less than \$500	\$0	\$0	\$0
	\$501 to \$2,500	\$25 Flat = _____	\$50 Flat = _____	\$75 Flat = _____
Over \$2,500 – Refer to Company				

Clothing, Misc. Sales: <input type="checkbox"/> Yes Gross Receipts: \$ _____	Gross Receipts Less than \$500	\$0	\$0	\$0
	\$501 to \$2,500	\$25 Flat = _____	\$50 Flat = _____	\$75 Flat = _____
Over \$2,500 – Refer to Company				

Total Step 2:	= \$ _____	= \$ _____	= \$ _____
----------------------	------------	------------	------------

STEP 3: Total Rate (* Rates may vary by state.)

Step 1: \$ _____ + Step 2: \$ _____ = Total Premium*: \$ _____

***Premium is subject to change upon review by an underwriter.**

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

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