



USHJA Professional Horseman's Application

P.O. Box 2009, Glen Allen, VA 23058 Phone: (800) 446-7925 Fax: (804) 527-7784
www.hjtrainerinsurance.com Email: agapplications@markelcorp.com

**This policy is intended to cover the applicant's commercial liability
when conducting riding instruction, horse training or clinics.**

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: _____	Broker Name: _____ Broker Number: _____
Business Name: _____	Company Name: _____
Mailing Address: _____	Mailing Address: _____
City: _____ County: _____	City: _____ State: _____ Zip Code: _____
State: _____ Zip Code: _____	Phone #: (____) _____ Fax #: (____) _____
Phone #: (____) _____ Fax #: (____) _____	Email Address: _____
Contact Person: _____ Contact Phone #: _____	
Email: _____ Web site: _____	

Section 1 - Applicant Information

Desired Effective Date: _____

1. a. USHJA Member # _____
b. Currently certified by USHJA? ☐ Yes ☐ No If no, has your TCP application been approved? ☐ Yes ☐ No
c. If yes, TCP Level: ☐ Category I ☐ Category II ☐ Category III
2. Type of Business: ☐ Corporation ☐ Individual ☐ Limited Liability Company ☐ Partnership
3. Names of corporate partners/officers: _____
4. Choose One ☐ \$ 300,000 occurrence / \$ 900,000 aggregate (\$350.00 Minimum Earned Premium)
Limit of Liability: ☐ \$ 500,000 occurrence / \$ 1,500,000 aggregate (\$450.00 Minimum Earned Premium)
(Rates may vary by state.) ☐ \$1,000,000 occurrence / \$ 3,000,000 aggregate (\$550.00 Minimum Earned Premium)
5. a. Describe applicant's horse operations: _____
b. Number of years in this type of operation: _____
c. Describe applicant's experience in the horse business: _____
6. Do additional insureds need to be added? ☐ Yes ☐ No
Name: _____ Address: _____
Insurable Interest: ☐ Owner of Premises ☐ Other: _____

Section 2 - Premises

1. Where does applicant operate: ☐ own/lease premises – [complete questions 2 through 6](#)
☐ boarding stable – [skip to section 3](#)
☐ student's premises – [skip to section 3](#)
2. a. Location: _____
b. How many acres: _____
3. If lease/rent, what is your lease/rent period: ☐ 1 month; ☐ 6 months; ☐ 1+ years
4. Fencing type: ☐ wood; ☐ pvc; ☐ wire mesh; ☐ other: _____
5. a. Do you own/lease bleachers or grandstands? ☐ Yes ☐ No
b. Total seating capacity: _____
c. If leased, who erects bleachers: _____
6. Non-equine operations conducted on premises: _____

Section 3 - Equine Operations

Check all operations that apply to the applicant. All operations must be declared.

Operation(s): ☐ Boarding/Breeding ☐ Day or Overnight Camp ☐ Farrier Services ☐ Horse Sales
☐ Horse Shows ☐ Training/Instructing ☐ Therapeutic Facility ☐ Other: _____

Section 4 - Prior Three 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 & details of loss, including amount paid, on separate paper. ☐ None
3. Has the applicant ever filed for bankruptcy or had a foreclosure? ☐ Yes ☐ No Explain: _____

Section 5 - Summary of Horses

Count each horse only once, based on its primary use. All horse-related exposures must be insured.

Declare All Owned / Leased Horses, On or Off Premises

1. Number of Owned & Leased Horses Used for:

a. Instruction to Others (e.g. school horses) _____

Total of Section 1: _____

2. Number of Owned Horses Used for:

a. Pleasure: _____ b. Show: _____ c. Training: _____

d. For Sale: _____ e. Other: _____

Total of Section 2: _____

3. Number of Horses Not Owned by Applicant Used for:

a. Training (Breed: _____) ☐ Race ☐ Show _____

b. On Consignment for Sale (Breed: _____) _____

c. Other: _____

Total of Section 3: _____

Section 6 - Training of Horses ☐ No Exposure

Training is: "Instruction given to horses."

Includes demonstration/instruction to owners of horses in training.

1. Training is performed by: ☐ Applicant ☐ Employee
2. Type of Training: ☐ Hunter/Jumper ☐ Other type of training: _____
3. Average number of horses in training at any one time: _____
4. Does applicant attend shows with horses in training? ☐ Yes ☐ No If yes, number of times per year: _____
5. Are you giving clinics? ☐ Yes ☐ No If yes, estimated number per year: _____

Section 7 - Riding Instruction to Students ☐ No Exposure

Instruction is: "Teaching students to ride on their horse or horses provided by applicant."

1. Riding Instruction is given by: ☐ Applicant ☐ Employee (Instructors must be a minimum 18 years old.)
2. How many school horses do you use at any one time for lessons: _____
3. Receipts for riding instruction given to students on student owned horses by applicant/employee: \$ _____ annually
4. Does applicant provide riding instruction for handicapped students? ☐ Yes ☐ No
5. Level of instruction given:
- Beginner:* Number of students – Under age 18: _____ 18 & over: _____ Ratio of students to instructor: _____
- Intermediate:* Number of students – Under age 18: _____ 18 & over: _____ Ratio of students to instructor: _____
- Advanced:* Number of students – Under age 18: _____ 18 & over: _____ Ratio of students to instructor: _____
6. a. Are stallions used during instruction? ☐ Yes ☐ No
- b. If yes, is student: ☐ Beginner ☐ Intermediate ☐ Advanced

Section 8 - Additional Employed Trainers/Instructors

☐ No Exposure

Complete information for additional employees on separate paper. (MUST BE AT LEAST 18 YEARS OF AGE)

☐ Trainer / ☐ Instructor

1. Name: _____ DOB: _____
2. Number of years experience: _____ USHJA Member # _____
3. USHJA TCP certified? ☐ Yes ☐ No TCP Level: ☐ Category I ☐ Category II ☐ Category III
4. Give details on professional experience: _____

Section 9 - Horse Shows/Clinics Hosted & Organized by Applicant

☐ No Exposure

Horse Shows – ☐ No Exposure

1. a. Number of show days per year: _____ b. USEF/USHJA approved? ☐ Yes ☐ No
2. a. Average number of participants: _____ b. Maximum number of spectators: _____
3. Name & Location of Show(s): _____

Clinics – ☐ No Exposure

1. Number of clinic days per year: _____
2. a. Average number of participants: _____ b. Maximum number of spectators: _____
3. Name & Location of Clinic(s): _____

Section 10 - Safety Program

1. a. Does applicant have written safety rules? (Submit copy or photo.) ☐ Yes ☐ No
- b. Does applicant abide by the equine liability law in the applicant's state? ☐ Yes ☐ No
- c. Does applicant require a signed waiver/release for all equine activities? (Submit copy.) ☐ Yes ☐ No
- d. Is the signed release kept on file for a minimum of 5 years? ☐ Yes ☐ No
2. a. Are ASTM/SEI certified helmets required at all times while mounted by ☐ Everyone ☐ Everyone under 18 or ☐ not required?
- b. Does applicant require a signed helmet rejection form from those who do not wear an ASTM/SEI certified helmet? ☐ Yes ☐ No
- c. Check safety gear required: ☐ Boots/Heeled Shoes ☐ Long Pants ☐ Gloves ☐ Other: _____
- d. Explain other safety procedures followed: _____

Section 11 - Additional Liability Exposure

1. a. Does applicant own / lease / use any of the following? ☐ Yes ☐ No (Indicate all vehicles used.)

Note: No liability coverage for Three-Wheel All-Terrain Vehicles.

	None	# of Vehicles	Personal	Farm Use	Rides to Public
All Terrain Vehicles / Utility Vehicle	<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"/>
Golf Carts	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirt Bikes/Motorized Scooters Mopeds	<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"/>
Sleds / Wagons	<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"/>

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

- b. Are any of the above used by: ☐ Students ☐ Volunteers ☐ Anyone under 16 ☐ Other: _____? ☐ Yes ☐ No
- c. Are operators required to be licensed in applicant's state? ☐ Yes ☐ No
2. a. Does applicant perform/participate in parades? ☐ Yes ☐ No
- b. If yes, number of parades: _____ number of horses used per parade: _____
- c. Please provide name of parade(s): _____ Size of parade(s): _____
3. Does applicant conduct the following:
 - a. Trail rides, rental/saddle animal for hire? (Not including riding instruction.) ☐ Yes ☐ No
 - b. Hay rides, sleigh rides, carriage rides, pack trips, hunting or fishing trips? ☐ Yes ☐ No
4. a. Are dogs present during instruction/training/clinics? ☐ Yes ☐ No
- b. If yes, breed of dog(s): (If mixed, provide primary breed.) _____

Note: This policy does not cover legal liability for bodily injury or property damage caused by dogs.

Section 12 - Care, Custody & Control - Legal Liability

Do you care for horses you do not own?

If you take care of someone else's horse, you need **Care, Custody & Control (CC&C)** coverage. This coverage will reimburse you if a horse you do not own is in your care and is injured, becomes ill, or dies, and you are found negligent. This coverage is added by endorsement to the Farm Package or Commercial Equine Liability policies.

Not Eligible for this Coverage: Veterinarians, Equine Dentists, Commercial Transporters, Rehabilitation Centers & Embryo Transplant Facilities.

Please check one: ☐ **QUOTE** or ☐ **DECLINE/NO EXPOSURE**

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

1. Average value of horses in your care/ barn: \$ _____
2. a. Are horses transported? ☐ Yes ☐ No
b. How many trips annually: _____
c. Radius of operation: _____
d. Have any drivers had any traffic violations within the past 5 years? ☐ Yes ☐ No
3. Is the barn your primary source for storing hay? ☐ Yes ☐ No
4. Is there any use of mechanical devices (i.e. hot walkers, treadmills, spa, etc...)? ☐ Yes ☐ No

Section 13 – Other Insurance

If you are interested in a quote for one of our policies below, please let us know and we will be in contact with you to discuss further.

1. a. Would you be interested in a **Equine Mortality & Medical/Surgical** quote? ☐ Yes ☐ No
b. When does the your current Mortality policy renew: ☐ Jan-Mar ☐ Apr-Jun ☐ Jul-Sep ☐ Oct-Dec
2. a. Would you be interested in a **Property, Tack & Equipment** quote? ☐ Yes ☐ No
b. When does your current Farm policy renew: ☐ Jan-Mar ☐ Apr-Jun ☐ Jul-Sep ☐ Oct-Dec
3. a. Would you be interested in an **Excess/Umbrella** quote? ☐ Yes ☐ No
b. When does your current Excess/Umbrella policy renew: ☐ Jan-Mar ☐ Apr-Jun ☐ Jul-Sep ☐ Oct-Dec
c. Limit of Insurance: ☐ \$1 Million ☐ \$2 Million ☐ \$3 Million ☐ \$4 Million ☐ \$5 Million ☐ Other-\$ _____

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: ☐ USHJA TCP Program ☐ Magazine Ad ☐ Referral ☐ Web Site ☐ Other

Describe: _____

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