



Markel Insurance Company

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Email applications to: agapplications@markelcorp.com
Website: horseinsurance.com

PATH International centers – public event and parade request form

THIS IS YOUR ORIGINAL COPY – Please make several copies of this form for future use.

This form must be submitted to Markel at least 30 days prior to events. If an event is canceled or rescheduled, notification must be submitted no more than 10 days after the originally confirmed date in order for credit to be applied.

Markel agent number: _____ Submission or policy number: _____

PATH International center name (applicant): _____

Contact person: _____ Phone: _____ Fax: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Check here if this is a new mailing address. Date of request: _____

Section 1 – Event information

1. Event date(s): _____ Hours: _____
2. Event location: _____
3. Event title: _____
4. Estimated number in attendance per day at event: Participants _____ Spectators _____ Horses _____
5. Is a liability release form signed by all participants? If yes, provide a copy for our records. Yes No
6. Provide a detailed description of the event including your center's role in the event: (Attach a brochure or flyer, if available.)

Section 2 – Event details

1. Check One:
 - Standard public event (hazard 1) day** *Qualification subject to Markel approval.*
Attendance by no more than 200 for a one-day sponsored event of the following types only:
 - Ride-a-thon/trail ride (no more than 25 participants, on their own horses only)
 - Open house (no riding by non-students)
 - Volunteer appreciation day/picnic
 - Flea market/garage sale
 - Horse show/gymkhana
 - Fundraising dinner, potluck, BBQ or auction
 - Horse exhibit
 - Bake sale
 - Non-standard public event day** *Will be quoted when Markel receives and reviews this form.*
2. Is this event sponsored or run by your PATH International center? Yes No
For events other than parades, no coverage can be provided for events not sponsored or run by your PATH International Center. The sponsoring party must provide the insurance.
3. Are food or beverages being served or provided? Yes No
If yes:
 - a. By whom: Center Other: _____
If provided by an outside party, provide certificate of insurance meeting requirements* below.

b. Type of food and beverages: _____

4. Is alcohol (beer, wine or liquor) served or provided? Yes No

If yes:

a. By whom? _____

b. Provide proof of Liquor Liability insurance with admitted "A" rated carrier with liability limits same as applicant.

5. Are hay rides, wagon rides, carriage rides, or rental of horses being offered? Yes No

If yes, provide certificate of insurance meeting requirements* below.

6. Are pony rides being offered? Yes No

If yes, by whom? _____

If provided by your PATH International center, complete a Pony Ride Supplement; additional premium will apply.

If provided by an outside party, provide certificate of insurance meeting requirements* below.

7. CLINICS/SEMINARS/WORKSHOPS

Is the clinician or speaker from your PATH International center? Yes No

If no, provide certificate of insurance meeting requirements* below.

8. PARADES

Include the number of horses and number of people from your PATH International center and type of participation (walking, on horses, on float, etc.) in description of event in Section 1. Coverage will be restricted to your Center's participation only.

*Please provide a certificate of insurance with a \$1,000,000 general liability limit through an "A" rated, admitted carrier.

Section 3 – Premium

- 1 Standard Public Event (Hazard 1) Day is included in the base premium.
- Additional Standard Public Event (Hazard 1) Days are \$75 each.
- All Non-Standard Public Events must be submitted for a quote.

Coverage and rates are subject to approval by Markel. Requests that are denied coverage will be refunded the appropriate premium. Any additional premiums quoted are due to Markel prior to the date of the event.

NOTE: This Supplement becomes part of your primary application and must be signed and dated. 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. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____