



NEW  RENEWAL

# Show Animal Club Liability Application

4600 Cox Road, Glen Allen, VA 23060-9817  
 Phone: (800) 262-7535 Fax: (804) 527-7784  
 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: _____
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1. Type:  Corporation;  Limited Liability Company;  Trust;  Organization; FEIN: \_\_\_\_\_  None
2. Names of corporate partners/officers and social security numbers: \_\_\_\_\_
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
6. Desired Effective Date: \_\_\_\_\_

## General 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: \_\_\_\_\_

## 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	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, please explain: \_\_\_\_\_
3. Explain losses/incidents within the past 5 years with dates and details of loss, including amount paid, on a separate 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: \_\_\_\_\_

1. List all event days sponsored by the named insured.

- **Specific dates** of each event are required. If dates have not been set, the 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	Name of Event	Dates of Event	Total Number of Participants	Maximum # of Spectators Per Day
Show:			Number of: members - _____; non-members - _____	
			Number of: members - _____; non-members - _____	
Confirmation Classes:			Number of: members - _____; non-members - _____	
			Number of: members - _____; non-members - _____	
Clinics/Eye/Tattoo:			Number of: members - _____; non-members - _____	
			Number of: members - _____; non-members - _____	
Trials: Field * / Agility			Number of: members - _____; non-members - _____	
			Number of: members - _____; non-members - _____	
Matches / Fun Shows:			Number of: members - _____; non-members - _____	
			Number of: members - _____; non-members - _____	
Obedience:			Number of: members - _____; non-members - _____	
Fundraisers:			Number of: members - _____; non-members - _____	

\*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 or firearms used in any club activities?  Yes  No b. If yes, 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.

## 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 = _____
<b>Over \$2,500 – Refer to Company</b>				
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 = _____
<b>Over \$2,500 – Refer to Company</b>				
<b>Total Step 2:</b>		= \$ _____	= \$ _____	= \$ _____

### 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 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 the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

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.

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Applicant's Signature

Date

Broker's Signature (if applicable)

Date

How did you hear about Markel:  Magazine Ad  Referral  Convention  Website  Other

Describe: \_\_\_\_\_

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