



Markel Insurance Company
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 Telephone: (800) 262-7535 Fax: (804) 527-7784
 Email applications to: agapplications@markelcorp.com
 Website: horseinsurance.com



Path International centers – premises supplement

Markel agent number: _____

PATH International center: _____

Submission or policy number: _____

1. a. Premises are: Owned by the center Leased Used without formal lease
 b. Total number of acres from which applicant operates: _____
2. Program sessions:
 - a. Number of weeks per year: _____
 - b. If seasonal, indicate dates closed: _____
 - c. Number of days per week: _____
 - d. Number of hours per day: _____
 - e. How many hours per day is any one student at applicant's facility: _____
3. Facilities used for riding instruction/therapeutic equine operations (check all that apply):
 Indoor arena Outdoor arena Trails Other: _____
4. a. Does the applicant lease any part of their land or operation to others? Yes No
 b. If yes, describe: _____
5. a. Does the applicant allow people, other than boarders or students, to use their facility? Yes No
 b. If yes, mark all applicable: Haul-in's Team penning practice Roping practice Polo practice
 Other: _____
 c. Number of days yearly: _____ Average participants daily: _____ Gross Receipts: \$ _____
6. a. Does anyone reside on the premises? Yes No
 b. Occupant: Premises owner Tenant of premises owner PATH International center's employee
 PATH International center's volunteer PATH International center's tenant Other: _____
If occupied by other than premises owner or tenant of premises owner, provide certificate of insurance indicating personal liability coverage through an "A" rated, admitted carrier with maximum available limits.
7. a. Number of dogs on the premises: _____ None
 b. Dog(s) owned by: Premises owner Tenant of premises owner PATH International center's employee
 PATH International center's volunteer PATH International center's tenant Other: _____
If dog(s) on premises, provide certificate of insurance for dog owner indicating personal liability coverage through an "A" rated, admitted carrier with maximum available limits.
 c. Breed of dog(s): (If mixed, indicate primary breed.) _____
 d. Have any dogs been trained for guard duty or drug detection? Yes No
 e. Have there been any incidents of biting or other aggressive behavior? Yes No

- f. Are all dogs confined when guests or the public, including boarders and students, are on premises? Yes No
8. a. Fencing: Type: _____ Age: _____ years Condition: _____
- b. If barbed wire fence, number of strands: _____
- c. How often is fencing checked? Daily Weekly Monthly Other: _____
- d. Submit photo of fence.
9. a. Do you have any bleachers or grandstands? If yes, submit photo. Yes No
- b. If yes, does applicant Own or Rent?
Are the bleachers or grandstands Permanent or Temporary?
- c. Do the bleachers or grandstands have handrails? Yes No
- d. Describe the: Construction: _____ Age: _____ Condition: _____ Height: _____
Total seating capacity: _____
- e. Who erects the bleachers if they are not owned by the applicant? _____
10. a. Do you have any vending machines? Yes No
- b. If yes, are they anchored securely to prevent tipping? Yes No
11. Is there a closed circuit T.V. monitor of the facility or a night watchperson with hourly rounds? Yes No
12. Do you have "No Smoking" signs clearly posted? Yes No
13. Do you have working Fire extinguishers or Smoke alarm/ heat detector systems in your barns? Yes No
14. Is smoking permitted in the barn or immediate area? Yes No
15. Do you have emergency evacuation procedures? If yes, provide copy. Yes No
16. Is this location: In addition to or Replacement of a current policy location?
Location to be deleted: _____

Please provide current color photos of the fencing, outbuildings (exteriors and stall areas), posted safety rules, "No Smoking", Emergency Evacuation and any state Equine Law signs.

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.

I hereby certify that to the best of my knowledge and belief the information provided is true and complete and that no information, which would materially affect this insurance, has been withheld.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____