

**Instruction is: "teaching students to ride on their horses or horses provided by you or independent instructor."
Please complete this form and return it to Markel with a completed Commercial Equine or Farm application.**

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

- Riding instruction is given by (check all that apply): Applicant; Your Employee; Independent Instructor
(Instructors must be a minimum of 18 years old.)
- Number of lessons per week on student owned horses? _____ Charge per lesson: \$_____; # of weeks per year: _____
 - Number of lessons per week on school horses? _____ Charge per lesson: \$_____; # of weeks per year: _____
- Receipts:
 - Riding Instruction given to students on their own horses by named insured/employee: \$_____ annually
 - Independent Instructors giving instruction to students on their own horse: \$_____ annually
- Does anyone under the age of 18 give riding instruction or clinics on your premises? Yes No
- Do you provide riding instruction for handicapped students? Yes No
- Level of instruction given:

Beginner:	Number of students- Under age 18: _____	Over age 18: _____	Ratio of students to instructor: _____
Intermediate:	Number of students- Under age 18: _____	Over age 18: _____	Ratio of students to instructor: _____
Advanced:	Number of students- Under age 18: _____	Over age 18: _____	Ratio of students to instructor: _____
- Are stallions used during instruction? Yes No
 - If yes, is student Beginner; Intermediate; Advanced
- If instruction is given on your premises by independent instructors:
 - How many instructors: _____
 - How many students: _____
 - Do you obtain certificates of insurance? (If yes, provide copy.)* Yes No

***Provide proof of coverage naming applicant as additional insured owner of premises with an "A" rated admitted carrier with the same liability limits as insured. Independent instructors operating under your name can be added as additional insured with appropriate charge, but coverage is limited to your operations only.**

Riding Instructors

Please complete below for all riding instructors (self, employees, independents) utilizing your facility. If an instructor(s) requires coverage for other than working at your facility, they must complete their own application. We can provide a quotation to cover their riding instruction operation.

Instructor #1

- a. Instructor's Name: _____ DOB: _____ Type of Instruction: _____
- b. Number of years experience as a riding instructor: _____ Please check: Are you a certified instructor? Yes No
Please check: ARIA CHA NARHA Other: _____
Give details on competition experience: _____
- c. Does instructor need to be added to this insurance policy? Yes No
- d. Does instructor provide horses used for lessons? Yes No If yes, number of horses provided: _____
- e. Instructor is: Self Independent Instructor Your Employee

Instructor #2

- a. Instructor's Name: _____ DOB: _____ Type of Instruction: _____
- b. Number of years experience as a riding instructor: _____ Please check: Are you a certified instructor? Yes No
Please check: ARIA CHA NARHA Other: _____
Give details on competition experience: _____
- c. Does instructor need to be added to this insurance policy? Yes No
- d. Does instructor provide horses used for lessons? Yes No If yes, number of horses provided: _____
- e. Instructor is: Self Independent Instructor Your Employee

Complete information for over two instructors on additional paper.

Applicant's Signature

Date

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.
This supplement becomes part of your application. Supplement must be signed and dated.**