



Commercial Excess / Umbrella Liability Application

MarkelDIRECT - a division of Markel Service Incorporated

Phone: (800) 50-HORSE (504-6773) • Fax: (804) 527-7784

Email applications to: horseinsurance@markel.com

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: _____
 Business Name: _____
 Mailing Address: _____
 City: _____ County: _____
 State: _____ Zip Code: _____
 Phone #: (____) _____ Fax #: (____) _____
 Contact Person: _____
 Email: _____ Website: _____

Contact Markel DIRECT:

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: (____) _____ Fax #: (____) _____
 Email Address: _____

Desired Effective Date: _____

Limit of Insurance: \$1 Million \$2 Million \$3 Million \$4 Million \$5 Million Other: \$ _____

*** Required for Umbrella Policy – Primary Underlying Insurance** (Must be with an admitted "A" rated carrier.)

Type of Insurance	Insurance Company & Policy Number	Effective / Expiration Date (MM-DD-YY)	Current Limits	Annual Liability Premium
General Liability	Co: <u>Markel Insurance Co.</u> Policy # _____	____ - ____ - ____	<input type="checkbox"/> 1 Million <input type="checkbox"/> Other: _____	\$ _____
Commercial Auto Liability* (Limit must be \$1,000,000)	Co: _____ Policy # _____	____ - ____ - ____	<input type="checkbox"/> 1 Million <input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> Not Desired				
Employers Liability* (Limit must be \$500/500/500)	Co: _____ Policy # _____	____ - ____ - ____	<input type="checkbox"/> 500/500/500 <input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> Not Desired				

NOTE: Attach copies of all current declaration pages with coverage part, if coverage is not written with Agri-Risk Services.

1. Do any of the policies above contain exclusions or restrictions of standard coverage limits? Yes No
2. Do any of the policies above provide products coverage under claims made or a restricted form? Yes No
3. a. Does applicant have any other subsidiary companies, partnerships, or operations coming under applicant's control at this premise or other locations? Yes No
 b. Are they to be covered under the above policies? Yes No
4. Does applicant:
 - a. have operations or sales outside the United States? Yes No
 - b. sell, handle, or distribute any product? Yes No
 - c. sign any contractual agreement other than lease of premises, easement, or sidetrack agreement? Yes No
 - d. own, lease, or charter any watercraft or aircraft? Yes No
 - e. own, operate, or maintain a railroad? Yes No
 - f. have a need for professional liability? Yes No
 - g. own, rent, or otherwise use cranes or heavy equipment? Yes No
5. Has applicant previously carried umbrella or excess coverage? Yes No

****All questions answered "Yes" must have full detailed explanations. ****

Employers Liability & Auto Insurance Information

1. Explain losses / incidents within the past 5 years with dates and details of loss, including amount paid. None

Employers Liability

1. Is worker's compensation subject to: Jones Act? Yes No
 FEOLA? Yes No

Auto

1. Does applicant wish to cover applicant's commercial automobile policy with this Umbrella? Yes No

(Attach current MVR's and a copy of driver's licenses of all drivers.)

a. If yes, give number of owned or leased vehicles. If none, indicate -0-.

Commercial: Light _____ Trailers _____ **Private Passenger:** _____
 Medium _____ Horse Vans _____
 Heavy _____ Tractor/Trailer _____
 Extra Heavy _____

b. Give maximum radius of operation for commercial vehicles: _____ Miles

c. Are explosives or flammables hauled? Yes No

d. Are any vehicles leased or rented to others? Yes No

e. Does applicant have hired auto exposure or auto exposure not owned by applicant? Yes No

f. Is coverage provided for commercial auto (under Symbol 1)? Yes No

g. Is any driver under 21? Yes No

h. Is any driver over 60? Yes No

i. Do any drivers have less than 5 years of driving experience? Yes No

j. Does any driver have a reckless driving record, DUI or any other violations? Yes No

k. Does applicant transport people as part of applicant's business operations? Yes No

****All questions answered "Yes" must have full detailed explanations. ****

Standard Agri-Risk Services, Inc. terms and conditions will apply to include but not be limited to the following exclusions: Asbestos, Employment Related Practices; Lead Liability; Punitive Damage; Total Pollution; Designated Products; Livery Stable Operation (Livery Stable Operations include, but are not limited to Rental of Saddle Animals, Hay Rides, Carriage Rides, Sleigh Rides, Trail Rides & Pack Trips); Athletic or Sports Participant (per endorsement MGL 185), Workers Compensation/Employers Liability; Mold; Terrorism. **Please review your entire policy wording for additional exclusions.** It is warranted that the information contained in this application is true and that no material facts have been suppressed or misstated.

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