



Harness Horsemen International

319 High St. Suite 2 * Burlington, NJ 08016 * 609-747-1000 * Fax 609-747-1012

FIRE DISASTER INSURANCE TRAINING CENTERS 2017 PREMIUM SCHEDULE

1 - 20 HORSES	\$ 430
21 - 80 HORSES	\$ 1,100
81 - 250 HORSES	\$ 1,650
251 OR MORE HORSES	\$ 2,175

HARNESS



HORSEMEN

INTERNATIONAL

Enclosed please find an application for Fire and Disaster Insurance along with a premium schedule determined by the number of horses stabled at your facility. Please fill out the application in its entirety and return it to the address below:

HARNESS HORSEMEN INTERNATIONAL
319 HIGH STREET, SUITE 2
BURLINGTON, NJ 08016

Please remember that your coverage starts only when confirmation comes from Markel Insurance Company and you have paid your premium.

Thank you.

319 HIGH STREET, SUITE 2* BURLINGTON, NJ 08016
609-747-1000 * FAX 609-747-1012



Name of Facility: _____ ☐ Race Track ☐ Training Facility

Name of Facility Owner: _____

Mailing Address: _____
Address City State Zip Code

Physical Location Address: _____
Address City State Zip Code

Contact Person: _____ ☐ Owner ☐ Manager ☐ Other: _____

Phone No: (_____) _____ - _____ Date Inspected: _____

I. Applicant Information

- Type of Ownership : ☐ Corporation ☐ Individual ☐ Joint Venture ☐ Limited Liability Company ☐ Organization ☐ Partnership
- a. Is applicant a member of Harness Horsemen Association: ☐ Yes ☐ No
b. If yes, Member #: _____
c. The applicant has been a member of the Harness Horsemen Association for: ☐ less than 1 ☐ 1-5 ☐ 6-10 ☐ more than 10 years
- Does applicant live on premises? ☐ Yes ☐ No
- Mortgagee & Address: ☐ None _____
- a. Does facility carry ☐ general liability or ☐ property insurance? ☐ Yes ☐ No
b. If yes, Company Name: _____ Policy Limits: _____
Policy Number: _____ Effective Date: _____

II. Summary of Operations

- Hours of operation: _____
 - Is facility locked and inaccessible after hours? ☐ Yes ☐ No
 - Are stable areas locked or otherwise inaccessible to unauthorized personnel: ☐ during business hours; ☐ after business hours? ☐ Yes ☐ No
- | | Owned by
HHI Member | Not Owned by
HHI Member |
|---|-------------------------------------|-------------------------------------|
| 4. a. Maximum number of horses on your premises / facility: | _____ <input type="checkbox"/> None | _____ <input type="checkbox"/> None |
| b. Number of horses in training that are kept on premises / facility: | _____ <input type="checkbox"/> None | _____ <input type="checkbox"/> None |
| c. Number of months horses are stabled/trained at facility: | _____ <input type="checkbox"/> None | _____ <input type="checkbox"/> None |
| d. Average number of horses owned stabled at facility per month: | _____ <input type="checkbox"/> None | _____ <input type="checkbox"/> None |
| e. Average value of horses in each stable/barn: | _____ <input type="checkbox"/> None | _____ <input type="checkbox"/> None |
- Is mortality coverage required for all non-owned horses? ☐ Yes ☐ No
 - Show annual receipts for the sale of:
a. Tack: ☐ Yes ☐ No \$ _____
b. Clothing: ☐ Yes ☐ No \$ _____
c. Food: ☐ Yes ☐ No \$ _____
d. Refreshments ☐ Yes ☐ No \$ _____
e. Animals: ☐ Yes ☐ No \$ _____
 - Are there horses on premises that are not standardbred race horses? ☐ Yes ☐ No
 - Describe all non-horse related activities conducted on premises? ☐ None _____
 - a. Number of trainers on premises: _____
b. Are trainers required to carry general liability insurance? ☐ Yes ☐ No
c. Are all trainers members of the Harness Horsemen Association? ☐ Yes ☐ No
 - Do you use or allow others to use ☐ golf carts and/or ☐ ATV's? ☐ Yes ☐ No
 - a. Do you have any bleachers or grandstands? (Please submit photo.) ☐ Yes ☐ No
b. If yes, do you: ☐ Own or ☐ Rent; Are they: ☐ Permanent or ☐ Temporary; Do they have handrails? ☐ Yes ☐ No
c. Explain use: _____
 - a. Are dogs allowed on premises? ☐ Yes ☐ No b. If yes, are dogs owned by θ applicant and/or θ owned by others?

III. Loss Control Information

Fire Department

1. a. Name of responding fire department: _____
b. ☐ Paid or ☐ Volunteer
c. Distance from training center / racetrack to fire department: _____ miles
2. a. Number of fire hydrants on premises: _____
b. How close is the nearest fire hydrant to the facility: _____ feet

Fire Extinguishers & Smoke Detectors

1. a. Are there fire extinguishers in every building: ☐ Yes ☐ No
b. Type & Number: _____ c. Size: _____
c. When were the fire extinguishers last inspected and tagged: Month: _____ and Year: _____
d. Are all extinguishers properly mounted: ☐ Yes ☐ No
e. Are all extinguishers visible or location indicated by a sign: ☐ Yes ☐ No
2. a. Are all employees properly trained in the use of fire extinguishers: ☐ Yes ☐ No
b. Number of employees trained in use of fire extinguishers: _____
c. Is there someone trained in use of fire extinguishers on premises at all times? ☐ Yes ☐ No
3. a. Are buildings equipped with smoke detectors?
b. Are smoke detectors: ☐ hard wired; ☐ battery; or ☐ battery & hard wired
c. If battery operated, how often are the batteries tested: _____ and changed: _____
☐ Yes ☐ No
4. Are exit ways marked and illuminated: ☐ Yes ☐ No

Sprinkler Systems: ☐ None

1. a. Are all buildings sprinklered: ☐ Yes ☐ No
b. Type of system: _____
c. If yes, when was the system installed? Month: _____; Year: _____
d. When was it last inspected? Month: _____; Year: _____
e. Did the system pass inspection? ☐ Yes ☐ No

De-icers: ☐ None

1. a. Are de-icers used to prevent the horse's water from freezing? ☐ Yes ☐ No
b. If yes, what are the requirements on the type of water container that can be used? ☐ metal; ☐ plastic; ☐ rubber; other: _____
c. Size of water container: _____ gallons/liter
d. Is there an automatic turn off to prevent a fire once the water has evaporated? ☐ Yes ☐ No
e. Are all de-icers hooked to GFI outlets? ☐ Yes ☐ No
f. How often are de-icers checked? ☐ Hourly; ☐ daily; ☐ weekly; ☐ other: _____
g. Who supplies the de-icers: ☐ trainer/owner; ☐ stable/track; ☐ other: _____
h. What type of de-icer is used: ☐ submersible; ☐ floating; ☐ other: _____

Extension Cords: ☐ None

1. a. Are extension cords allowed? ☐ Yes ☐ No
b. If yes, please indicate: gauge / length: _____ and use: _____

Miscellaneous

1. Are there UL Approved lightning rods properly grounded on each building: ☐ Yes ☐ No
2. Are emergency phone numbers posted in barn area: ☐ Yes ☐ No
3. Attach a copy of emergency and evacuation plans in use. ☐ No Emergency or Evacuation Plan
4. a. Do you contract a ☐ security service and/or a ☐ security guard? ☐ Yes ☐ No
b. If yes, what are their working hours? _____
c. Are there station clocks: ☐ Yes ☐ No
5. What security measures are taken to safeguard the public while on premises? _____
6. Are there exterior flood lights: ☐ Yes ☐ No
7. Do you have safety and barn rules posted? (Submit copies of barn rules, releases & photos of posted signs.) ☐ Yes ☐ No

IV. Barn Information

- Total number of barns: _____
- Please provide a diagram showing distance between each barn and complete the information below.

	Barn #1	Barn #2	Barn #3	Barn #4	Barn #5	Barn #6
Year Building Built						
Total Square Footage						
Total # of Stalls						
Construction Type						
Roof Type						
Overall Condition of Building	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor
Type of Heat	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
Year of Updates: If <u>no</u> heating, plumbing and/or electricity in building, please mark not applicable.	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A
Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
'No Smoking' Signs Posted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lighting Fixtures Caged or Globed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Barn Information Continued

Barn #7

Barn #8

Barn #9

Barn #10

Barn #11

Barn #12

Year Building Built						
Total Square Footage						
Total # of Stalls						
Construction Type						
Roof Type						
Overall Condition of Building	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor
Type of Heat	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
Year of Updates: If <u>no</u> heating, plumbing and/or electricity in building, please mark not applicable.	Heating: <input type="checkbox"/> N/A Plumbing: <input type="checkbox"/> N/A Roof: <input type="checkbox"/> N/A Wiring: <input type="checkbox"/> N/A	Heating: <input type="checkbox"/> N/A Plumbing: <input type="checkbox"/> N/A Roof: <input type="checkbox"/> N/A Wiring: <input type="checkbox"/> N/A	Heating: <input type="checkbox"/> N/A Plumbing: <input type="checkbox"/> N/A Roof: <input type="checkbox"/> N/A Wiring: <input type="checkbox"/> N/A	Heating: <input type="checkbox"/> N/A Plumbing: <input type="checkbox"/> N/A Roof: <input type="checkbox"/> N/A Wiring: <input type="checkbox"/> N/A	Heating: <input type="checkbox"/> N/A Plumbing: <input type="checkbox"/> N/A Roof: <input type="checkbox"/> N/A Wiring: <input type="checkbox"/> N/A	Heating: <input type="checkbox"/> N/A Plumbing: <input type="checkbox"/> N/A Roof: <input type="checkbox"/> N/A Wiring: <input type="checkbox"/> N/A
Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
'No Smoking' Signs Posted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lighting Fixtures Caged or Globed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. Stall Roster: Please complete the current stall roster showing name of all horses on premises and owner.

Name of Track/Training Facility:					Year:	
Stall #	Barn #	Horse's Name	Trainer's Name	HHI <input type="checkbox"/>	Owner's Name	HHI <input type="checkbox"/>
1.				<input type="checkbox"/>		<input type="checkbox"/>
2.				<input type="checkbox"/>		<input type="checkbox"/>
3.				<input type="checkbox"/>		<input type="checkbox"/>
4.				<input type="checkbox"/>		<input type="checkbox"/>
5.				<input type="checkbox"/>		<input type="checkbox"/>
6.				<input type="checkbox"/>		<input type="checkbox"/>
7.				<input type="checkbox"/>		<input type="checkbox"/>
8.				<input type="checkbox"/>		<input type="checkbox"/>
9.				<input type="checkbox"/>		<input type="checkbox"/>
10.				<input type="checkbox"/>		<input type="checkbox"/>
11.				<input type="checkbox"/>		<input type="checkbox"/>
12.				<input type="checkbox"/>		<input type="checkbox"/>
13.				<input type="checkbox"/>		<input type="checkbox"/>
14.				<input type="checkbox"/>		<input type="checkbox"/>
15.				<input type="checkbox"/>		<input type="checkbox"/>
16.				<input type="checkbox"/>		<input type="checkbox"/>
17.				<input type="checkbox"/>		<input type="checkbox"/>
18.				<input type="checkbox"/>		<input type="checkbox"/>
19.				<input type="checkbox"/>		<input type="checkbox"/>
20.				<input type="checkbox"/>		<input type="checkbox"/>
21.				<input type="checkbox"/>		<input type="checkbox"/>
22.				<input type="checkbox"/>		<input type="checkbox"/>
23.				<input type="checkbox"/>		<input type="checkbox"/>
24.				<input type="checkbox"/>		<input type="checkbox"/>
25.				<input type="checkbox"/>		<input type="checkbox"/>
26.				<input type="checkbox"/>		<input type="checkbox"/>
27.				<input type="checkbox"/>		<input type="checkbox"/>
28.				<input type="checkbox"/>		<input type="checkbox"/>
29.				<input type="checkbox"/>		<input type="checkbox"/>
30.				<input type="checkbox"/>		<input type="checkbox"/>

VII. Physical Inspection

1. Is there a training track? ☐ Yes ☐ No If yes, Distance: _____ Describe track: _____
2. a. Fencing: Type: _____
Age: _____
Condition: _____
How often is fencing checked? _____
- b. If "barbed wire" fence: Number of strands: _____ **Please submit photo of fence.**
3. a. Any mechanical devices (hot walkers, swimming pools, etc.) ☐ Yes ☐ No
- b. If yes, describe and provide photo: _____
4. a. Is smoking allowed on premises? ☐ Yes ☐ No If yes, in what areas? _____
- b. Is smoking allowed in or near the barns? ☐ Yes ☐ No
- c. Are there receptacles for disposing of lighted materials: ☐ Yes ☐ No
- d. Describe receptacles: _____
5. a. Describe electrical system and condition: _____
- b. When was it installed: _____ and updated: _____
- c. Does electrical system meet local building code? ☐ Yes ☐ No
6. a. Is this a breeding facility? ☐ Yes ☐ No
- b. If yes, describe: _____
7. Type of heat in: Barn: _____
Groom's Quarters: _____
- Groom's Quarters:** ☐ None
1. a. Are groom's quarters attached or located in the barn? ☐ Yes ☐ No
- b. Is cooking allowed in groom's quarters? ☐ Yes ☐ No
- c. Does the groom's quarters have smoke alarms? ☐ Yes ☐ No
- d. Does the groom's quarters have fire extinguishers? ☐ Yes ☐ No

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.

Applicant's Signature

Date

Applicant's Print Name