



# Hunt Supplement

P.O. Box 2009, Glen Allen, VA 23058-2009 Phone: (800) 262-7535 Fax: (804) 527-7784  
 Website: www.horseinsurance.com Email: agapplications@markelcorp.com

**Our policy covers hunting activities held during the stated hunting season only.**

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event	Name of Event	Dates of Event	Total Number of Participants Per Day	Maximum # of Spectators Per Day
Hunt: # of hounds used: _____			# of members: ____; # of non-members: ____	
			# of members: ____; # of non-members: ____	
			# of members: ____; # of non-members: ____	

- What type of hunt(s) is conducted?  Natural  Drag  Mock Hunt  Other: \_\_\_\_\_
  - What type of animal is hunted?  Fox  Rabbit  Coyote  Other: \_\_\_\_\_
  - a. Is applicant a member of:  Masters of Foxhounds of America  National Beagle Club of America  
 Other: \_\_\_\_\_  
 b. Number of years of membership: \_\_\_\_\_ *Submit copy of certificate of membership.*
  - Number of years experience of Huntsman: \_\_\_\_\_ Master: \_\_\_\_\_
  - a. Number of horses owned by club: \_\_\_\_\_  None  
 b. Number of horses owned by huntsman: \_\_\_\_\_  None  
 c. Number of horses owned by master: \_\_\_\_\_  None  
 d. Guests use:  own horses  club owned horses  member owned horses
  - a. Maximum number of cappers on any one hunt: \_\_\_\_\_ during season; \_\_\_\_\_ cubbing season  
 b. Are waivers signed by cappers?  Yes  No  
 c. Are waivers kept on file for a minimum of 5 years?  Yes  No
  - a. Number of dogs owned by club: \_\_\_\_\_ Type of dog: \_\_\_\_\_  
 b. Where are dogs kept: \_\_\_\_\_  
 c. Does club breed dogs?  Yes  No Do they sell the puppies?  Yes  No Receipts: \$ \_\_\_\_\_  
 d. Are  members  guests allowed to bring their own dogs?  Yes  No If yes, number of dogs: \_\_\_\_\_
  - a. Number of hunts held per week: \_\_\_\_\_  
 b. Approximate beginning and ending dates of hunting season: \_\_\_\_\_  
 c. Number of Field Masters: \_\_\_\_\_ ; Number of Junior Meet Leaders: \_\_\_\_\_  
 d. Number of guests: \_\_\_\_\_  
 e. Are guests considered members for a day?  Yes  No  
 f. Are guests allowed to pay on a daily basis for use of the facility?  Yes  No
  - a. Any concession stands?  Yes  No Who operates:  Applicant ;  Independent Vendors\*;  Other\*: \_\_\_\_\_  
 b. Is alcohol available for guest consumption\*\*?  Yes  No; Receipts: \$ \_\_\_\_\_;  
 Check all that apply:  beer;  liquor;  wine  
 c. Can guest bring their own alcohol?  Yes  No  
 d. Does applicant have:  Ansul Systems  Commercial Grill System  Deep Fat Fryers  
 e. Certificate of insurance attached?  Yes  No
- \* Provide a certificate of insurance through an admitted "A" Rated carrier with liability limits same as applicant.  
 \*\* Provide a certificate of insurance providing proof of liquor liability coverage with an admitted "A" rated carrier with liability limits same as applicant.

10. Description of the hunt country (Include acreage, location(s), type of fences, etc.): \_\_\_\_\_

11. Do applicant have any brochures or handouts?  Yes  No *If yes, submit a copy.*

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

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Broker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_