

APPLICATION FOR COMMERCIAL EQUINE LIABILITY

(A Special program Limited to Horse-Related Exposures Only)

THIS IS NOT A BINDER

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATI OPERATIONS MUST BE DECLARED. ALL	ONS WILL BE RETURNED FOR COMPLETION. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.
NEW BUSINESS – DESIRED EFFECTIVE DATE / /	RENEWAL – EXPIRATION DATE / /
NAME OF APPLICANT	BUSINESS/STABLE NAME
MAILING ADDRESS / CITY / STATE / ZIP CODE	
TELEPHONE NUMBER EMAIL	PERSON TO CONTACT FOR INSPECTION
NOTICE – WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXCEPTED), E	
LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEAS Address (including zip code) 1. 2.	ES PREMISES Number of Acres Premises Own Lease
APPLICANT IS Individual Partnership Organization/Corporation	Owner Operator
NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION	
CERTIFICATES OF INSURANCE REQUESTED FOR Owner of Premises: Name	
Address Certificateholder Only Other – Describe Interest:	
Name and Address Certificate holder Only Additional Insured, If Eligible	
LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS \$500,000 CSL/Occ. \$1,000,000 Agg.	\$ \$1,000,000 CSL/Occ.
INQUIRE ABOUT THE AVAILABILITY OF INCREASED LIMITS ON THE FOLLOWING OF	Medical Payments
DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVINGRE	JECTED COVERAGE.) I Yes I No
APPLICANT X	DATE / /

	GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE	
1.	DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS	
2.	NUMBER OF YEARS AT THIS LOCATION	NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS
~	IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BAC	KGROUND IN HORSE BUSINESS
3.		
	DO YOU HAVE WORKERS' COMPENSATION INSUR ANCE Note: Workers' Compensation	PAYROLL FOR HORSE OPERATIONS
4.	Yes No and Employer's Liability is <u>not</u> <u>covered</u> under this policy.	\$
5.	IS THIS YOUR PRINCIPAL OCCUPATION – IF NO, DESCRIBE OCCUPATION OR BUSIN	ESS YOU ARE ENGAGED IN
5.		
	ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF	THE DESCRIBED PREMISES – IF YES, PLEASE EXPLAIN
6.		
7	DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPER	RATIONS TO OTHERS – IF YES, PLEASE EXPLAIN
7.	Yes No	
8.	IS THERE 24- HOUR SUPERVISION OF THE FACILITY – IF YES, PLEASE DESCRIBE	
	ARE ALL PASTURES TOTALLY FENCED – DESCRIBE TYPE OF ALL FENCING	
9.	Yes No	
	DESCRIBE CONDITION	HOW OFTEN IS FENCING CHECKED
10.	Excellent Good Fair Poor	
11.		
	Owner Lessee DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN	Arena: Indoor Outdoor Open Fields Trails
12.	YOUR STABLES YES NO	
	DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF C	L CLAIMS FO R BI & PD – IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION
13.	Yes No	
14.	DO YOU POST RULES DO YOU POST WARNING SIGNS	DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION
17.	□ Yes □ No □ Yes □ No	
15.	DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES – IF YES, HOW MANY	
	HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE – IF YES, PROVIDE DETAILS	
16.		
17	DO YOU OWN/MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC IF YES, HOW MANY	WHAT TYPE
17.	Yes No	
18.		IF YES, IS IT RESTRICTED TO PRIVATE USE
	Yes No IS HUNTING/FISHING PERMITTED ON THE PROPERTY – IF YES, PLEASE EXPLAIN	
19.	Yes No	
20.	DO YOU OPERATE A BED AND BREAKFAST – IF YES, PLEASE DESCRIBE	

	ired:	Number	Horses Non-C	wned by Insured:		Number
1a. Owned horses used for instruction			1. Boarding/pa	sturing		
b. Boarded horses used for instruction	n to others		2. Show trainir	ıg		
2. Show and/or pleasure			3. Racing and/	or training to race		
3. Racing and/or training to race			4. Breeding (I	-		
4. Breeding (Mares ,Stallions)		U V	ings	,	
5. Foals/weanlings				or lay-ups		
6. Retired and/or lay-ups)	
7. For sale (Breed)			C C	, , , , , , , , , , , , , , , , , , ,	,	
			8. Other (Des	cribe:)		
All Owned Horses Must be Deck					Total (Lines 1-8)	
	otal (Lines 1-8)		9. Total numbe	er of stalls on your prer	nises	
9. Number of carts, buggies, carriages	, etc			e maximum number of		
Describe Use:					our premises?	
SECTION II. HORSES NON-OW			TRAINING, F		IECK IF NO EXPOSURE	
TOTAL NUMBER OF STALLS MAXIMU	IM NUMBER BOARDED	PASTURED		MONTHLY BOARDING F \$	ATE ANNUAL GRO	SS
TRAINING PLEASURE & SHOW: MAXIMU	IM NUMBER OF NON- OW	NED HORSES I	N TRAINING		-	SS
BREEDING: NUMBER OF NON-OWNED	BREED		MAXIMUM NUMB	▶ ER OF OUTSIDE MARES	ARE MARES KEPT ON PR	EMISE 'TIL FOAL!
STALLIONS						
RACE HORSES: WHAT BREEDS	HOW MANY DO YOU TRAI	N FOR OTHERS	\$ PAYROLL		WHAT STATES DO YOU	RACE IN
	ACING/TRAINING OF YOU	UR OWN RACE	HORSES		1	
🗌 Yes 🗌 No	HOOLS - RIDING I	NSTRUCTIC	DN – CLINICS	СН	ECK IE NO EXPOSURE A	
Yes No SECTION III. EQUESTRIAN SC	If an inc		ARE YOU A CER		ECK IF NO EXPOSURE #	ND INITIAL
Yes No	If an inc instructor instruct comple	dependent			ECK IF NO EXPOSURE #	ND INITIAL
Yes No SECTION III. EQUESTRIAN SC SINSTRUCTION PROVIDED BY You An Independent In DESCRIBE TYPE OF SAFETY GEAR REQU	If an inc instructor JIRED	dependent or/trainer is used,	ARE YOU A CER		ECK IF NO EXPOSURE A	ND INITIAL
Yes No ECTION III. EQUESTRIAN SC INSTRUCTION PROVIDED BY You An Independent In DESCRIBE TYPE OF SAFETY GEAR REQU	If an inc instructor JIRED DICAPPED GROSS ANN	dependent or/trainer is used,	ARE YOU A CER		ECK IF NO EXPOSURE A	
Yes No SECTION III. EQUESTRIAN SC SINSTRUCTION PROVIDED BY You An Independent In DESCRIBE TYPE OF SAFETY GEAR REQU	If an inc instructor JIRED DICAPPED GROSS ANN \$	dependent or/trainer is used, te Section IV.	ARE YOU A CER		OF HORSES AVAILABLE FO	
Yes No SECTION III. EQUESTRIAN SC SINSTRUCTION PROVIDED BY You An Independent In DESCRIBE TYPE OF SAFETY GEAR REQUENT DO YOU PROVIDE RIDING FOR THE HANK Yes No CATIO OF INSTRUCTORS TO STUDENTS	If an inc instructor JIRED DICAPPED GROSS ANN \$ ARE SIDEW	dependent or/trainer is used, te Section IV. NUAL RECEIPTS ALKERS USED	ARE YOU A CER	DFIT NUMBER C NO EER COVERAGE REQUE	DF HORSES AVAILABLE F(
Yes No SECTION III. EQUESTRIAN SC SINSTRUCTION PROVIDED BY You An Independent In DESCRIBE TYPE OF SAFETY GEAR REQU NO YOU PROVIDE RIDING FOR THE HAND Yes No AATIO OF INSTRUCTORS TO STUDENTS MAXIMUM NUMBER OF SCHOOL HORSES	If an inc instructor JIRED DICAPPED ARE SIDEW S AVAILABLE MAXIMUM N	dependent or/trainer is used, te Section IV. NUAL RECEIPTS ALKERS USED	ARE YOU A CER	DFIT NUMBER C S NO EER COVERAGE REQUE S NO E GROSS AN S	OF HORSES AVAILABLE FO	
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SECTION III. continued					CHEC	K IF NO EXPOS	URE AND INITIAL
DO YOU ATTEND OFF-PREMISES SHOWS	WITH YOUR STUDENTS	Injuries to ho	rses and ng transported	HOW MANY	TIMES PER YE		S RECEIPTS
Yes No		are not cover	red.			\$	
DO YOU HOLD CLINICS FOR NON-STUDEN	TS HOW MANY DAYS		Α	VERAGE ATT	ENDANCE	RECEI	PTS EARNED
						Þ	
			Ľ		_	GROS S	S RECEIPTS FOR CAMP
DESCRIBE ALL ACTIVITIES OFFERED AT CA		No IG INSTRUCTIO	NS	∐ Yes	L No	Ψ	
SECTION IV. INDEPENDENT INS	STRUCTORS / TRAI	NERS			СНЕ	CK IF NO EXPO	SURE AND INITIAL
DO INDEPENDENT TRAINERS OR INSTRUC			IF SO, HOW M	IANY DO		THEIR OWN INS	
🗌 Yes 🗌 No					Yes	🗌 No	
++ If so, we will require a copy of We will also require that they r DO NOT carry their own insura on-premises only and to off-pr PROVIDE NAMES OF INDEPENDENT INSTR	name you as an addi Ince, they will be add remise shows with h	tional insure ded as an ins orses and/o	ed under th sured for a r riders in t	neir policy. n additiona training.	If the indep al charge if	pendent inst eligible. Cov	ructors or trainers
INDEPENDENTS COVERED ON THIS POLIC HOW MANY HORSES ARE PROVIDED FOR T		E. ATTACH COP RECEIPTS	Y(IES).		GROSS RECEI		UCTION TO STUDENTS
INDEPENDENT INSTRUCTORS HOW MANY OF YOUR BOARDED HORSES A							
HOW WANT OF TOOR BOARDED HORSES F	ARE DEING TRAINED DT II		IRAINERS	C	JR TRAINED U	NDER YOUR NA	
TRAIL RIDES / LEA NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES	SING / PACK TRIPS GROSS RECEIPTS FO \$		GROSS REC \$	EIPTS FOR TF	RAIL RIDES	DO YOU CONDU	JCT PACK TRIPS
PONY RIDES/PARTIES: NUMBER OF PONIE	S GROSS RECEIPTS		DO YOU USE	SIDEWALKEI	RS		
	\$		🗌 Yes	🗌 No			
DO YOU RENT OR LEASE HORSES OR PON	IES TO CAMPS/RESORTS	or individua	LS – IF SO, H	ow many - P	PLEASE EXPLA	AIN	
SECTION VI. SALES – HORSE, F	, ,	TACK, FEE	· ·				SURE AND INITIAL
	WHAT BREEDS		HOW MANY I	PER YEAR		GROSS ANNUA	L RECEIPTS
S BUYER ALLOWED TO TEST RIDE	IF YES				R OWN PREM	•	
	\square In arena \square Ir	onen field				020	
EXPLAIN ANY OTHER METHOD OF SALES							
DO YOU SELL FOOD OR HAVE A SNACK BA	covered	ability not I.	GROSS REC \$	EIPTS			
DO YOU SELL TACK AND/OR CLOTHING - I			GROSS REC	EIPTS			
O YOU SELL HAY OR FEED	Used New		\$ GROSS REC				
			\$	LIF 13			
Yes No O YOU MIX FEED FOR SALE/CONSUMPTIC Yes No	DN		•				
DO YOU REPAIR RIDING EQUIPMENT FOR	OTHERS						
Yes No DO YOU PERFORM ANY TYPE OF FARRIER		jury to horse	ARE SERVIC	ES ON PREMI		GROSS RECEIF	TS If on premises only, this coverage can be
Yes No	nc	ot covered.	☐ Yes	🗌 No		\$	added to this policy.
NOTE: Products liability for any and prepared by the insured is e			rses or othe	er livestock,	repair of tac	ck, sale of fee	d if mixed or

1. HAY PASSENGERS RECEIPTS WAGONS HORSES MOTOR VEH TRIPS PREMISI SLEIGH SLEIGH S No PREMISI PREMISI PREMISI PREMISI PREMISI PREMISI PREMISI PREMISI PREMISIS <		SECTION VII. RID	DES, HORSE SHO	WS AND MISC	ELLANE	OUS A	CTIVITIES	CHEC	K IF NO E	XPOSURE /	
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ON PREMISES \$ 30:000 SECURE PELEASES FROM ALL ENTRANTS - ATTACH SAMPLE DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY 0:000 SECURE PELEASES FROM ALL ENTRANTS - ATTACH SAMPLE DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY 0:000 VIE AND READING OR GRANDSTANDS CONSTRUCTION YEAR BULT 0:000 VIE AND READING PERATORS CONSTRUCTION YEAR BULT 0:0000 VIE AND READING PERATORS DESCRIPTION HOW MANY HOURDS 0:0000 VIE AND READING EXEMPT TYPE OF EVENTS DO YOU CONNUSELEASE ANY HOUNDS FOR HUNTS HOW MANY HOUNDS 0:10000 ON PREMISE, DESCRIPT TYPE OF EVENTS DO YOU CONNON-BOARDERS TO USE YOUR FACILITIES. IF YES, PLEASE EXPLAN HOW MANY HOUNDS AND THE PACING THE FACILITIES. IF YES, PLEASE EXPLAN 0:10000 ON PREMISE, DESCRIPTING ON AND FORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE) PREVIOUS S YEARS GARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE) REVIOUS S YEARS GARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE) COMPANY NUMBER PERIOD 1: HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (0) YEARS - IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE COMPANY NUMBER PERIOD 1: YES NO STATE BUSINESS BROKERED - IF YES, BROKER IS TO PROVIDE NAME, ADDRESS, CITY, STATE, ZIP CODE AND TELEPHONE NUMBER STATE BUSINESS BROKERED - IF YES, BROKER IS TO PROVIDE N				\$							
3. DO YOU SECURE RELEASES FROM ALL ENTRANTS - ATTACH SAMPLE DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY											
		OTTINE		\$							
>	~	DO YOU SECURE RELI	EASES FROM ALL ENT		AMPLE	DOES	S NUMBER OF SPEC	CTATORS EVER EXC	CEED 500	PER DAY	
Yes No 5. DO YOU MANAGE ANY HOURDS OR RACING EVENTS IF YES, WHAT TYPE DO YOU OWNUSECLEASE ANY HOURDS FOR HURTS HOW MANY HOURDS 6. IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES. IF YES, PLEASE EXPLAIN.	3.										
	4.			DS CONSTRUCT	ION	YEA	R BUILT		S	EATING CA	PACITY – NUMBER
Yes No Yes No # RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES. IF YES, PLEASE EXPLAIN. Yes No Yes No ALL OPERATIONS MUST BE DECLARED - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polymatches/practice. PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE) POLICY POLICY PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE) PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE) PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE) POLICY POLICY PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE) PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE) POLICY POLICY POLICY NUMBER POLICY NUMBER OF LAWE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS - IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE Yes No 2 Have YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS - IF YES											
	5.		HUNTS OR RACING EVE	IF YES, WHAT	TYPE				HUNTS H	IOW MANY	HOUNDS
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You may use this page to supplement your application with any additional information.

IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE

THANK YOU!