

EQUINE LIABILITY APPLICATION

(NOTE: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)

PRODUCER	NAME AND ADDRESS (Include Zip Code)	Producer Code: Agency Code: Agency Phone No.:
TRANSACTION	<input type="checkbox"/> New Business <input type="checkbox"/> Quote <input type="checkbox"/> Quarterly <input type="checkbox"/> Renewal <input type="checkbox"/> Issue <input type="checkbox"/> Direct Bill <input type="checkbox"/> Full Pay <input type="checkbox"/> Semi Annual <input type="checkbox"/> 9 Pay <input type="checkbox"/> 12 Pay	EFFECTIVE DATE: _____ to _____ QUOTE DESIRED BY: _____
APPLICANT	NAME AND ADDRESS (Include Zip Code) Farm Name _____ Phone No. () _____	APPLICANT IS: <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Absentee Owner <input type="checkbox"/> Manager <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other PERSON TO CONTACT FOR INSPECTION PURPOSES: Phone No. () _____

INSURED LOCATION		LEGAL DESCRIPTION
Location No.	Acres	(Section, Township, Range, County, State) Include Street Address if Different from Above

GENERAL RISK INFORMATION

1. Are horse operations main source of income? _____ Other income sources _____
2. Describe horse operations _____ Years experience _____
3. Describe farm operations other than horses _____
4. Any non-farm operations? _____ Explain _____
5. Number farm employees _____ Number domestic employees _____
Is Worker's Compensation carried? _____ Carrier _____ Policy No. _____
6. Do you lease out any portion of the premises? Yes No If Yes, describe _____
7. Do you carry personal liability coverage under another policy? Yes No If Yes, who is the Insurance Company? _____
What are coverage limits? _____
8. Are all fences/gates maintained in good operating condition? _____
9. Swimming pool on premises? _____ Fenced? _____ Any use by other than applicant? _____
10. Is Applicant involved in any of the following activities?

	Yes	No
a. Dude Ranch	<input type="checkbox"/>	<input type="checkbox"/>
b. Entertainment/Amusements involving farm animals	<input type="checkbox"/>	<input type="checkbox"/>
c. Hunting or fishing on premises by other than owner and family	<input type="checkbox"/>	<input type="checkbox"/>
d. Hay Rides	<input type="checkbox"/>	<input type="checkbox"/>
e. Motorcycles, ATV's operated by other than applicant	<input type="checkbox"/>	<input type="checkbox"/>
f. Public horse rentals	<input type="checkbox"/>	<input type="checkbox"/>

 Explain any "Yes" answers

11. Time applicant known by agent _____ Date premises inspected _____
12. Are dogs owned? Yes No If so, how many? _____ Breed _____
Any past problems? (i.e. bites, etc.) _____
13. State equine law applicable? _____ Compliance? Yes No

LIABILITY QUESTIONNAIRE

**LOCATION
NUMBER**

ACRES

**# OF
DWELLINGS**

**# OF
STRUCTURES**

**INSURED'S
INTEREST**

Is premises liability for owned dwellings desired? _____
 Owned residences maintained by Insured _____
 Owned residences rented to others _____
 Business or Professional Office on premises? Describe _____
 Custom Farming: Type _____ Receipts _____
 Watercraft Owned Leased Length ___ H.P. ___ Snow Mobile: Make _____ Model _____
 Is Farm general liability to include personal liability? Yes No All terrain vehicles ___ No. Wheels ___
 Additional Insured(s) (give relationship and reason) (include mailing address) _____

LIMITS OF INSURANCE - Occurrence/Aggregate (000)
 \$100/\$200 \$300/\$600 \$500/\$1,000 \$1,000/\$2,000

****NON-OWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL ARE NOT COVERED FOR INJURY OR DEATH BY THIS POLICY****

SUMMARY OF HORSES AT PEAK SEASON

(If horse used for more than 1 activity, count only primary use)

	Payroll	Receipts	# Owned	# Non-Owned
Rentals/Trail Rides for hire/Pony Rides	_____	_____	_____	_____
Riding Instructions	_____	_____	_____	_____
Breeding (Stallions _____ Mares _____)	_____	_____	_____	_____
Personal Use (Pleasure/Show)	_____	_____	_____	_____
Race Horses (in training or at track)	_____	_____	_____	_____
Sales prep or conditioning	_____	_____	_____	_____
Yearlings/Weanlings	_____	_____	_____	_____
Boarded/Pastured	_____	_____	_____	_____
Any other use _____	_____	_____	_____	_____
Total	_____	_____	_____	_____

Any riding for the handicapped? _____ Describe _____
 What is Area of Barns _____ Stables _____ Indoor Arenas _____ Outdoor Arenas _____
 Any Apartments over or attached to barn or farm buildings? _____ Number _____
 Tenant or Employee

EQUESTRIAN RIDING INSTRUCTION

Do you teach English Jumping Western Other (explain) _____
 Do you attend off premises shows with your students? Yes No If 'Yes', no. of shows ___ Gross Receipts _____
 Do you hold clinics for non-students? Yes No If 'Yes', give number ___ average attendance _____
 Gross receipts from instructions _____ Instructions by: Insured Employee Independent
 Are releases obtained from all students? (attach sample) ___ Average # students weekly by Applicant/Employee _____
 Any instructions given to students on their own horses? ___ Number of Students annually _____
 If instruction is given on your premises by independent contractors:
 How many such instructors _____ How many students _____ Your commissions _____
 Do you obtain certificates of insurance? Yes No (Provide copy)
 Independent contractors operating under your name can be added as additional insured with appropriate charge,
 but coverage is limited to your operations only.
 Names to be added/addresses _____

Describe experience, qualifications _____

Are Riding Camps held? Yes No If yes, complete Camp Supplement.

SECTION II LIABILITY

BOARDING/BREEDING/TRAINING

Do you provide riding facilities for boarders? Yes No. If 'Yes', describe _____

Do you have boarders sign hold harmless agreements? Yes No If 'No,' Explain _____

Are any medications prescribed or dispenses? _____ Explain _____

Number of stalls on premises _____ Maximum # Boarded _____ Pastured _____

Annual Receipts related to Boarding _____ Boarding payroll _____

Do you have a trainer on staff Yes No. If 'Yes', his payroll _____

Racing related or other? _____

Total payroll related to racing and training _____

If trainer is independent contractor, do you require certificates of insurance? Yes No

What states do you race in? _____

If independent trainer operates under your name, they can be added as additional insured for additional charge, but coverage is limited to your operations.

Names to be added / addresses _____

PREMISES SALES OPERATIONS BY YOU

Horses: Types and Breed _____ per year _____

Method of Sales _____ Receipts _____

Food or Snack Bar _____ Receipts _____

Tack and/or Clothing _____ Square Footage Used _____

Receipts _____ Payroll _____

HAY OR FEED

Do you cut and bale? Yes No If 'Yes,' receipts _____

Do you prepare or mix feed? Yes No If 'Yes,' receipts _____

Any Horseshoeing? Yes No If 'Yes,' explain _____ Annual Receipts _____

HAYRIDES, SHOWS AND MISCELLANEOUS

Note - Coverage not provided for injury to participants in events.

Wagon, Sleigh Hayrides _____ No. Passengers _____ Receipts _____

No. of trips per year _____ No. of Wagons _____

Any off-premises exposure? Yes No If 'Yes,' explain _____

Do you manage or run any shows on your premises? Yes No

Are they recognized by the AHSA? Yes No

Number of shows per year _____ Any Concessions? _____ Receipts _____

No. Admissions _____ No. Participants _____ Receipts _____ No. Days Per Show _____

Do you manage any hunts? Yes No If 'Yes,' what type _____

Do you secure releases from all entrants? Yes No Maximum No. of Spectators per day _____

DESCRIBE ANY SPECIAL SAFETY FEATURES OR PROGRAMS ABOUT ANY OF YOUR OPERATIONS _____

APART FROM OPERATIONS MENTIONED ABOVE, LIST AND EXPLAIN FULLY ANY OTHER OPERATIONS CONDUCTED ON PREMISES OR UNDER YOUR NAME AS LISTED ON THIS APPLICATION _____

SECTION II LIABILITY

EXPERIENCE - 3 YEARS

Company	PREMIUM	POLICY #	DATES	# OF CLAIMS	LOSSES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Explain any losses _____

Have you been cancelled or non-renewed in the past 3 years? Yes No If 'Yes,' give reason _____

*Note - Not Applicable in Missouri.

INSURANCE FRAUD WARNING

Applicant's Initials:

- Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.
- Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
- Michigan: Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
- Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- New York: All insurance applications and claim forms except auto: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Pennsylvania: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

The above statements given above are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature _____ Date _____
 Agent's Signature _____ Date _____