

AGENCY NAME		CODE
ADDRESS		
PHONE NUMBER	FAX NUMBER	
E-MAIL ADDRESS		

APPLICATION FOR COMMERCIAL EQUINE LIABILITY
(A Special program Limited to Horse-Related Exposures Only)

THIS IS NOT A BINDER

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. 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 ()	PERSON TO CONTACT FOR INSPECTION

NOTICE – WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXCEPTED), EXPLAIN INTEREST OF EACH

LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASES PREMISES

Address (including zip code)	Number of Acres	Premises
1. _____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease
2. _____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease

APPLICANT IS

Individual Partnership Organization/Corporation Owner Operator Other (specify) _____

NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises: Name _____

Address _____

Certificateholder Only Additional Insured

Other – Describe Interest: _____

Name and Address _____

Certificateholder Only Additional Insured, If Eligible

LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS

\$300,000 CSL/Occ. \$500,000 CSL/Occ. \$1,000,000 CSL/Occ. \$ _____ CSL/Occ.

\$600,000 Agg. \$1,000,000 Agg. \$2,000,000 Agg. Other

INQUIRE ABOUT THE AVAILABILITY OF INCREASED LIMITS ON THE FOLLOWING OPTIONS:

General Aggregate Medical Payments Fire Legal Liability

DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES (IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.) Yes No

APPLICANT X	DATE / /
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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
3.	IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS	
4.	DO YOU HAVE WORKERS' COMPENSATION INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="font-size: small;"> Note: Workers' Compensation and Employer's Liability is not covered under this policy. </div> PAYROLL FOR HORSE OPERATIONS \$
5.	IS THIS YOUR PRINCIPAL OCCUPATION – IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN <input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	IS THERE 24-HOUR SUPERVISION OF THE FACILITY – IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	ARE ALL PASTURES TOTALLY FENCED – DESCRIBE TYPE OF ALL FENCING <input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	DESCRIBE CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	HOW OFTEN IS FENCING CHECKED
11.	WHO IS RESPONSIBLE FOR FENCE REPAIR <input type="checkbox"/> Owner <input type="checkbox"/> Lessee	RIDING FACILITIES Arena: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Open Fields <input type="checkbox"/> Trails
12.	DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES <input type="checkbox"/> Yes <input type="checkbox"/> No	IN OTHER OUTBUILDINGS/BARNES <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD – IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION <input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	DO YOU POST RULES <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU POST WARNING SIGNS <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES – IF YES, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREED
16.	HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE – IF YES, PROVIDE DETAILS <input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	DO YOU OWN/MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC. - IF YES, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT TYPE
18.	IS THERE A SWIMMING POOL ON THE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, IS IT RESTRICTED TO PRIVATE USE <input type="checkbox"/> Yes <input type="checkbox"/> No
19.	IS HUNTING/FISHING PERMITTED ON THE PROPERTY – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No	
20.	DO YOU OPERATE A BED AND BREAKFAST – IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION I. SUMMARY OF HORSES – AT PEAK SEASON

ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE

Horses Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured:	Number
1a. Owned horses used for instruction	_____	1. Boarding/pasturing	_____
b. Boarded horses used for instruction to others	_____	2. Show training	_____
2. Show and/or pleasure	_____	3. Racing and/or training to race.....	_____
3. Racing and/or training to race	_____	4. Breeding (Mares _____, Stallions _____)	_____
4. Breeding (Mares _____, Stallions _____)	_____	5. Foals/weanlings	_____
5. Foals/weanlings	_____	6. Retired and/or lay-ups	_____
6. Retired and/or lay-ups	_____	7. Consignment for sale (Breed _____).....	_____
7. For sale (Breed _____)	_____	8. Other (Describe: _____)	_____
8. Other (Describe: _____)	_____	Total (Lines 1-8) _____	
All Owned Horses Must be Declared			
Total (Lines 1-8) _____			
9. Number of carts, buggies, carriages, etc.	_____	9. Total number of stalls on your premises	_____
Describe Use: _____		10. What is the maximum number of horses, owned and non-owned that can be kept on your premises?	_____

SECTION II. HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING CHECK IF NO EXPOSURE AND INITIAL

1. TOTAL NUMBER OF STALLS	MAXIMUM NUMBER BOARDED	PASTURED	MONTHLY BOARDING RATE \$	ANNUAL GROSS \$
2. TRAINING PLEASURE & SHOW: MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE \$	ANNUAL GROSS \$
3. BREEDING: NUMBER OF NON-OWNED STALLIONS	BREED	MAXIMUM NUMBER OF OUTSIDE MARES	ARE MARES KEPT ON PREMISE 'TIL FOALING	
4. RACE HORSES: WHAT BREEDS	HOW MANY DO YOU TRAIN FOR OTHERS	PAYROLL \$	WHAT STATES DO YOU RACE IN	
ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION III. EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS CHECK IF NO EXPOSURE AND INITIAL

1. IS INSTRUCTION PROVIDED BY <input type="checkbox"/> You <input type="checkbox"/> An Independent Instructor	If an independent instructor/trainer is used, complete Section IV.	ARE YOU A CERTIFIED INSTRUCTOR <input type="checkbox"/> Yes <input type="checkbox"/> No
2. DESCRIBE TYPE OF SAFETY GEAR REQUIRED _____		
3. DO YOU PROVIDE RIDING FOR THE HANDICAPPED <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS ANNUAL RECEIPTS \$	NON-PROFIT <input type="checkbox"/> Yes <input type="checkbox"/> No
RATIO OF INSTRUCTORS TO STUDENTS	ARE SIDEWALKERS USED	VOLUNTEER COVERAGE REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No
4. MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE	MAXIMUM NUMBER USED AT ANY ONE TIME	GROSS ANNUAL RECEIPTS \$
5. ARE STALLIONS USED FOR INSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE	
6. DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, ADVISE AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL GROSS RECEIPTS \$
7. DO YOU TEACH <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other: _____		
8. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS – IF SO, GIVE DATES CLOSED <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION III. continued			<input type="checkbox"/> CHECK IF NO EXPOSURE AND INITIAL
9. DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	Injuries to horses and students being transported are not covered.	HOW MANY TIMES PER YEAR	GROSS RECEIPTS \$
10. DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY DAYS	AVERAGE ATTENDANCE	RECEIPTS EARNED \$
11. DO YOU OPERATE A DAY CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERNIGHT CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PROVIDE FOOD <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS FOR CAMP \$
12. DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS			

SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS		<input type="checkbox"/> CHECK IF NO EXPOSURE AND INITIAL
1. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES – IF SO, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	DO THEY CARRY THEIR OWN INSURANCE++ <input type="checkbox"/> Yes <input type="checkbox"/> No	
++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.		
PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)		
INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE. ATTACH COPY(IES).		
2. HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS	GROSS RECEIPTS \$	GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES \$
3. HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS	OR TRAINED UNDER YOUR NAME	

SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS				<input type="checkbox"/> CHECK IF NO EXPOSURE AND INITIAL
1. NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES	GROSS RECEIPTS FOR RENTALS \$	GROSS RECEIPTS FOR TRAIL RIDES \$	DO YOU CONDUCT PACK TRIPS <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. PONY RIDES/PARTIES: NUMBER OF PONIES	GROSS RECEIPTS \$	DO YOU USE SIDEWALKERS <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION VI. SALES – HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING				<input type="checkbox"/> CHECK IF NO EXPOSURE AND INITIAL
1. DO YOU SELL HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREEDS	HOW MANY PER YEAR	GROSS ANNUAL RECEIPTS	
2. IS BUYER ALLOWED TO TEST RIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES <input type="checkbox"/> In arena <input type="checkbox"/> In open field	DO YOU SELL FROM YOUR OWN PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. EXPLAIN ANY OTHER METHOD OF SALES				
4. DO YOU SELL FOOD OR HAVE A SNACK BAR <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor liability not covered.	GROSS RECEIPTS \$		
5. DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Used <input type="checkbox"/> New	GROSS RECEIPTS \$			
6. DO YOU SELL HAY OR FEED <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$			
7. DO YOU MIX FEED FOR SALE/CONSUMPTION <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. DO YOU PERFORM ANY TYPE OF FARRIER SERVICES <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury to horse not covered.	ARE SERVICES ON PREMISE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$	If on premises only, this coverage can be added to this policy.

NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.

SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES CHECK IF NO EXPOSURE AND INITIAL

1. RIDES <input type="checkbox"/> HAY <input type="checkbox"/> SLEIGH <input type="checkbox"/> CARRIAGE	NUMBER OF PASSENGERS	GROSS RECEIPTS	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF MOTOR VEH	NUMBER OF TRIPS	ON OR OFF PREMISES
		\$					

2. SHOWS Independent vendors are not covered. SHOWS ON PREMISES RODEOS ON PREMISES	DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No			ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOC. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	NUMBER OF PARTICIPANTS	GROSS RECEIPTS (ALL SHOWS)	MAXIMUM NUMBER OF SPECTATORS PER DAY	TOTAL NUMBER OF SHOW DAYS	SHOW DATES		
		\$					
		\$					

3. DO YOU SECURE RELEASES FROM ALL ENTRANTS – ATTACH SAMPLE <input type="checkbox"/> Yes <input type="checkbox"/> No	DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY <input type="checkbox"/> Yes <input type="checkbox"/> No
4. DO YOU HAVE BLEACHERS OR GRANDSTANDS <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSTRUCTION YEAR BUILT SEATING CAPACITY - NUMBER
5. DO YOU MANAGE ANY HUNTS OR RACING EVENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT TYPE DO YOU OWN/USE/LEASE ANY HOUNDS FOR HUNTS <input type="checkbox"/> Yes <input type="checkbox"/> No HOW MANY HOUNDS

6. IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS

7. DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES. IF YES, PLEASE EXPLAIN.
 Yes No

8. 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 polo matches/practice.

PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES

1. HAVE 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, PLEASE EXPLAIN
 Yes No

3. IS THIS BUSINESS BROKERED – IF YES, BROKER IS TO PROVIDE NAME, ADDRESS, CITY, STATE, ZIP CODE AND TELEPHONE NUMBER
 Yes No

STANDARD FRAUD WARNING: 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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to be best of his/her knowledge true.

APPLICANT'S SIGNATURE X	DATE / /	AGENT'S SIGNATURE X	DATE / /
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**IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED
INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA HANDICAPPED OR THERAPEUTIC RIDING PROGRAM SUPPLEMENTAL QUESTIONNAIRE

(Submit with a completed Commercial Equine Liability application. This is not a binder. An incomplete or unsigned questionnaire is not acceptable).

YOUR OPERATION

1. Which of the following do you offer?
 Therapeutic Riding Hippo-therapy Psychotherapy Driving
 Vaulting Other (explain)_____
2. Provide a brief overview of the operation. _____

3. Is there any activity taking place in the ring/arena at the same time as the therapeutic activities? Yes No
4. Is this part of any school curriculum, recreational center, or in conjunction with a city or county program? Yes No
If so, describe _____
5. Is the program accredited? Yes No
By whom? _____
How many years accredited? _____
6. Have you ever contributed to a claim or accident or found negligent in any past equine activity? Yes No
If yes, explain
*Submit 3-year hard copy loss runs. Provide an explanation if loss history is not available.
7. Describe in general the disabilities of the riders/participants. _____
8. What is the minimum age group accepted for the program? _____
9. Do you use side walkers? Yes No
If so, what is the ratio of staff to participants? Staff _____ Participants _____
10. What is the number of participants at one time? _____
11. Do you have written emergency procedures? Yes No
12. Describe the training program for the volunteers/trainees. _____
13. Do you provide transportation for participants? Yes No
If so, describe _____

14. Do you use your own vehicle or employee vehicle?
15. Do you attend off premises shows or demonstrations with participants? Yes No
If so, describe _____
16. Do you hold Clinics Exhibitions Demonstrations Camps Fundraisers
 Other Activities for non-students None
If so, describe _____
17. Are you a not-for-profit organization? Yes No
18. Do you have a web site? Yes No What is the address? _____

YOUR EXPERIENCE

19. What is your experience in these operations? _____
20. List all personnel including instructors, employees, trainees, volunteers & therapists to date (update annually)
(Continue on blank paper if needed)

	Name	Experience Level	# Years Employed by Insured	Certified? If so, by whom	Duties	Background Check Completed Y/N

Has any instructor, employee, trainee, volunteer or therapist had any history of violence or criminal conviction? Yes No

HORSE EXPERIENCE

21. List all horses used in the program (updated annually)

Name	Bred/Age	Years in Program	Previous Experience or Training

22. Has any horse ever shown aggressive behavior or caused or contributed to bodily injury or property damage? Yes No
 If yes, explain _____

23. Describe the criteria used in selecting horses for the program

24. Describe the equipment or props used in the program

25. Are there any horses used in the program that are: non-owned leased rented
 If so, describe _____

RELEASES/WAIVERS/PROFESSIONAL LIABILITY

Submit the following if applicable to your operation

- Sample copy of Medical Release forms being used for riders.
- Sample copy of hold harmless/release of liability agreement being used by riders and/or facility if different than your operation.
- Sample copy of volunteer waiver/release of liability.
- Copy of Professional Liability Insurance held by the therapist.
- Copy of the employee/volunteer handbook, rules, guidelines & safety training.

The company reserves the right to decline coverage for omission of any part of this questionnaire. In addition, a loss control survey or inspection may be required/requested. If the company requires that a loss control survey be conducted of your operation, you agree to provide the company representative access to your operation and documents required to complete this survey.

Please provide the name of the party to contact for this inspection/survey.

 Name _____ Daytime Phone Number _____ Relationship to the Applicant

 Applicant's Name _____ Applicant's Signature _____ Date

 Agency Name _____ Agent Signature (if required) _____ Date