

# EQUINE LIABILITY APPLICATION

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

<b>PRODUCER</b>	NAME AND ADDRESS (include Zip Code)	PRODUCER CODE: AGENCY CODE: AGENCY PHONE NO:
<b>TRANSACTION</b>	<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> QUOTE <input type="checkbox"/> RENEWAL <input type="checkbox"/> ISSUE <input type="checkbox"/> Full Pay <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly	EFFECTIVE DATE: _____ to _____ QUOTE DESIRED BY: _____
<b>APPLICANT</b>	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. ( _____ ) _____
<b>INSURED LOCATION</b>	<b>LEGAL DESCRIPTION</b>	
Location No.      Acres	(Section, Township, Range, County, State) Include Street Address if Different from Above	

<b>GENERAL RISK INFORMATION</b>	<ol style="list-style-type: none"> <li>1. Are horse operations main source of income? _____ Other income sources _____</li> <li>2. Describe horse operations _____ Years experience _____</li> <li>3. Describe farm operations other than horses _____</li> <li>4. Any non-farm operations? _____ Explain _____</li> <li>5. Number farm employees _____ Number domestic employees _____                      Is Worker's Compensation carried? _____ Carrier _____ Policy No. _____</li> <li>6. Do you lease out any portion of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, describe _____</li> <li>7. Do you carry personal liability coverage under another policy? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, who is the Insurance Company?                      What are coverage limits? _____</li> <li>8. Are all fences/gates maintained in good operating condition? _____</li> <li>9. Swimming pool on premises? _____ Fenced? _____ Any use by other than applicant? _____</li> <li>10. Is Applicant involved in any of the following activities?                         <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Dude Ranch</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Entertainment/Amusements involving farm animals</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Hunting or fishing on premises by other than owner and family</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Hay Rides</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Motorcycles, ATV's operated by other than applicant</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Public horse rentals</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>                     Explain any "Yes" answers _____                      _____                      _____                 </li> <li>11. Time applicant known by agent _____ Date premises inspected _____</li> <li>12. Are dogs owned? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? _____ Breed _____                      Any past problems? (i.e. bites, etc.) _____</li> <li>13. State equine law applicable? _____ Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>		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"/>
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## 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  
 \*\* UNLESS SPECIFICALLY ENDORSED NON-OWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL ARE NOT COVERED FOR INJURY OR DEATH BY THIS POLICY \*\*

SECTION II LIABILITY

### 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 \_\_\_\_\_  
 \_\_\_\_\_

### 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 dispensed? \_\_\_\_\_ 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

*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 \_\_\_\_\_