



A member of Allen Financial Insurance Group

EQUINE ASSISTED LEARNING LIABILITY APPLICATION

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 / COUNTY / ZIP CODE	
TELEPHONE NUMBER ()	PERSON TO CONTACT FOR INSPECTION
FAX NUMBER ()	EMAIL ADDRESS
WEBSITE	FEIN or SSAN

- ADDITIONAL OPERATIONS** Check all that apply
- Boarding Training Breeding Riding Instruction Equine Assisted Therapy ***
 Pony Rides Petting Zoo Riding Club *** Outfitter/Guided Trail Rides *** Hay / Carriage Rides ***
 Farrier *** Day Camp*** Facility Rental Auctions / Sales Horse Show / Special Event ***

*** Supplement Required Please visit www.egggroup.com for additional applications

LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASES ENTIRE PREMISES OR TENANT		
Address (including County & Zip Code)	Number of Acres	<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Tenant
1.		<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Tenant
2.		<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Tenant
APPLICANT IS <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Owner Operator	Year Established
<input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust	<input type="checkbox"/> Leasee	

NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises: Name

Address

Certificate holder Only Additional Insured

Other – Describe Interest:

Name and Address

Certificate holder Only Additional Insured, If Eligible

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

\$1,000,000 CSL per Occurrence EXCESS \$

\$2,000,000 Aggregate

DO YOU CURRENTLY HAVE INSURANCE COVERAGE? Yes No IF YES WITH WHOM?

DO YOU DESIRE COVERAGE FOR ANY OF THE FOLLOWING?

CARE CUSTODY CONTROL AUTOMOBILE Farm Property Tack & Equipment Excess Liability Accident Policy

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

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

3. IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS

4. **PAYROLL FOR HORSE OPERATIONS** Payroll includes W-2, 1099, casual NUMBER OF EMPLOYEES
\$ labor and barter payments.

5. IS THIS YOUR PRINCIPAL OCCUPATION – IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN

Yes No

6. ARE THERE ANY OTHER OCCUPANCIES OR OPERATIONS SUCH AS OWNER OR TENANT DWELLINGS, BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES – IF YES, PLEASE EXPLAIN AND ADVISE OTHER INSURANCE POLICIES IN PLACE.

Yes No

7. DO YOU RENT OR LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS – IF YES, PLEASE EXPLAIN

Yes No

8. IS THERE 24-HOUR SUPERVISION OF THE FACILITY – PLEASE DESCRIBE

Yes No

9a. ARE ALL PASTURES AND STABLE AREAS TOTALLY FENCED? – DESCRIBE TYPE OF ALL FENCING

Yes No

9b. DO YOU HAVE PROCEDURES TO PREVENT HORSES FROM ESCAPING CONTAINMENT? – E.G. SELF CLOSING GATE. DESCRIBE

Yes No

10. DESCRIBE CONDITION

Excellent Good Fair Poor

HOW OFTEN IS FENCING CHECKED

11. WHO IS RESPONSIBLE FOR FENCE MAINTENANCE & REPAIR?

Owner Lessee

RIDING FACILITIES

Arena: Indoor Outdoor Open Fields

12. DO YOU OWN OR OPERATE ATVs OR UTVs IN YOUR BUSINESS? Yes No
 ATV / UTV be excluded unless declared.

IF YES, ARE NON-EMPLOYEES ALLOWED TO OPERATE?
 Yes No

13. DO YOU OBTAIN A LIABILITY RELEASE SIGNED BY BOARDERS, STUDENTS & PARTICIPANTS RELIEVING YOU OF CLAIMS FOR BI & PD? Yes No
UNDERWRITING REQUIREMENT - PLEASE ATTACH A COPY TO THIS APPLICATION

14. DO YOU POST RULES

Yes No

DO YOU POST WARNING SIGNS

Yes No

DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION

15. DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES – IF YES, HOW MANY

Yes No

WHAT BREED

16. AS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE – IF YES, PROVIDE DETAILS

Yes No

17. DO YOU OWN / MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC. - IF YES, HOW MANY

Yes No

WHAT TYPE

18. IS THERE A SWIMMING POOL ON THE PROPERTY Yes No

IF YES, IS IT RESTRICTED TO PRIVATE USE

Yes No

19. IS HUNTING / FISHING PERMITTED ON THE PROPERTY – IF YES, PLEASE EXPLAIN

Yes No

20. DO YOU OPERATE A BED AND BREAKFAST – IF YES, PLEASE DESCRIBE

Yes No

21. IS THIS COVERAGE INTENDED TO PROVIDE PRIMARY PREMISES LIABILITY COVERAGE? IF YES, EXPLAIN – IF NO PROVIDE OTHER POLICY INFORMATION

Yes No



EQUINE ASSISTED LEARNING SUPPLEMENT

Does the Program operate during all months of the year? Yes No

If seasonal indicate operational dates:

Annual Gross Receipts

Percentage of equine activity: Mounted: _____ % Unmounted: _____ %

Estimate number of annual "Client Days" = _____

Average number of individual participants per session: _____

Minimum age of client accepted into program _____

Facilities used for equine learning operations (Check all that apply)

Indoor Arena Outdoor Arena Trails Other

Do you attend off premises shows or demonstrations with client participants? Yes No

If Yes, please describe:

Do you have emergency procedures? Yes No

Please attach copy of written procedures

Do you provide transportation to clients? Yes No

If Yes, please describe:

Please describe the general scope of activities your Program specializes in:

Do you have a training program for volunteers and trainees? Yes No

Please attach copy of training guidelines

Do you perform background checks on all personnel? Yes No

Has any staff member had any history of violence or criminal behavior? Yes No

EQUINE ASSISTED THERAPY

Do you offer Equine Assisted Therapy or Psychotherapy Services? Yes No

If Yes, please use the Equine Assisted Therapy supplement. **If No, please sign statement below.**

I hereby certify that this organization does not offer any equine assisted therapy or psychotherapy services.

Signed: _____ Date: _____

EMPLOYEE / VOLUNTEER EXPERIENCE

List all personnel including instructors, volunteers, and trainees

Names of W2 employees / volunteers to be insured under this policy.	Occupation * License or Certification	Owner, Partner Or Officer ?	W2 Employee or Volunteer ?

SCHEDULE OF HORSES - TRAINING / EXPERIENCE

Copy this page if necessary

Name	Breed / Age	# of Years in program	Experience & Training

Has any horse ever shown any aggressive behavior? Yes No

Describe criteria used in horse selection:

Are there any non-owned program horses? Yes No

If Yes, please describe:

RELEASES / WAIVERS / PROFESSIONAL LIABILITY

Submit the following if application to your operation

- Client Hold Harmless / Liability Release
- Volunteer Hold Harmless / Liability Release
- Training certification certificate
- Employee / Volunteer handbook, rules, guidelines, safety training

Notes & Comments: