

Date

Producer:

## APPLICATION FOR COMMERCIAL EQUINE LIABILITY

**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

**TYPE OF OPERATION** Check all that apply

<input type="checkbox"/> Boarding	<input type="checkbox"/> Training	<input type="checkbox"/> Breeding	<input type="checkbox"/> Riding Instruction	<input type="checkbox"/> Equine Assisted Therapy ***
<input type="checkbox"/> Pony Rides	<input type="checkbox"/> Petting Zoo	<input type="checkbox"/> Riding Club ***	<input type="checkbox"/> Outfitter/Guided Trail Rides	<input type="checkbox"/> Equine Assisted Learning ***
<input type="checkbox"/> Horse Sales	<input type="checkbox"/> Day Camp***	<input type="checkbox"/> Facility Rental	<input type="checkbox"/> Animal Services ***	<input type="checkbox"/> Horse Show / Special Event ***
				Hay / Carriage Rides ***

\*\*\* Supplement Required Please visit [www.egggroup.com](http://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	
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"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust	<input type="checkbox"/> Owner Operator <input type="checkbox"/> Leasee	Year Established

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 ☐ OTHER \$  
\$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 <b>X</b>	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 labor and barter payments.

NUMBER OF EMPLOYEES

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

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

9b. ☐ 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

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

16. ☐ 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

**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: ).....			

**All Owned Horses Must be Declared****Total (Lines 1-8)****Total (Lines 1-8)**9. Number of carts, buggies, carriages, etc. ....  
Describe Use:9. Total number of stalls on your premises.....  
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 ☐

STABLE OPERATION PAYROLL (REQUIRED)			RACE HORSES: WHAT BREEDS		HOW MANY DO YOU TRAIN FOR OTHERS
OWNERS \$		EMPLOYEES & CASUAL LABOR \$			
1.	TOTAL NUMBER OF STALLS	MAX NUMBER BOARDED ONLY	AVG NUMBER BOARDED ONLY	MONTHLY BOARD ONLY RATE \$	ANNUAL GROSS \$
		MAX NUMBER TRAINING & BOARD	AVG NUMBER TRAIN & BOARD	MONTHLY TRAIN/BOARD RATE \$	ANNUAL GROSS \$
2.	TRAINING PLEASURE & SHOW: NON-OWNED HORSES IN TRAINING – NO BOARDING			MONTHLY TRAIN ONLY RATE \$	ANNUAL GROSS \$
	MAXIMUM NUMBER	AVERAGE NUMBER			
3.	BREEDING: NUMBER OF NON-OWNED	BREED OF HORSE	MAXIMUM NUMBER OF OUTSIDE MARES	ARE MARES KEPT ON PREMISE TIL FOALING <input type="checkbox"/> Yes <input type="checkbox"/> No	
	STALLIONS				

**SECTION III. EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS**CHECK IF NO EXPOSURE AND INITIAL ☐**Do not include Equine Assisted Therapy activity or revenue in this section – Use EAT Supplement**

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.	RIDING INSTRUCTION TO STUDENTS ON <u>SCHOOL HORSES</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL SCHOOL HORSE RECEIPTS \$	
3A	MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE		AVERAGE NUMBER SCHOOL HORSES USED AT ONE TIME		
4.	RIDING INSTRUCTION TO STUDENTS ON <u>THEIR OWN HORSES</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL STUDENT HORSE RECEIPTS \$	
5.	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	AVERAGE ATTENDANCE	GROSS RECEIPTS \$
6.	DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY DAYS	AVERAGE ATTENDANCE		RECEIPTS EARNED \$
7.	DO YOU OPERATE A DAY CAMP (Attach Supplement) <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 \$
8.	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"/> Equine Learning <input type="checkbox"/> Other:				

**SECTION III. CONTINUED**

9. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTION? ARE STALLIONS USED FOR INSTRUCTION?  
IF YES, GIVE DATES CLOSED ☐ Yes ☐ No
10. DO YOU PROVIDE RIDING FOR THE HANDICAPPED? ☐ Yes ☐ No If Yes, Please attach Therapeutic Riding Supplement
- NON-PROFIT ☐ Yes ☐ No GROSS ANNUAL RECEIPTS \$

**SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS**CHECK IF NO EXPOSURE AND INITIAL ☐

1. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES – IF SO, HOW MANY DO THEY CARRY THEIR OWN INSURANCE? ++  
☐ Yes ☐ No ☐ Yes ☐ No

**++ We require a Certificate of Insurance for each Trainer with limits equal to those you carry. We also require that they name you as additional insured on their policy. If the Trainer DOES NOT carry their own insurance, they can be added to your policy for an additional charge. Coverage is limited to your common Stable training activity. Their Gross Receipts must be included in your Stable totals.**

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 \$ ON THEIR OWN HORSES \$
3. HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS OR TRAINED UNDER YOUR NAME

**SECTION V. SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS**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 ☐ Yes ☐ No
2. DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN ☐ Yes ☐ No

**Leased horses must have lease agreement with hold harmless and indemnity agreement. Please attach.**

**SECTION VI. SALES – HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING**CHECK IF NO EXPOSURE AND INITIAL ☐

1. DO YOU SELL HORSES WHAT BREEDS HOW MANY PER YEAR GROSS ANNUAL RECEIPTS \$  
☐ Yes ☐ No
2. IS BUYER ALLOWED TO TEST RIDE? IF YES DO YOU SELL FROM YOUR OWN PREMISE?  
☐ Yes ☐ No ☐ In arena ☐ In open field ☐ Yes ☐ No
3. EXPLAIN ANY OTHER METHOD OF SALES. (If Auction House include Gross Annual Auction Sales)
4. DO YOU SELL FOOD OR HAVE A SNACK BAR Liquor liability not covered. GROSS RECEIPTS \$  
☐ Yes ☐ No
5. DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW GROSS RECEIPTS \$  
☐ Yes ☐ No ☐ Used ☐ New
6. DO YOU SELL HAY OR FEED? GROSS RECEIPTS \$  
☐ Yes ☐ No
7. DO YOU MIX FEED FOR SALE/CONSUMPTION? ☐ Yes ☐ No
8. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS? ☐ Yes ☐ No
9. DO YOU PERFORM ANY TYPE OF FARRIER SERVICES? Injury to horse ARE SERVICES ON PREMISE ONLY GROSS RECEIPTS If on premises only, this coverage can be added to this policy.  
☐ Yes ☐ No not covered. ☐ Yes ☐ No \$

**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. PONY RIDE SECTION**☐ No Exposure

Average charge per pony ride \$ \_\_\_\_\_ Total number of rides per year \_\_\_\_\_

Annual receipts from pony ride operations \$ \_\_\_\_\_ Percentage of Rides Offsite \_\_\_\_\_

Number of years pony ride business experience \_\_\_\_\_ Are releases or waivers used? ☐ Yes ☐ No

Total number of ponies owned? \_\_\_\_\_ Max number of ponies used at any one time? \_\_\_\_\_

Are all pony rides conducted in an enclosed area? ☐ Yes ☐ No Are safety helmets mandatory? (Required) ☐ Yes ☐ No☐ Carousel (Merry Go Round) ☐ Hand Led Ponies ☐ Other \_\_\_\_\_☐ Round Pen ☐ Small Arena ☐ Small Paddock (less than ½ acre) ☐ Other \_\_\_\_\_**ALL PONY RIDES MUST BE GIVEN IN AN ENCLOSED AREA OR ON A SWEEP.  
ROPE OR WIRE ENCLOSURES ARE NOT ACCEPTABLE.**

Type of off premises location (s) where rides are given? \_\_\_\_\_

Do you offer pony rides off premises? ☐ Yes ☐ No Percentage of rides given off premises? \_\_\_\_\_Explain Off Premises activities, locations and type of enclosure used: \_\_\_\_\_Do you fasten children to saddle, pony or carousel? ☐ Yes ☐ No***No coverage is provided if children are fastened or tied to the saddle, pony, or carousel.***Minimum Age of Children allowed to ride is 3 years? ☐ Yes ☐ No Maximum number of Children per event \_\_\_\_\_Are Sidewalkers used? ☐ Yes ☐ No If Yes: ☐ Employees ☐ Parents ☐ VolunteersDo you allow double or bareback riding? ☐ Yes ☐ NoDo you offer pony cart rides? ☐ Yes ☐ No Are parents involved in any activity? ☐ Yes ☐ No

If Yes, Describe type of involvement \_\_\_\_\_

Are pictures taken? ☐ Yes ☐ No If Yes: ☐ Applicant ☐ Parents ☐ Volunteers Who holds the pony? \_\_\_\_\_How far is photographer from subject? \_\_\_\_\_ Is the use of a flash allowed? ☐ Yes ☐ No

NAME OF PONY	PONY 1	PONY 2	PONY 3
NUMBER OF YEARS OWNED			
NUMBER OF YEARS PONY HAS BEEN GIVING RIDES			
NUMBER OF DAYS PER YEAR PONY IS USED			
HEIGHT OF PONY (14 Hands – 56" Max)			
AGE OF PONY			

**Photographs of Ponies, Tack, Helmets & Panel Enclosure required**  
**Reproduce this page for additional scheduled ponies**

**PONY RIDE SECTION CONTINUED – INSERT ADDITIONAL PONY SCHEDULE HERE**

**SECTION VIII. PETTING ZOO SUPPLEMENT**

☐ No Exposure

Annual gross receipts from petting zoo operations \$

Total number of events per year

Describe type of animals and total numbers for each type

ANIMAL TYPES	TOTAL NUMBER	AVG USED PER EVENT

Do you provide a hand washing station(s)? ☐ Yes ☐ No If Yes, how many?

Is the hand washing liquid antibacterial and capable of killing e-coli and similar bacteria? ☐ Yes ☐ No

How frequently are the station supplies checked and replenished?

Do you have any exotic or dangerous animals which will ever be used in your operation? ☐ Yes ☐ No

Are animals in fenced enclosure? ☐ Yes ☐ No

Describe type of enclosure where animals are contained? \_\_\_\_\_

SECTION IX. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES						CHECK IF NO EXPOSURE AND INITIAL <input type="checkbox"/>	
<b>RIDES</b> <input type="checkbox"/> HAY <input type="checkbox"/> SLEIGH <input type="checkbox"/> CARRIAGE	<b>NUMBER OF PASSENGERS</b>	<b>GROSS RECEIPTS</b> \$	<b>NUMBER OF WAGONS</b>	<b>NUMBER OF HORSES</b>	<b>NUMBER OF MOTOR VEH</b>	<b>NUMBER OF TRIPS</b>	<b>ON OR OFF PREMISES</b>
<b>SHOWS</b> Independent vendors are not covered.	DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No			ARE THESE SHOWS RECOGNIZED BY ANY HORSE SHOW ASSOC.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>NUMBER OF PARTICIPANTS</b>	<b>GROSS RECEIPTS (ALL SHOWS)</b>	<b>MAXIMUM NUMBER OF SPECTATORS PER DAY</b>	<b>TOTAL NUMBER OF SHOW DAYS</b>		<b>SHOW DATES</b>	
	SHOWS ON PREMISES						
	RODEOS ON PREMISES						
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				
DO YOU HAVE BLEACHERS OR GRANDSTANDS? <input type="checkbox"/> Yes <input type="checkbox"/> No		CONSTRUCTION	YEAR BUILT			SEATING CAPACITY – NUMBER	
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	
IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS							

DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES? IF YES, PLEASE EXPLAIN. <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO YOU RENT OR LEASE ANY PORTION OF YOUR FACILITY TO THIRD PARTIES? IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No					
Gross Rental Receipts \$					
Type of Events				Total number of Events	
ALL OPERATIONS MUST BE DECLARED - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION					
<b>NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.</b>					
<b>PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)</b>					
<b>COMPANY</b>	<b>POLICY NUMBER</b>	<b>POLICY PERIOD</b>	<b>PREMIUM</b>	<b>NUMBER OF CLAIMS</b>	<b>LOSSES AND RESERVES</b>
HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS – IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE <input type="checkbox"/> Yes <input type="checkbox"/> No					
HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF NO PRIOR COVERAGE STATE REASON:					
IF OWNED OR LEASED EQUINE PREMISE PLEASE LIST ANY OTHER LIABILITY POLICIES IN FORCE COVERING SAME PREMISE Eg: HOMEOWNERS, FARMOWNERS, ETC.					
I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. No coverage provided for Commercially operated Guided Trail Rides For Hire.					
<b>FRAUD WARNING:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.					
<b>WARRANTY</b>					
I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to The Equestrian Group and it's Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).					
APPLICANT'S SIGNATURE <b>X</b>		DATE / /		AGENT'S SIGNATURE <b>X</b>	
				DATE / /	

AmRisk Insurance Group  
 PO Box 6230 Scottsdale, AZ 85261  
 602-702-7600 FAX 480-452-0953  
 www.AmRiskUSA.com email: ballen@amriskusa.com

**The Equestrian Group**  
A division of Allen Financial Insurance Group  
12424 N. 32<sup>nd</sup> St #101 Phoenix, AZ 85032 602.992.1570 FAX 602.992.8327

**APPLICATION FOR LEGAL LIABILITY OF NONOWNED HORSES  
IN YOUR CARE, CUSTODY OR CONTROL**

AGENCY NAME		
ADDRESS		
TELEPHONE NO. (     )	FAX NO. (     )	AGENCY CODE

<b>THIS IS NOT A BINDER</b>	
<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> ACCOUNT CURRENT	<input type="checkbox"/> NEW BUSINESS – DESIRED EFFECTIVE DATE ____/____/____ <input type="checkbox"/> RENEWAL – EXPIRATION DATE ____/____/____ <input type="checkbox"/> POLICY NO. CCC_____
<b>IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATION WILL BE RETURNED FOR COMPLETION.</b>	

NAME OF INSURED	BUSINESS/STABLE NAME
MAILING ADDRESS	
CITY/STATE/ZIP CODE	TELEPHONE NO.
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS	
COUNTY	CITY/STATE/ZIP CODE
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS	

<b>A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.</b>
--

DO YOU: <input type="checkbox"/> OWN  <input type="checkbox"/> LEASE  <input type="checkbox"/> RENT THE PREMISES?	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS. IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE. _____ _____ _____
IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR? _____  IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR? _____  DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS: _____  DESCRIBE CONDITION OF FENCES: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR DESCRIBE CONDITION OF STABLES: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR  OPERATIONS: <input type="checkbox"/> STABLE OWNER <input type="checkbox"/> BOARDING <input type="checkbox"/> BREEDING <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	
BREED OF ANIMALS _____    USE OF ANIMALS _____  DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES _____	
ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO  IS ANY STABLE OVER 25 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED, CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? _____	



**CARE, CUSTODY OR CONTROL**

NUMBER OF STALLS:    BARN #1 \_\_\_\_\_ BARN #2 \_\_\_\_\_ BARN #3 \_\_\_\_\_ BARN #4 \_\_\_\_\_

MIN # OF NON-OWNED HORSES IN YOUR CARE \_\_\_\_\_ MIN VALUE OF NON-OWNED HORSES IN YOUR CARE \_\_\_\_\_

AVG # OF NON-OWNED HORSES IN YOUR CARE \_\_\_\_\_ AVG VALUE OF NON-OWNED HORSES IN YOUR CARE \_\_\_\_\_

MAX # OF NON-OWNED HORSES IN YOUR CARE \_\_\_\_\_ MAX VALUE OF NON-OWNED HORSES IN YOUR CARE \_\_\_\_\_

POLICY COVERAGE INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.  
\*COVERAGE MAY BE EXTENDED. REFER TO UNDERWRITER FOR PREMIUM.

DO YOU TRANSPORT HORSES FOR OTHERS? ☐ YES    ☐ NO    IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR \_\_\_\_\_

MAXIMUM NUMBER OF ANIMALS PER TRIP \_\_\_\_\_ RADIUS OF NORMAL OPERATIONS \_\_\_\_\_ miles

NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS \_\_\_\_\_

HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED \_\_\_\_\_

ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK? ☐ YES    ☐ NO

DO AT LEAST TWO PEOPLE GO ON EACH TRIP? ☐ YES    ☐ NO

DESCRIBE ANY LOSSES OR POTENTIAL CLAIMS IN THE PAST THREE YEARS AND INCLUDE DEATHS OF ANY ANIMAL(S) IN YOUR CUSTODY, EVEN IF A CLAIM WAS NOT PRESENTED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FRAUD NOTICES**

**Standard:** Any person who knowingly and with intent to defraud any insurance company of other person files an application for insurance or statement of claim continuing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**Florida Applicants:** 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 Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICANT (PRINT)

SIGNATURE <b>X</b>	DATE / /
AGENT SIGNATURE <b>X</b>	DATE / /

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

**CARE CUSTODY OR CONTROL PROGRAM  
LIMITS OF LIABILITY (CHECK ONE)**

	Limit Per Horse	Limit Per Occurrence	Annual Aggregate	Premium to 8 Horses	Additional Charge per Horse
	\$5,000	\$25,000	\$25,000	\$150	\$8
	\$10,000	\$50,000	\$50,000	\$225	\$11
	\$10,000	\$100,000	\$100,000	\$250	\$13
	\$15,000	\$150,000	\$150,000	\$300	\$18
	\$25,000	\$250,000	\$250,000	\$350	\$21
	\$50,000	\$250,000	\$250,000	\$550	\$21
	\$100,000	\$300,000	\$300,000	\$700	\$23
	\$150,000	\$400,000	\$400,000	\$1,050	\$24
	\$200,000	\$400,000	\$400,000	\$1,150	\$25

Some limit options not available in all states  
Limits over 100,000/300,000 must be referred to the company for approval