

FARRIER SERVICES INFORMATION

1. Does applicant service animals other than horses? Yes No
 If yes, what type of animals:

a. Number of years of experience as a farrier: _____

Did the applicant attend Farrier school? Yes No

Name of school: _____

Does applicant hold a certification? Yes No

What association? _____

Does applicant hold a farrier license? Yes No

How long? _____

Is applicant a member of American Farrier's Association? Yes No
 AFA credit available

Average number of horses applicant works on each year: _____ (Count each horse only once.)

PAYROLL FOR FARRIER OPERATIONS
 \$ _____

GROSS RECEIPTS FOR FARRIER OPERATIONS
 \$ _____

NUMBER OF FULL TIME EMPLOYEES

NUMBER PART TIME EMPLOYEES

Breed and discipline of horses worked on:

4. Does applicant own horses? Yes No If yes, how many and use:

Describe applicant's experience with horses

5. How many horses, not owned by applicant, are stabled/pastured at applicant's premises? _____

6. Does applicant operate the business from: Owned Premise Leased Premise Applicants Vehicle

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises: Name _____

Address _____

Certificate holder Only Additional Insured

DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE? Yes No

Do you enforce safety rules? Yes No

Are "No Smoking" rules enforced? Yes No

7. Do you maintain dogs on the described premise? Yes No

Are dogs taken with applicant on service calls? Yes No

Number / Breed _____

HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE IF YES, PROVIDE DETAILS Yes No

Are dogs confined while work is being done? Yes No

8. Are horses shod in an area away from public or other horse traffic? Yes No

Describe restraint methods used while shoeing: cross ties live handler other: _____

Describe other safety procedures applicant has in place

FARRIER APPRENTICES / HELPERS

1. Does applicant employ additional certified or non-certified farriers, apprentices, helpers? Yes No
List **ALL** Farriers / Apprentices / Helpers (Must be at least 18 years old)

2. Name

Date of Birth : _____

Employee Independent

Payroll \$

Number of years experience

Farriers School? Yes No

Name

Employee Independent

Payroll \$

Number of years experience

Farriers School? Yes No

Apprentice Helper

Farrier None

Any license/certification: Yes No

Date of Birth :

Apprentice Helper

Farrier None

Any license/certification: Yes No

Does the applicant carry workers compensation? Yes No
This policy provides no workers compensation coverage.

EQUIPMENT / TOOLS / SUPPLIES

If coverage is needed please complete this section.

Total value of all owned transportable farrier equipment (excluding vehicle & trailer): \$ _____

Are all tools and equipment locked in the vehicle and/or trailer when not in use? Yes No
(Locked vehicle warranty applies)

Is there a working alarm system on vehicle? audible and/or disabling?

Is there a working fire extinguisher with current inspection tag in vehicle? Yes No

Is applicant's vehicle and equipment parked in visible sight of applicant's work area? Yes No

If no, where is it parked:

Does applicant have a shop on premises? Yes No If yes, what is the square footage _____

Does applicant sell farrier equipment and products? Yes No (No products liability provided.)

If yes, what kind of equipment and products?

What are the annual product sales receipts? \$

Comments:

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

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

HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS – IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE
 Yes No

HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS – IF YES, PLEASE EXPLAIN
 Yes No

IF NO PRIOR COVERAGE STATE REASON:

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 Race Horses and/or Horses in Race Training.

FRAUD WARNING: 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.

WARRANTY

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 X	DATE / /	AGENT'S SIGNATURE X	DATE / /
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Submit to:
AmRisk Insurance Group
13880 N Northsight Blvd Suite C109
Scottsdale, AZ 85260
602.992.1570 FAX 602.992.8327
www.amriskusa.com ballen@amriskusa.com