

Date

Producer:

FARRIER INSURANCE APPLICATION

IMPORTANT: This coverage is intended to insure liability arising out of applicant's commercial farrier operations only. ALL OPERATIONS MUST BE DECLARED							
☐ NEW BUSINESS – DESIRED EFFECTIVE DATE							
NAME OF APPLICANT	BUSINESS NAME						
MAILING ADDRESS / CITY / STATE / COUNTY / ZIP CODE							
TELEPHONE NUMBER ()	PERSON TO CONTACT FOR INSPECTION						
FAX NUMBER ()	EMAIL ADDRESS						
WEBSITE	FEIN or SSAN						
YEAR BUSINESS ESTABLISHED							
TYPE OF OPERATION Check all that apply							
If any of the operations listed below are being conducted by the applicant, complete a Commercial Equine Liability application and appropriate supplement(s) located on our website at www.eqgroup.com. □							
☐ Boarding ☐ Training ☐ Riding Instruction ☐ Rodeo ☐ Equipment / Product Sales ☐ Racing	☐ Breeding / Sales ☐ Horse Show ☐ Veterinary Services ☐ Hay / Carriage Rides ☐ Pony Rides ☐ Other						
LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICAN Address (including County & Zip Code)	T OWNS OR LEASES PREMISES Number of Acres Premises						
1.	☐ Own ☐ Lease ☐ Mobile						
APPLICANT IS							
☐ Individual ☐ Partnership ☐ LLC / Corporation ☐ Owner Operator ☐ Tenant NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION							
NAME OF ALL PARTINERS OR OFFICERS OF CORPORATION							
LIMITS OF LIABILITY - PLEASE CHECK ONLY ONE SET OF DESI	RED LIMITS						
□ \$1,000,000 CSL/Occ. □ \$500,000 CSL/Occ \$2,000,000 Agg. \$1,000,000 Agg.							
COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES: YES Please quote this coverage							
□ \$5,000 / \$25,000 □ \$10,000 / \$50,000 □ \$25,000 □ \$50,000 □ \$50,000 □ \$100,000 / \$300,000 Care, Custody & Control/Legal Liability provides coverage arising from applicant's negligence resulting in injury to or death of horses							
applicant does not own in the applicant's care, custody and control as a result of the applicant's negligence as a Farrier. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.							
COVERAGE FOR OWNED TRANSPORTABLE FARRIER EQUIPMENT YES Please quote this coverage.							
\$500 Deducible per claim Limit of Coverage: \$							

FARRIER SERVICES INFORMATION

1.	Does applicant service animals other than horses? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$						
	a. Number of years of experience as a farrier:						
	Did the applicant attend Farrier school? ☐ Yes ☐ No						
	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?						
	Average number of horses applicant works on each year: (Co	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:						
1	If yes, how m	nany and use:					
٠.	Does applicant own horses? ☐ Yes ☐ No	•					
_	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?						
7.	Do you maintain dogs on the described premise ? ☐ Yes ☐ No	Are dogs taken with ap ☐ Yes ☐ No	plicant on service calls?				
	Number / Breed						
	HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE ☐ Yes ☐ No IF YES, PROVIDE DETAILS	Are dogs confined while ☐ Yes ☐ No	e work is being done?				
8.	Are horses shod in an area away from public or other horse traffic ? ☐ Yes ☐ No						
	Describe restraint methods used while shoeing:						
	Describe other safety procedures applicant has in place						

FARRIER APPRENTICES / HELPERS

Does applicant employ additional certified or non-certified farriers, applicate List ALL Farriers / Apprentices / Helpers (Must be at least 18 years or particular description).	• •						
2. Name	Date of Birth :						
☐ Employee ☐ Independent Payroll \$ Number of years experience Farriers School? ☐ Yes ☐ No	☐ Apprentice ☐ Helper ☐ Farrier ☐ None Any license/certification: ☐ Yes ☐ No						
Name	Date of Birth :						
☐ Employee ☐ Independent Payroll \$ Number of years experience Farriers School? ☐ Yes ☐ No	☐ Apprentice ☐ Helper ☐ Farrier ☐ None Any license/certification: ☐ Yes ☐ No						
Does the applicant carry workers compensation?	lo						
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?							
Is there a working alarm system on vehicle? 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)									
	POLICY	POLICY		NUMBER OF	LOSSES AND				
COMPANY	NUMBER	PERIOD	PREMIUM	CLAIMS	RESERVES				
HAVE YOU HAD ANY LOSSES IN THE PAST FI	VE (5) YEARS – IF YES.	GIVE APPROXIMATE DA	TES AND EXPLANATION	ONS INCLUDING PAYN	MENTS MADE				
☐ Yes ☐ No	(-)								
HAVE YOU BEEN CANCELLED OR DENIED CO	N/EDACE IN THE LAST I	FUDEE (2) VEADO IE VI	TO DIFACE EVOLAIN						
	VERAGE IN THE LAST I	INKEE (3) TEARS - IF TI	ES, PLEASE EXPLAIN						
☐ Yes ☐ No									
IF NO PRIOR COVERAGE STATE REASON:									
I/We understand and agree that any r	misstatement of war	ranty or fact on this	application shall be	e considered a vio	lation of coverage				
afforded under any policy issued on the									
any policy issued. No coverage provided for Race Horses and/or Horses in Race Training.									
EDALID WARNING. Assessment of				41	£:1				
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			ose of misicading, i	mormation concer	illing arry ract				
material arefete, committe a madadient	modranos dot windi	rio a omno.							
		WARRANTY							
I/We understand and agree that any r	minatatament of war	ranty or fact on this	application shall be	a considered a vie	lation 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	DATE	AGENT'S SIG	NATURE		DATE				
X	1	/ X			/ /				

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