



FARM LIABILITY / LIMITED PROPERTY - APPLICATION

		Proposed Eff Date				Equine Operations Primary State								
<b>OPERATIONS</b>	Type of Operations:													
	Describe ALL Equine/Farm Operations owned or operated by the insured or on the insured's premises, including operations owned or operated by others on the insured's premises or on their behalf.													
<b>APPLICANT(S)</b>	Insured Name(s):													
	Entity Type:		Indiv		Trust		Partn		Corp		LLC		Other	
	Please describe Other:													
	Phone #:						Email:							
	Mailing Address:													
	Operation Address: (if different from Mailing)													
	Operation Location - Please Select			OWNED			LEASED							
	Does the Insured have a current Accelerant Mortality Policy? If Yes, provide the Mortality Policy Number:													
<b>EXPERIENCE</b>	3+ Years of Equine Ops/Experience? Y or N:				If Training or Riding Instruction, Requires 5+ Years Experience? Y or N:									
	<i>Note: Risks without prior insurance experience will require explanation as to their Equine Experience pertaining to the type of operation referenced in the application and their personal loss experience.</i>													
	Loss History:		Any losses in the Past 3 years? If Yes, how many?						Any Liability Losses in the past 5 years?					
			More than \$10,000 paid in total?						Single loss greater than \$10,000?					
Does the Insured have a current Accelerant Mortality Policy? If Yes, provide the Mortality Policy Number:														
<b>LIABILITY COVERAGE</b>	<b>LIABILITY - FARMOWNERS Personal or Commercial</b>													
	<b>COVERAGES</b>									<b>LIMIT</b>				
	(L) Liability Limit (Per Occurrence) Select \$500,000 or \$1,000,000													
	(M) Medical Payments to Others (Per Person) Select \$1,000; \$5,000; or \$10,000													
	(N) Farm Chemical Limited Liability - \$25,000 (Incl) or \$100,000													
(O) Fire Legal Liability (where applicable) \$50,000 (Incl) or \$100,000														

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NAMED INSURED: \_\_\_\_\_

<b>EXCESS LIABILITY</b>	<b>EQUINE - EXCESS LIABILITY</b>			
	<b>COVERAGES</b>	<b>LIMIT OPTIONS</b>		
	<b>EXCESS LIABILITY</b> Select \$1,000,000; \$2,000,000; \$3,000,000; or \$4,000,000		<b>\$1,000,000</b>	<b>\$3,000,000</b>
			<b>\$2,000,000</b>	<b>\$4,000,000</b>

<b>LIMITED PROPERTY COVERAGE</b>	<b>FARM PERSONAL PROPERTY</b> Tack, Horse Trailers, ATV/UTV/Golf Cart, Hay/Feed Grain			
	<b>ITEM #</b>	<b>DESCRIPTION OF ITEM(S)</b>	<b>LIMIT OF INSURANCE</b>	<b>DEDUCTIBLE</b> \$500; \$1,000; \$2,500; or \$5,000

<b>ADDITIONAL INTEREST(S)</b>	<b>FINANCIAL INTEREST INFORMATION</b> Type = Additional Insureds (AI) or Loss Payees (LP)		
	<b>ITEM #</b>	<b>TYPE</b>	<b>NAME / ADDRESS</b>

NAMED INSURED: \_\_\_\_\_

EXPOSURE(S)			
Any field left blank will indicate "No Exposure"			
OPERATION / EXPOSURE:	YES OR NO	EXPOSURE INFORMATION (Required for Underwriting Review and Rating Information)	
PERSONAL HORSES		# HORSES OWNED / LEASED	
COMMERCIAL HORSE OWNER		RECEIPTS - LEASED TO OTHERS	\$
RACE HORSE OWNER		# RACE HORSES OWNED	
BREEDING HORSES		# HORSES OWNED AND NONOWNED	
		RECEIPTS	\$
BOARDING HORSES		# HORSES NONOWNED	
		RECEIPTS	\$
		RIDING FACILITIES ON SITE (Y OR N)	
TRAINING - HORSES ONLY		# HORSES NONOWNED	
		RECEIPTS	\$
		PAYROLL	\$
RIDING INSTRUCTION		# STUDENTS	
		RECEIPTS	\$
		GROUP LESSONS (Y OR N), (No more than 5 at one time)	
INDEPENDENT INSTRUCTORS (Must be over 18 years in age)		# INSTRUCTORS	
		RECEIPTS	\$
<b>EQUESTRIAN SERVICES (provided by the insured)</b>			
HYDROTHERAPY		RECEIPTS	\$
FARRIER		RECEIPTS	\$
EQUINE THERAPY - HUMAN		RECEIPTS	\$
		PLEASE COMPLETE THERAPY QUESTIONNAIRE	
OTHER SERVICES (Describe on page 6)		RECEIPTS	\$
HORSE SHOWS / EVENTS / CLINICS		# SHOWS / EVENTS / CLINICS	
		# STUDENT / PARTICIPANTS	
		SPECTATORYS? (Y or N)	
		IF Y, COMPLETE SPECTATOR SECTION	
		FOOD AND / OR ALCOHOL ALLOWED (Y or N)	

EQUINE - EXPOSURES

NAMED INSURED: \_\_\_\_\_

EXPOSURE(S) cont'd						
Any field left blank will indicate "No Exposure"						
EQUINE EXPOSURES	HORSE DAY CAMPS		# CAMP SESSIONS			
			# STUDENT / PARTICIPANTS			
			RECEIPTS		\$	
			PLEASE COMPLETE CAMP QUESTIONNAIRE			
	RIDING CLUBS		AREA (SF) OF FACILITY			
			# MEMBERS			
			SPECTATORYS? (Y or N)			
			IF Y, COMPLETE SPECTATOR SECTION			
	SPECTATORS SHOWS / EVENTS / CLINICS / CLUBS		GRANDSTANDS OR BLEACHERS CAPACITY < 500 # OF EVENTS			
			GRANDSTANDS OR BLEACHERS CAPACITY 500 to 1,000 # OF EVENTS			
			GRANDSTANDS OR BLEACHERS CAPACITY < 1,000 # OF EVENTS			
			FOOD AND / OR ALCOHOL ALLOWED (Y or N)			
	HORSE PARTICIPANT		# PARADES			
			# RODEOS			
	HORSE SALES			RECEIPTS	\$	
	TACK / CLOTHING SALES (describe on Page 6)			RECEIPTS	\$	
	OTHER SALES (describe on Page 6)			RECEIPTS	\$	
	OPTIONAL COVERAGES	OPTIONAL EQUINE COVERAGES				
PROFESSIONAL EQUINE SERVICE LIABILITY			INCLUDE SALES? YES or NO			
EQUINE - (CCC) Care, Custody, and Control			# HORSES NON-OWNED			
SELECT LIMIT BELOW (Per Horse / Policy Aggregate)						
		5,000 / 25,000		15,000 / 150,000		100,000 / 300,000
		5,000 / 50,000		25,000 / 250,000		150,000 / 400,000
	10,000 / 50,000		50,000 / 250,000		200,000 / 500,000	
	10,000 / 100,000		75,000 / 300,000			

NAMED INSURED: \_\_\_\_\_

REFERRAL / INELIGIBLE EXPOSURE(S)	
Please answer all of the following questions. If any of the following are answered "Y" by the Named Insured(s); we may decline or require additional underwriting information. Please contact your underwriter to review.	
	<b>Y / N or NA</b>
Any known animal related claims involving escape of animals and/or dog bites?	
Any Operations / Exposures not described on previous section? Please describe below	
Agritainment - General Public allowed rental of horses, arenas, or facilities; Carriage/Sleigh/Hay Rides; Pony Parties; Airbnb / VRBO; Overnight Camps; Dude Ranches?	
Is the insured required to carry Workers Compensation Insurance? Please be advised, No Coverage will be offered under this policy.	
Any Hunting or Rough Stock Events On Premises?	
Any repair of Tack or Riding Equipment of Others?	
If applicable, Any Swimming Pools and/or Trampolines not fenced?	
Any use of animals for Physical/Behavioral Therpay or Handicapped Instruction?	
PREMISE(S) / OPERATIONS	
Insured must be able to anser "Y" to all of the following. Please describe any "N" responses on page 4.	
	<b>Y / N or NA</b>
24 Hour supervision of the farm premises.	
Safety Program in place including instructions for all employees on what to do in case of an emergency.	
All minors are supervised by the insured or the insured's employees.	
Alcohol is not permitted on the farm premises - in and around the Equine stables, paddocks, or while riding.	
Gates and Fencing: Must be in good repair and checked on a regular basis. Wire fencing must be "Horse Safe" and must not be barbed.	
Horse-proof latches must secure each stall.	
Fire Extinguishers accessible and maintained in each stable.	
All Horse tack and related equipment must be well maintained and stored or kept in a separate, secure room.	
SIGNS / SIGNAGE	
<b>SIGNS / SIGNAGE</b> must be posted where it can be easily seen/read:	
Insured must be able to answer "Y" to all of the following. Please describe any "N" responses on page 4.	
	<b>Y / N or NA</b>
Emergency Phone Numbers clearly posted.	
No Smoking signs must be posted throughout the farm premises.	
State specific Equine Liability Warning Signs posted per the State guidelines.	
Basic Rules posted by insured.	

EXPOSURES - OPERATIONS - SIGNS

NAMED INSURED: \_\_\_\_\_

### CONTRACT(S) - BOARDING / BREEDING / RIDING / TRAINING

<b>CONTRACTS - ADDITIONAL INFORMATION</b>	<p>Insured must be able to answer "Y" to all of the following. Please describe any "N" responses on page 4.          Insured must obtain and maintain standard written signed contracts -  <b>1) Contracts must include the following, and 2) Copy of contract(s) will be required at time of binding coverage.</b></p>		<b>Y / N or NA</b>
	Applicable State - Equine Activity Liability Act wording		
	The insured must be held harmless in case of disease, illness, injury or death to the horse and/or its owner.		
	The owner of the horse must accept responsibility for any damage caused by the horse to the insured's property.		
	Student Riders are required to wear long pants, safety helmets and boots. All equipment must be supplied by the rider.		
	Riders under the age of 18 must wear helmets at all times.		
	Self Care Boarders must carry Private Horse Owner Liability naming the insured as Additional Insured.		
	Participants in Shows/Events/Clinics/Camps must sign Hold Harmless Agreement		
<p>If Independent Trainer(s) and/ or Riding Instructor(s) are on the insured premise, they must provide to the Named Insured:</p> <ol style="list-style-type: none"> <li>1) Hold Harmless agreement</li> <li>2) Certificate of Insurance that provides the following:               <ol style="list-style-type: none"> <li>a) Description of insurance coverage</li> <li>b) Insurance Carrier, Policy Number, and Term</li> <li>c) Named Insured designated/described as an Additional Insured</li> <li>d) Matching liability limits equal to the limit of insurance described on the insureds insurance policy.</li> </ol> </li> </ol>			

### ADDITIONAL INFORMATION / REMARKS:

**NAMED INSURED:** \_\_\_\_\_

**DECLARATIONS AND FRAUD WARNING STATEMENT**

**Please read the fraud warning statement applicable to applicable to your state. If your state is not shown, refer to the GENERAL FRAUD WARNING STATEMENT.**

**GENERAL FRAUD WARNING STATEMENT:**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 subjects that person to criminal and/or civil penalties.**

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND and WEST VIRGINIA:** Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** Any Person who knowingly and with intent to inure, 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.

**KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic implulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**KENTUCKY and PENNSYLVANIA:** 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 subjects such person to criminal and civil penalties.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MARYLAND:** Any person who knowingly or willingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NAMED INSURED: \_\_\_\_\_

**DECLARATIONS AND FRAUD WARNING STATEMENT - continued**

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**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application of 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.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**TENNESSEE, VIRGINIA and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**NEW YORK:** 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 be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

**The undersigned declares that he/she/they has reviewed this application and any attachments and declares the information provided is true, correct and complete to the best of his/her/their knowledge.**

\_\_\_\_\_  
**Signature of Applicant(s)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agent Signature**

\_\_\_\_\_  
**Date**



# THERAPEUTIC RIDING & EQUINE ASSISTED THERAPY QUESTIONNAIRE

NAMED INSURED: \_\_\_\_\_

NAME OF THERAPEUTIC RIDING OPERATION(S): \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

EXPERIENCE and OPERATIONS:		Y OR N
Owner/Operator of Equine Therapeutic Riding and Equine Assisted Therapy Operations have greater than 3 years experience? If "N" please explain below.		
Is this part of any school curriculum, recreational center, or in conjunction with a city or county program? If "Y" please explain below.		
Type of Therapeutic Riding & Equine Assisted Therapy is offered:	Explain:	
Therapeutic Riding		
Hippo-Therapy		
Driving		
Vaulting		
Psychotherapy - EAP, EAL, EAT		
Other		
Does the Named Insured(s) hold any of the following Accreditation/Certifications/Licenses?		Y OR N
PATH		
EAGALA		
OTHER (Please explain below)		
If "N" Accreditation/Certifications/Licenses - how many years' experience has the Named Insured(s) managed or provided therapeutic riding? Please provide details below:		

EXPERIENCE AND OPERATIONS

NAMED INSURED: \_\_\_\_\_

**THERAPEUTIC RIDING AND EQUINE ASSISTED THERAPY QUESTIONNAIRE - continued**

<b>OPERATIONS</b>	<b>OPERATIONS continued:</b>			
	Describe how are horses evaluated for suitability for use in the program?			
	<b>Please indicate if any of the following Activities are offered</b>		<b>Explain</b>	
	Clinics			
	Exhibitions			
	Demonstrations			
	Camps			
	Fundraisers			
	Other Activities for Non-Students			
	Other			
	Please indicate if any of the following apply to participants or clients:			
	Adjudicated, Troubled, or at risk youth?		Boys / Girls Homes	
	Corporate/Team Building or Retreats		Clubs providing Therapies	
	Vaulting		Pulling	
Swimming		Overnight Exposures		
What is the minimum age group accepted for the program?				
Do you use side walkers? Y or N				
If "Y", what is the ratio of Staff to Participants?	# of Staff		# of Participants	

NAMED INSURED: \_\_\_\_\_

**THERAPEUTIC RIDING AND EQUINE ASSISTED THERAPY QUESTIONNAIRE -**

<b>continued</b>						
<b>OPERATIONS continued:</b>						
OPERATIONS	Do you attend off-premises shows or demonstrations with participants? Y or N					
	Please describe below:					
	Signed Release/Hold Harmless/etc. form(s) do you require for Riders, Volunteers or Employees?					
	Select all that apply and provide samples.					
	Medical Release and/or Intake forms				Hold Harmless/Release of Liability Agreement	
	Volunteer Waiver/Release of Liability				Professional Liability Insurance held by the Therapist	
	Employee/Volunteer Handbook, Rules, Guidelines and Safety Training				Written Emergency Procedures	
	Other - please describe:					
Do you hold and maintain Adult and Child CPR and basic First Aid Certification? Y or N						
Please describe below:						
List all Personnel including Instructors, Employees, Trainees, Volunteers and Therapists to date (update annually):						
Name	Experiiece Level	# of Years Employed by Insured	Certified? If so, by whom?	Duties	Background Check Completed? Y or N	

**THERAPEUTIC RIDING AND EQUINE ASSISTED THERAPY QUESTIONNAIRE - continued**

<b>OPERATIONS</b>	<b>OPERATIONS continued:</b>
	<b>Describe the Training Program for the Volunteers/Trainees:</b>
<b>ADDITIONAL INFORMATION / REMARKS</b>	
<b>This is NOT a Binder. An incomplete or unsigned questionnaire is not acceptable. REMEMBER - EXPOSURES NOT DECLARED ARE NOT COVERED.</b>	

NAMED INSURED: \_\_\_\_\_

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**The undersigned declares that he/she/they has reviewed this application and any attachments and declares the information provided is true, correct and complete to the best of his/her/their knowledge.**

\_\_\_\_\_  
**Signature of Applicant(s)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agent Signature**

\_\_\_\_\_  
**Date**