

EQUINE LIABILITY RENEWAL QUESTIONNAIRE

(Use Equine Application CP 46 47 if operations have changed substantially)

Insured: _____

Policy # _____

Renewal Date: _____

Producer: _____

SUMMARY OF HORSES – PLEASE COMPLETE ALL APPLICABLE – ONE ENTRY PER HORSE

DESCRIPTION OF OPERATIONS:	PAYROLL	RECEIPTS	# OWNED	# NON-OWNED
Show / Pleasure / Personal Use	___ NA ___	___ NA ___	_____	___ NA ___
Breeding	___ NA ___	_____	_____	_____
Race	___ NA ___	___ NA ___	_____	_____
Horse Sales	___ NA ___	_____	_____	_____
Yearlings/Weanlings	___ NA ___	___ NA ___	_____	_____
Rentals/Trail Rides or Pony Rides	___ NA ___	_____	_____	_____
Hay/Sleigh/Carriage Rides	___ NA ___	_____	_____	_____
Any other use, please explain:	___ NA ___	___ NA ___	_____	_____

Do you board horses? Yes No Number Boarded _____ Monthly Rate \$ _____ Annual Gross \$ _____

Do you provide riding instruction? Yes No Total number of students annually? _____

Type of Instruction: Western English Dressage Hunter/Jumper Cutting/Reining Other

Number of school horses you have available for lessons? _____ Number used at any one time? _____

Receipts for lessons: On your school horses \$ _____ On students' own horses \$ _____

Do you train horses for others? Yes No Average number monthly ? _____ Annual Gross \$ _____

Are signed releases obtained? Yes No **PLEASE PROVIDE A COPY.**

Number of INDEPENDENT instructors or trainers operating on your premises? _____

Do the independent instructors/trainers have their own insurance? Yes No

Are you named as ADDITIONAL INSURED on their policy? Yes No

PLEASE PROVIDE A COPY OF THE CERTIFICATE OF INSURANCE OBTAINED.

Number of public events you anticipate in the next 12 months? _____

Type of events? _____ Number of participants for each? _____

Do you secure releases from all entrants? Yes No **PLEASE PROVIDE A COPY OF THE RELEASE.**

Number of spectators for each? _____ Number of days for each? _____

Any concessions? Yes No Types of concessions? _____ Annual receipts? _____

Do you sell tack? Yes No New Used Do you repair riding equipment for others? Yes No

Do you provide riding for the handicapped? Yes No

Are there any additional insureds? Yes No Please provide name and address and show their interest.

Are there any employees? Yes No Is there a Workers Compensation policy? Yes No

Do you desire Care, Custody or Control Coverage Yes No If so, complete the CCC application indicating limits.

PLEASE USE THE BACK TO PROVIDE ANY ADDITIONAL INFORMATION NOT SPECIFICALLY ADDRESSED.

INSURED SIGNATURE _____ **DATE** _____

PHONE _____ **EMAIL** _____

Allen Financial Insurance Group / The Equestrian Group

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