

**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 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** \_\_\_\_\_