



# The Equestrian Group

## COMMERCIAL EQUINE LIABILITY

Instructions: Fill out application completely. Please answer all questions or mark the NO EXPOSURE box. There will be no coverage for any item marked NO EXPOSURE. All applications are subject to review and premises subject to inspection by the insurance carrier representative at any time during the period of coverage. Please print all responses. All operations and exposures must be declared. All horse related operations and exposures must be insured. Incomplete or unsigned applications will not be accepted.

APPLICANT NAME \_\_\_\_\_

OWNERS / OFFICERS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

LOCATION \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT IS:  Owner/Occupant  Lessor  Tenant  
 Individual  Partnership  Corporation

TYPE OF OPERATIONS  Boarding  Training  Breeding  Hay / Carriage Rides  
 Riding Instruction  Pack Trips  Pony Rides  Guided Trail Rides

Requested effective date: \_\_\_\_\_ Seasonal?  Yes  No From \_\_\_\_\_ To \_\_\_\_\_

LIMITS OF LIABILITY: \$100,000 CSL  \$300,000 CSL  \$500,000 CSL  \$1,000,000 CSL

Double Aggregate Limit?  Yes  No

Number of years experience \_\_\_\_\_ Number of years at this location \_\_\_\_\_

How many acres owned? \_\_\_\_\_ Leased? \_\_\_\_\_ Rented? \_\_\_\_\_

Number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Annual payroll \$ \_\_\_\_\_

Shows, exhibitions or special events on premises?  Yes  No

Grandstands or bleachers?  Yes  No Construction \_\_\_\_\_ Seating capacity \_\_\_\_\_

Does applicant haul non-owned horses?  Yes  No How many at one time? \_\_\_\_\_ Radius of operations \_\_\_\_\_

Max value per animal \_\_\_\_\_ Avg value per animal \_\_\_\_\_ How many trips per year? \_\_\_\_\_

Veterinarian service arranged?  Yes  No 24 Hour?  Yes  No

Do you use boarding, breeding, training agreements?  Yes  No Will you use our forms?  Yes  No

Maximum number of horses at premises \_\_\_\_\_ Number of personal owned horses \_\_\_\_\_

How many insurance certificates required for policy term? \_\_\_\_\_ How may additional insured endorsements? \_\_\_\_\_

Is there 24 hour supervision of facility – If YES explain \_\_\_\_\_



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## COMMERCIAL EQUINE LIABILITY

### BOARDING / PASTURING

No Exposure

Average value of boarded horses? \_\_\_\_\_

Gross Receipts \$ \_\_\_\_\_

Number of horses boarded at any one time: Maximum \_\_\_\_\_ Average \_\_\_\_\_

How many animals? Stalls \_\_\_\_\_ Pens \_\_\_\_\_ Pasture \_\_\_\_\_

Monthly charge per horse? Stalls \$ \_\_\_\_\_ Pens \$ \_\_\_\_\_ Pasture \$ \_\_\_\_\_

Do you provide riding facilities for boarders?  Yes  No Non Boarders?  Yes  No

Are all pastures totally fenced?  Yes  No Type of Fencing \_\_\_\_\_

### BREEDING

No Exposure

Do you or your staff have a degree in animal husbandry?  YES  NO Gross Receipts \$ \_\_\_\_\_

Number of stallions at stud? \_\_\_\_\_ Highest stud fee charged? \_\_\_\_\_

Number of owned broodmares? \_\_\_\_\_ Live Breeding?  YES  NO Artificial Insemination  YES  NO

Average number of non-owned mares annually? \_\_\_\_\_ Average value of mares bred? \_\_\_\_\_

### RIDING INSTRUCTION

No Exposure

Type(s) of Instruction:  Western  English  Dressage Gross Receipts \$ \_\_\_\_\_

Hunter/Jumper  Cutting/Reining  Other \_\_\_\_\_ No of lesson horses used at one time \_\_\_\_\_

No of lessons per week on student owned horses? Max \_\_\_\_\_ Average \_\_\_\_\_ Charge per lesson? \_\_\_\_\_

No of lessons per week on school horses? Max \_\_\_\_\_ Average \_\_\_\_\_ Charge per lesson? \_\_\_\_\_

What safety gear and precautions are used? \_\_\_\_\_

Are you or your instructors qualified as a judge?  YES  NO Riding for Handicapped?  Yes  No

Do you or your instructors have Regional / National riding certification?  YES  NO

Do you give/host on premises riding clinics?  YES  NO Do you have students showing A-rated level?  YES  NO

How many clinic days annually? \_\_\_\_\_ Average number of participants \_\_\_\_\_

How many independent riding instructors us your facility? \_\_\_\_\_ Do they carry their own insurance coverage?  YES  NO

### HORSE TRAINING & SALES

No Exposure

Maximum trained annually: Owned \_\_\_\_\_ Non-Owned \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_

Is owner given instruction?  Yes  No Releases signed by owners?  Yes  No Off Premises Shows?  Yes  No

Do you sell horses as an agent for others?  Yes  No Average selling price \_\_\_\_\_

How many horses sold annually? Owned by you \_\_\_\_\_ Owned by others \_\_\_\_\_



**SADDLE ANIMALS FOR HIRE** (Explain all NO answers)

No Exposure

Number of riders annually \_\_\_\_\_ Average Length of Ride \_\_\_\_\_ HRS Gross Receipts \$ \_\_\_\_\_

Max number of rental horses available at peak season \_\_\_\_\_ Do trails cross roads or highways?  Yes  No

Average number in use at one time: JAN \_\_\_\_\_ FEB \_\_\_\_\_ MARCH \_\_\_\_\_ APRIL \_\_\_\_\_ MAY \_\_\_\_\_ JUNE \_\_\_\_\_  
JULY \_\_\_\_\_ AUG \_\_\_\_\_ SEPT \_\_\_\_\_ OCT \_\_\_\_\_ NOV \_\_\_\_\_ DEC \_\_\_\_\_

Releases signed by all riders?  Yes  No Safety helmets available?  Yes  No Two way radios?  Yes  No

Minimum rider age \_\_\_\_\_ Breast collars.?  Yes  No Rider evaluation system?  Yes  No

Ratio of riders to guides \_\_\_\_\_ Tapaderos on children's stirrups?  Yes  No All rides guided?  Yes  No

Guides 21 years or older?  Yes  No Percentage of operations on public land \_\_\_\_\_

**OUTFITTERS & GUIDED PACK TRIPS**

No Exposure

Total trips annually \_\_\_\_\_ Total forest service days \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_

Average number of days per trip \_\_\_\_\_ Minimum rider age \_\_\_\_\_

How many saddle animals for guests? \_\_\_\_\_ Number Pack/Guide animals \_\_\_\_\_ Are all trips guided?  Yes  No

Minimum guide age \_\_\_\_\_ Do you supply & prepare food?  Yes  No

Is all equipment designed, tested and regularly inspected for the specific activity for which it is used?  Yes  No

Attach an equipment list, Explain circumstances in which specialized equipment (Boats, rafts, guns, skis) will be used.

Do guides have first aid and CPR certification?  Yes  No Two way radios?  Yes  No

Are emergency food, clothing & medical supplies maintained?  Yes  No

Provide description of all operations and activities including experience of guides and instructors. Include copy of operating and safety plans.

**HAY RIDES, CARRIAGE RIDES & PONY RIDES**

No Exposure

CLASSIFICATION	GROSS RECEIPTS	TOTAL PASSENGERS	TOTAL WAGONS	DRAFT HORSES/PONIES	TOTAL TRIPS
HAY RIDES	\$				
SLEIGH RIDES	\$				
CARRIAGE RIDES	\$				
PONY RIDES	\$				

ANY OFF PREMISES EXPOSURES?  Yes  No If Yes, explain in full. Coverage is not provided if wagons drawn by motor vehicle.



PONY RIDE SUPPLEMENT

Average charge per pony ride \$ \_\_\_\_\_ Number rides per year \_\_\_\_\_

Number of years pony ride business experience \_\_\_\_\_

Carousel (Merry Go Round)  Handheld Ponies  Riding Arena  Other \_\_\_\_\_

Are all pony rides conducted in an enclosed area?  YES  NO

Round Pen  Small Arena  Small Paddock (less than 1/2 acre)

Maximum number of ponies at any one time? \_\_\_\_\_ Are safety helmets mandatory?  YES  NO

Type of off premises location (s) where rides are given? \_\_\_\_\_

Do you offer pony rides off premises ?  YES  NO Percentage of rides given off premises? \_\_\_\_\_

Explain off premises activities, locations and type of enclosure used: \_\_\_\_\_

Do you fasten children to saddle, pony or carousel?  YES  NO (NO COVERAGE PROVIDED)

ALL PONY RIDES MUST BE GIVEN IN AN ENCLOSED AREA. ROPE OR WIRE ENCLOSURES ARE NOTACCEPTABLE. ASTM 1163 HELMETS REQUIRED

SHOWS & MISCELLANEOUS ACTIVITIES

No Exposure

Do you manage any events open to non-students or non-boarders?  Yes  No

Recognized by AHSA  Yes  No Other \_\_\_\_\_

Do you secure releases from all entrants?  Yes  No

Do spectators ever exceed 500?  Yes  No

1. EVENTS - ADMISSION CHARGED # PARTICIPANTS \_\_\_\_\_ \$ ADMISSIONS \_\_\_\_\_ TOTAL EVENT DAYS \_\_\_\_\_

2. EVENTS - NO ADMISSION # PARTICIPANTS \_\_\_\_\_ \$ ADMISSIONS \_\_\_\_\_ TOTAL EVENT DAYS \_\_\_\_\_

Shows must be reported prior to activity date. Attached proposed schedule of events.

SPECIAL ACTIVITY SUMMARY

DESCRIPTION OF ACTIVITY	ANNUAL # OF EVENTS	AVG # DAYS PER EVENT	TOTAL # OF DAYS	GROSS RECEIPTS



LIST NAMES AND ADDRESSES OF PREMISES OWNERS, SANCTIONING ORGANIZATIONS, REGULATORY OR LICENSING AUTHORITIES REQUIRING FILINGS AND PARTIES REQUIRING PROOF OF INSURANCE AND/OR ADDITIONAL INSURED ENDORSEMENTS. Identify any special permits, concession agreements or private land use areas used and attach copy of any permits or agreements.

Five horizontal lines for listing names and addresses of premises owners, sanctioning organizations, regulatory or licensing authorities, and parties requiring proof of insurance.

How many insurance certificates required for policy term? \_\_\_\_\_ How may additional insured endorsements? \_\_\_\_\_

COVERAGE HISTORY & LOSS EXPERIENCE  
(Quote will not be given without this information)

INSURANCE COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	LIABILITY LIMIT	OCCURRENCE CLAIMS MADE	NUMBER OF CLAIMS

Were you canceled or was insurance denied in the last three years?  Yes  No If Yes please explain.

Describe all claims or suits brought against you in the last five years. Give dates and explain losses.

Two horizontal lines for describing claims or suits brought against you in the last five years.

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

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

BROKER \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_



CARE, CUSTODY & CONTROL

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE CHOICE OF LIMITS

- 1. Limit: \$5,000 Per Horse/\$25,000 Maximum Loss Per Policy Year
- 2. Limit: \$5,000 Per Horse/\$50,000 Maximum Loss Per Policy Year
- 3. Limit: \$10,000 Per Horse/\$50,000 Maximum Loss Per Policy Year
- 4. Limit: \$10,000 Per Horse/\$100,000 Maximum Loss Per Policy Year
- 5. Limit: \$15,000 Per Horse/\$100,000 Maximum Loss Per Policy Year
- 6. Limit: \$25,000 Per Horse/\$100,000 Maximum Loss Per Policy Year
- 7. Limit: \$25,000 Per Horse/\$250,000 Maximum Loss Per Policy Year
- 8. Limit: \$25,000 Per Horse/\$300,000 Maximum Loss Per Policy Year
- 9. Limit: \$50,000 Per Horse/\$300,000 Maximum Loss Per Policy Year
- 10. Limit: \$100,000 Per Horse/\$300,000 Maximum Loss Per Policy Year

Mark NO if coverage for local transportation (less than 100 miles) only. NO

Do you transport horses for others?  YES  NO

Type and capacity of box or trailer? \_\_\_\_\_

How often do you transport horses? \_\_\_\_\_

For what reason do you transport horses? \_\_\_\_\_

What is your total annual revenue from transporting horses? \_\_\_\_\_

What percentage of your annual income does transportation represent? \_\_\_\_\_

What types of security is maintained? Please describe: \_\_\_\_\_

\_\_\_\_\_

Coverage is not available to professional livestock haulers and any professional services rendered by or under the direction of a licensed equine practitioner.