Equine Supplemental Application		Fireman's Fund [®] Insurance Company
Name:	Website : www.	A company of Allianz 🕕
Years in Equine business:		
•	1	
 Applicant's Exposure – Number of horses you own or leas 	a for your own usa?	
 How many are used for : 		
-	owing? Instruction? Sales prep?	
-	ses? \Box Yes \Box No If No, where?	
	\Box No If Yes, how many? Annual Sales?	
Farm Premises Exposure –		
	Hold Harmless agreement, are they filed and maintained? \Box	Yes D No Provide a copy
• Is there 24 hour supervision of the		
• Are Emergency Phone Numbers cl		
	posted? Yes No Provide a copy	
	osted throughout the farm premises? \Box Yes \Box No	
*	the premises? \Box Yes \Box No If Yes, explain	
1 7	rning signs posted throughout the farm premises? \Box Yes \Box I	
premises? \Box Yes \Box No If No,	er the age of 18 to wear an approved safety helmet at all times explain	
	tion? \Box Yes \Box No How often are they checked?	
-	ng? Yes No If Yes, explain	
• • • •	nises?	
	used?	
	Yes 🗆 No If Yes, explain	
	? 🗆 Yes 🗆 No If Yes, Breed?	
	their dogs? \Box Yes \Box No If Yes, on leashes? \Box Yes \Box N	lo
	□ Yes □ No If Yes, annual receipts?	
	quipment? Yes No If Yes, explain	
	services? \Box Yes \Box No If Yes, explain	
	of feed for sale to the general public? \Box Yes \Box No	
	waste?	
• •	Installed with waterproof / dust proof covers? \Box Yes \Box No	
Boarding Operations (Non Owned Horse		
• •	r your clients? Yes No If Yes, explain	
If No, explain	a Hold Harmless agreement? Yes No Provide a cop	_
If No, explain		_
boarded? 🗆 Yes 🗆 No If No, I	en identification description, or permanent identification for ea how will you distinguish each animal?	
• Number of stalls on premises used	•	
	led? Maximum number of boarded horses pastu	
	t boarding of horses? Yes No If Yes, number?	
	·	-
• Annual Receipts for all boarding o	-	

Annual Payroll for all boarding operations? •

Equine Supplemental Application

Horse Training Operations – Not Applicable

- What type of training is performed? ______
- Is the Trainer You?
 Employee?
 Independent contractor?
- If an independent contractor, do you require a Certificate of Insurance? □ Yes □ No **Provide a copy** The Certificate of Insurance must name you as an Additional Insured.
- Do you require a contractual agreement between you and the owner of horse in training? □ Yes □ No Provide a copy If No, explain ______
- What is the total annual payroll from the training operations?
- What are the annual receipts from the training operations?
- What is the average number of horses trained per year?

- How many stallions are owned by you? ______
- How many stallions are owned by others?
- Do you manage or keep broodmares ? □ Yes □ No
- How many broodmares do you own? ______
- How many non-owned broodmares do you allow on your premises at any one time? ______
- Do you offer foaling services? □ Yes □ No If Yes, what are the annual receipts? _____
- Do you provide or have a veterinarian on staff? □ Yes □ No If Yes, provide a copy of a Certificate of Insurance showing the placement of Professional Liability, as we exclude this coverage.
- What are the annual receipts from the breeding operations?
- What is your annual payroll from the breeding operations?
- Do you require Certificates of Health from a licensed veterinarian for each horse being bred? □ Yes □ No If No, explain _____
- Do you require some type of permanent identification for each horse being bred? \Box Yes \Box No

Horse Shows/Activities "On Your Premises" – D Not Applicable

- Do you sponsor any horse shows/activities on your premises? \Box Yes \Box No Off premises? \Box Yes \Box No
- What are the numbers of spectators per day/show? _____ Total per show? _____
- What are the numbers of participants per day/show? _____ Total per show? _____
- What are the total receipts per show/activities?
- Dates of the shows/activities?
- Types of shows/activities?
- Do you obtain Waivers and Hold Harmless agreements from each participant? If No, explain ______
- Are the shows/activity sanctioned? \Box Yes \Box No If Yes, by whom?
- Do you have bleachers or grandstands? \Box Yes \Box No
 - If Yes, what is the construction of the bleachers or grandstands?
 - If Yes, what is the height of the bleachers or grandstands?
 - If Yes, what is the seating capacity?
- Do you provide concession during these shows? □ Yes □ No If Yes, explain _____
- Do you allow vendors on the premises during the shows/activities? □ Yes □ No If Yes, explain the type of items sold?
- If Yes, do you obtain Certificates of Insurance from each vendor?
 Yes No
- Do you provide Emergency Medical Care or an EMT during your shows/activities? □ Yes □ No
- Do you allow RV or camper hookups during the shows/activities? □ Yes □ No If Yes, # of hookups? ______ What are the annual receipts from this activity? ______

Equine Supplemental Application

Horse Shows/Activities "On Your Premises" - (continued)

- Do you lease your facility to other to hold shows and events?
 Yes No
 If Yes, explain
 What are the annual receipts from leasing your facility?
 - Do you obtain a Certificate of Insurance from the person(s) leasing your facility? \Box Yes \Box No
- Do you allow any other type of activities on your premises? □ Yes □ No If Yes, explain _____

Horse Activities "Away From Your Premises" - 🛛 Not Applicable

- Do you attend horse events/activities away from your premises?
 - With your own horses? \Box Yes \Box No
 - If Yes, how many horses at a single event? _____
 - If Yes, how many events do you attend on an annual basis?
 - If Yes, what type of events do you attend? _____
 - If Yes, do you receive any remuneration/money? □ Yes □ No If Yes, annual amount _____
 - With horses in your Care, Custody or Control? \Box Yes \Box No
 - If Yes, how many horses at a single event?
 - If Yes, how many events do you attend on an annual basis?
 - If Yes, what type of events do you attend?
 - If Yes, do you receive any remuneration/money? □ Yes □ No If Yes, annual amount _____
- Do you transport horses to any of these events?
 Yes No If Yes, how many horses?
 If Yes, describe the vehicle and trailer
 The last of the last of
- If Yes, what is the per horse value? _____ Total value of all horses being transported? _____

Riding Instructions – D Not Applicable

- Do you teach: English?
 Western?
 Jumping?
 Other? (explain)
- Describe all Riding Instruction Operations _____
- Is the Riding Instructor You?
 Employee?
 Independent contractor?
- Describe the years of experience You? ____ Employee? ____ Independent contractor? ____
- Describe the qualifications _
- Is each instructor certified? □ Yes □ No If No, explain _____
- If an independent contractor, do you require a Certificate of Insurance? □ Yes □ No **Provide a copy** The Certificate of Insurance must name you as an Additional Insured.
- What is the total annual payroll from the riding instruction operations?
- What are the annual receipts from the riding instruction operations?
- What is the average number of students given instruction per week?
- What is the minimum age of the students'?
- Do you attend off premises events with your students? \Box Yes \Box No
 - If Yes, what are the numbers of events? _____
 - If Yes, what are the annual receipts? _____
- Student Safety
 - Do you require all students to wear safety helmets, long pants and boots? □ Yes □ No If Yes, is all equipment supplied by the student? □ Yes □ No If No, explain _____
 - Do you require all students to wear safety stirrups? \Box Yes \Box No
 - Do you require all beginning student to use lunge lines? \Box Yes \Box No
 - Do you require all students to use a bridle and bit, instead of halters? \Box Yes \Box No
- Do you maintain a log and document all incidents involving injury or accident involving your students? □ Yes □ No
- Do you provide any night riding instruction? \Box Yes \Box No If Yes, is there adequate lighting? \Box Yes \Box No

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Clinics – 🛛 Not Applicable

- Do you hold/sponsor clinics for non-students on your premises? □ Yes □ No Off Premises? □ Yes □ No If Yes, describe ______
- Number and Type of Clinics: ______
- Number of days per Clinic: _____ Average Attendance: _____
- Do you rent or lease your premises to others to hold clinics? □ Yes □ No If Yes, do you require a Certificate of Insurance from each person naming you as an Additional Insured? □ Yes □ No
- Do you require outside clinicians to provide proof of insurance? \Box Yes \Box No