

# THE EQUESTRIAN GROUP

## EQUINE LIABILITY RENEWAL QUESTIONNAIRE

(Use Equine CGL Application 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 ___	_____	_____	_____

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

Annual Gross Payroll Owners / Officers \$ \_\_\_\_\_ Employees \$ \_\_\_\_\_

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

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

Do operate a pony ride?  Yes  No Do operate a Petting Zoo?  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.**

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

**Allen Financial Insurance Group / The Equestrian Group**

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