

Equine Farm General Liability Application

Application Date _____ Policy # _____
 Agency Name _____ Address _____
 City _____ State/Province _____ Zip _____
 Phone _____

Company Use Only: Customer#/SubID _____ Producer# _____

Entity Type: Individual Corporation LLC Partnership _____

Billing: Direct Bill Agency Bill Pay Plan: _____

Bill To: Insured Mortgagee

Quote needed by _____ Requested Effective Date _____

Do you want your agent to send an electronic copy of the policy? Yes No

Applicant Information

Named Insured _____

Additional Named Insured Supplemental Attached *(Required for multiple Named Insureds)*

Mailing Address _____

City _____ State/Province _____ Zip _____

County _____ Phone# _____ FEIN# _____

Web Address _____ Email _____

Inspection Contact Name _____ Phone# _____

Coverages to be quoted

- | | | |
|---|---|--|
| <input type="checkbox"/> Package | <input type="checkbox"/> Monoline Liability | <input type="checkbox"/> Equine Care, Custody, Control |
| <input type="checkbox"/> Umbrella <i>(Not applicable in Canada)</i> | <input type="checkbox"/> Monoline Property | <input type="checkbox"/> Scheduled Personal Property |
| <input type="checkbox"/> Auto | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Employee Benefits Liability |

A State specific ACORD Auto Application is required in order to quote Auto. ACORD Watercraft Application required for Watercraft. Employee Benefits Liability Supplemental Questionnaire required for EBL Coverage

General Underwriting Questions

Loss History

None

(List all losses for the past 5 years that affect coverage lines requested above)

| Date | Coverage Line | Description | Paid | Open | Closed |
|------|---------------|-------------|------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Prior Carrier Information

| Coverage Line | Company | # of years | Expiring Premium |
|------------------------|---------|------------|------------------|
| Property | | | |
| Liability | | | |
| Care, Custody, Control | | | |
| Umbrella | | | |

- | | N/A | Yes | No |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are you age 18 or over? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been declined, cancelled or non-renewed in the past 3 years? If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How many years experience/in the business with horses? _____ | | | |

Location Schedule

Additional Locations Supplemental Attached

PC = Protection Class

| Street Address | City/State/Province | County | Zip | PC | Owned | Acres |
|----------------|---------------------|--------|-----|----|--------------------------|-------|
| | | | | | <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> | |

General Liability Underwriting Questions

Company Use Only:

Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/\$2,000,000

1. List all Equine Operations _____

Are you engaged in any other farm business, profession, or trade including but not limited to hay sales and custom farming? **N/A** **Yes** **No**

If yes, please provide details:

2. Is the applicant involved in any of the following activities? *(Please check activities applicable)*

- | | |
|---|---|
| <input type="checkbox"/> Dude Ranch | <input type="checkbox"/> Polo/Horse Ball |
| <input type="checkbox"/> Entertainment/Amusements involving animal farms/Agritourism/Agritainment | <input type="checkbox"/> Hunting/Fishing on premises <i>(non-residents)</i> |
| <input type="checkbox"/> Pony Rides/Petting Zoos | <input type="checkbox"/> Motorcycles, ATV's <i>(other than resident)</i> |
| <input type="checkbox"/> Hay/Carriage/Sleigh Rides | <input type="checkbox"/> Vaulting |
| <input type="checkbox"/> Public Horse Rentals/Trail Rides | <input type="checkbox"/> Holds Races on Premises |
| <input type="checkbox"/> Fox Hunting | <input type="checkbox"/> Gymkana/Mounted Games |
| <input type="checkbox"/> Parades | <input type="checkbox"/> Mounted Shooting |
| <input type="checkbox"/> Rodeos | <input type="checkbox"/> Equine Sports Therapy <i>(including massage)</i> |
| <input type="checkbox"/> Equine Assisted Therapy | <input type="checkbox"/> Birthday Parties |

Please explain any checked activities:

3. Are dogs owned?

How many? _____ Breed _____

Any past claims?

If yes, explain _____

Are clients' dogs allowed at the facility?

Leashes Required?

4. Recreational Motor Vehicle (AL7405)

Class Code 07990

| Year | Make | Model | Serial or Motor Number | Number of | Use |
|------|------|-------|------------------------|-----------|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

5. Is Unlicensed Farm Vehicle Liability Coverage needed?

How many vehicles? _____

General Liability Underwriting Questions *Continued*

| | N/A | Yes | No |
|--|--------------------------|--------------------------|--------------------------|
| 6. Do any non-Boarders, Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc. use your facility? If yes , please explain _____ Do you lease any part of the building/land to someone else? If yes , please explain _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Type of Fencing? _____ Are all fences/gates in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a pool, aqua treadmill, hyperbaric chamber or similar item on your property? Please provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there an airstrip on the premises? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you lease horses to or from others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you judge shows? Receipts _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any operations or horses in any country outside of the U.S.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL INSUREDS Supplemental Additional Insureds Schedule Attached

| Name/Address | Relationship to Insured |
|--------------|-------------------------|
| | |
| | |

If you are requesting a quote for monoline liability and would like to schedule any locations please fill out and attach the additional location supplemental.

| | Yes | No |
|---|--------------------------|--------------------------|
| PERSONAL LIABILITY for "Personal Activites" desired? | <input type="checkbox"/> | <input type="checkbox"/> |

1. **If yes**, then please list below the names and addressses of all individuals to be afforded Personal Liability coverage.

(Note that it is not necessary to list the spouse, children and relatives of these listed individuals if they live in a "residence premises" or dwelling that we insure for a premium charge.)

| Name | Address (Include Zip) |
|------|-----------------------|
| | |
| | |
| | |

General Liability Underwriting Questions *Continued*

RIDING INSTRUCTION (*Teaching the Rider*) Not Applicable

1. Riding Instruction provided by: You Independent Instructor Employee

2. How many Independent Instructors are giving instruction? _____

3. Describe the experience/qualifications of you and your employees: _____

N/A **Yes** **No**

Are you/employee a certified instructor?

By whom? _____

4. Number of students per week given lessons by you or your employee: _____

5. Number of students per week given lessons by an independent instructor: _____

6. What is the minimum age of the students? _____

7. What is the maximum number of students per instructor per lesson? _____

EQUINE RIDING THERAPY Not Applicable

1. Do you offer Equine Riding Therapy?

2. Are you PATH or Eagala certified?

If PATH certified, please attach the Equine Therapeutic Riding Supplemental application

DAY CAMPS Not Applicable

1. Do you hold day camps?

If yes, please complete the separate Day Camp Supplemental.

HORSE TRAINING (*Training of Horses*) Not Applicable

1. What type of training is given? _____

2. Total payroll related to Training: _____

3. What is the average number of horses trained per year? _____

BOARDING OF NONOWNED HORSES Not Applicable

1. What is the total # of non-owned horses including non-owned broodmares? _____

2. Is temporary overnight boarding provided?

Describe _____

3. Is board self board or full care? Self Full

4. Annual Payroll _____

If no payroll provided, explain.

BREEDING Not Applicable

1. Breeding Payroll _____ # of Owned Broodmares _____

of Owned Stallions _____ # of Nonowned Stallions _____

2. Do you offer foaling services?

OWNED HORSES Not Applicable

Only include Owned horses not otherwise accounted for in Breeding/Training sections

1. What is the total number of equines you own or lease for your own use? _____

2. Of those, how many are used for the following activities:

Sales Prep _____ Showing _____ Pleasure Riding _____ Instruction _____

Retired _____

General Liability Underwriting Questions *Continued*

| | N/A | Yes | No |
|--|--------------------------|--------------------------|--------------------------|
| SALES BY YOU <input type="checkbox"/> Not Applicable | | | |
| 1. Are you in the business of selling horses? How many horses do you sell per year? Owned by you: _____ Owned by Others: _____ What are the annual Gross Receipts for Horse Sales? _____ What is the method of sale? (<i>private treaty, auction, consignments</i>) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you sell tack or clothing? <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned Tack <input type="checkbox"/> None Receipts _____ | | | |
| 3. Do you offer repair of tack or riding equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you/employee perform any type of farrier services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CLINICS <input type="checkbox"/> Not Applicable | | | |
| 1. Do you hold/sponsor clinics for non-students on your premises? Off Premises? _____ Details _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Type of Clinics _____ | | | |
| 3. Number of Clinics _____ Number of days per clinic _____ | | | |
| 4. Average Attendance _____ | | | |
| 5. Who teaches the clinics? _____ | | | |
| 6. Do you require outside clinicians to provide proof of insurance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HORSE SHOWS <input type="checkbox"/> Not Applicable | | | |
| 1. Do you manage/sponsor any horse shows on your premises? Off Premises? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Number of spectators per day _____ Number of participants per day _____ Are there any individual show dates where the number of participants exceeds 150 or the number of spectators exceeds 1000? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Dates of shows _____ | | | |
| 4. Types of shows _____ | | | |
| 5. Waiver Athletic Sports Participants Exclusion <i>(The Athletic Sports Participation Exclusion is automatically applied to foxhunting, cross country jumping, polo, vaulting, eventing and rodeo type events.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have bleachers or grandstands? Construction _____ Height _____ Seating Capacity _____ <input type="checkbox"/> Owned <input type="checkbox"/> Rented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you sell feed, grain, hay or shavings to participants? Receipts _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you provide RV or camper hookups during these shows? Number of hookups _____ Receipts _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you directly provide concessions during these shows? Receipts _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain _____ | | | |

General Liability Underwriting Questions *Continued*

| | N/A | Yes | No |
|--|--------------------------|--------------------------|--------------------------|
| 10. Do you have vendors on the premises during these shows? If yes , explain items sold _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Describe any entertainment/activities managed by you at the event (<i>other than equine-related</i>) | | | |

Risk Management Controls (*Required for General Liability and Care, Custody, Control*)

| | N/A | Yes | No |
|--|--------------------------|--------------------------|--------------------------|
| Review https://www.animallaw.info/content/map-equine-activity-liability-statutes | | | |
| Certificate of Insurance on file for Independent Contractors (<i>Riding Instruction/Training</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Insurance shows WC coverage for Independent Trainers (<i>Racehorse Training only</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Insurance obtained from all Vendors (<i>Horse Shows/Clinics</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Release/Hold Harmless agreement in use (<i>Riding Instruction/Training/Boarding/Breeding/Shows</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boarding Contract in Place (<i>Boarding</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lease Agreement in Place (<i>Owned Horses Leased to Others</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State Equine Liability Signs Posted (<i>All Exposures</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 Hour Supervision of facility (<i>All Exposures</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Application Signature _____ **Date** _____

Agent's Signature _____ **Date** _____

License # _____