

Equine Insurance Application

1.) Name of Insured: _____
 Address: _____
 Phone: _____ Email: _____
 Website: _____

2.) Effective Date of Coverage: _____

3.) Applicant is: Individual
 Partnership (please provide names of partners of officers): _____
 Other (please specify): _____

4.) Limits of Liability Desired:
 \$500,000 CSL/Occurrence/\$1,000,000 General Aggregate
 \$1,000,000 CSL/Occurrence/\$2,000,000 General Aggregate
 \$2,000,000 CSL/Occurrence/\$4,000,000 General Aggregate

5.) Name of Current Insurance Company: _____

6.) Has the applicant had any claims in the past 5 years? Yes No
 a. If YES, give approximate dates, amounts paid and descriptions:

Date	Amount Paid	Description

7.) Has the applicant been canceled or denied coverage in the last 3 years? Yes No

a. If yes, please explain: _____

8.) Are any non-owned horses on the premises? Yes No

9.) Does the applicant board, breed or train horses or riders or operate any other commercial equine activities? Yes No

10.) Does the applicant ride/show horses owned by others? Yes No

11.) Does the applicant or their employees teach or give riding instructions? Yes No

*If you answered "NO" to ALL of questions of 7, 8, 9, and 10, please complete the **Personal Horse Owners Liability** section.*

*If you answered "YES" to ANY of questions 7, 8, 9, or 10, please complete the **Commercial Equine Liability** section.*

Personal Horse Owners Liability

12.) Schedule of all owned horses

Name of horse	Breed	Use	% of ownership

13.) Does the applicant train their own horses? Yes No

a. If YES, please advise what they are trained for:

- Dressage
 Show
 Stadium Jumping
 Cross Country Jumping
 Other (specify) _____

14.) Does an independent trainer train the applicant's horses? Yes No

a. If YES, please provide proof of insurance for the trainer with limits equal to or greater than the applicant's. _____

b. What are they trained for?

- Dressage
 Show
 Stadium Jumping
 Cross Country Jumping
 Other (specify) _____

15.) Any off-premises activity? Yes No

a. If YES, please describe. _____

Commercial Equine Liability

16.) Do you desire Care, Custody and Control coverage for non-owned horses? Yes No

a. Insured's Signature: _____

17.) Describe all equine related operations: _____

18.) Number of years at this location: _____

19.) Number of years of experience in these operations: _____

20.) Is this your principal occupation? Yes No

21.) Have you ever done business under another name? Yes No

a. If YES, please list them: _____

22.) Do you have any employees? Yes No

23.) Do you have workers compensation? Yes No

24.) Do you have payroll? Yes No

(NOTE: Worker's compensation and employees liability is not covered under this policy.) Yes No

25.) Are ASTM/SEI certified helmets mandatory for all horse activities? Yes No

26.) Do you provide any helmets to riders? Yes No

27. Horse summary at peak season:

Owned horses	#	Non-owned horses	#
Total of all owned horses		Boarding / pasture	
Show / pleasure		Show / training	
Racing		Training to race	
Breeding		Breeding	
For sale		Therapeutic horses	
Used for riding lessons		Other (specify)	
Other (specify)		Total number of stalls on premises	
What is the maximum number of horses (owned & non-owned) that can be kept on your premises?			
Account for each animal only once, based on its primary use.			

Horse Trainer

28. What type of training are you performing (i.e. dressage, racing, stadium jumping, etc.)? _____

29. How many horses are trained at their own premises? _____

Horse Boarding

30. What services do you provide (i.e. feeding, grooming, exercising, turn out in pasture, etc.)? _____

Breeding

31. Are stallions on the premises? Yes No
32. Do you use natural cover or artificial insemination? Yes No
33. How many of your own mares do you breed? _____
34. How many non-owned mares do you breed? _____
35. How many of the non-owned mares do you board? _____
36. Do you sell semen? Yes No
 a. If YES, annual receipts? _____
37. Any off premises breeding? Yes No
 a. If YES, provide details. _____

General Questions

38. Do any employees live on premises? Yes No
 a. If so, where? _____
39. Do you take in rescued horses? Yes No

40. Do you operate any overnight camps? Yes No
41. Do you offer horses for hourly or daily rental or riding by the general public? Yes No
42. Do you offer pony rides? Yes No
43. Do you offer carriage rides? Yes No
44. Do you have an arena? Yes No
- a. Indoor or outdoor? _____
45. Do you have any bleachers or grandstands? Yes No
- a. Permanent or temporary? _____
- b. Construction? _____
- c. Age? _____
- d. Seating capacity? _____
46. Is there 24-hour supervision of the facility? Yes No
47. Are all pastures completely fenced? Yes No
- a. Describe type of fencing. _____
48. How often is the fencing checked and by whom? _____
49. Who is responsible for the fence repair? _____
50. Do you have fire extinguishers visible and readily accessible in all the buildings? Yes No
- a. How often are they checked / serviced? _____
51. Do you obtain a release signed by boarders and students (or parents in the event the student is a minor) relieving you of claims for Bodily Injury and Property Damage? Yes No
- a. If YES, attach a copy to this application.
52. Do you post rules? Yes No
53. Do you have a formal safety program in place? Yes No
54. Are you in compliance with your state's EALA? Yes No
55. Are any horse trainers or instructors independent contractors? Yes No
- a. If YES, do you obtain a COI showing you as an additional insured? Yes No
56. Are there any dogs on the premises? Yes No
- a. If YES, please provide number and breed. _____
57. Has any dog ever bitten / injured anyone? Yes No
- a. If YES, please explain. _____
58. Do you keep any other animals on the premises? Yes No
- a. If YES, please describe. _____
59. Are there any business pursuits on the premises other than commercial equine operations? Yes No

Please provide a copy of all leases, agreements, contracts and waivers.

Primary General Liability Policy must be provided to be considered for the excess coverage insurance. Please provide copies of the declaration pages for all insurance policies in effect.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. (NOT APPLICABLE IN: CO, DC, FL, MD, OK, PA, TN, VA 8 of 8 AP 01 16 07 15 OR WA)

IN COLORADO, IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. IN MARYLAND, ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

IN OKLAHOMA, WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

IN PENNSYLVANIA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN TENNESSEE, VIRGINIA AND WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS

Insured's Signature: _____ Date: _____

Print Name: _____ Title: _____

Agent's Signature: _____ Date Signed: _____

Print Name: _____

Return Completed Form to: Melodi Wilkins by fax at (937) 653-4457. To discuss by phone call: (937) 653-7611