

**EQUINE COMMERCIAL GENERAL LIABILITY**

Applicant: \_\_\_\_\_ Business Name (DBA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Website address: \_\_\_\_\_

**Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.**

Use: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Past and/or present Insurance Company: \_\_\_\_\_ Last year's premium: \$ \_\_\_\_\_

Does Insured:  Own  Lease      Ownership:  Individual  Corporation  Association  Partnership

Pay plan desired:  Yes  No       Two-Pay  Three-pay  Four-pay  
(Broker must submit payment plan sheet with request to bind.)

**Equestrian Commercial General Liability**

Each Occurrence Limit       \$ 300,000       \$ 500,000       \$1,000,000  
 Fire Damage Limit (any one fire)      \$ 50,000      \$ 50,000      \$ 50,000  
 Medical payments (any one Person)      \$ 5,000      \$ 5,000      \$ 5,000

Double Aggregate       Yes       No      Products and Completed Operations       Yes       No

Excess Coverage       Yes       No      Personal Endorsement       Yes       No

Excess Limits       \$1M       \$2M       \$3M       \$4M      Professional Endorsement       Yes       No

List additional insureds with relationship descriptions. (Do Not include Independent Instructors/Trainers in this section. Employees are not qualified)

Name	Address:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Has the applicant had any liability claims or reported incidents in the past three years?       Yes       No

Has coverage been denied and/or cancelled in the last three years?       Yes       No

Attach a separate sheet to explain all claims and reported incidents for the past three-year period. Give dates, cause of loss and amount paid.

**SUMMARY OF EQUESTRIAN ACTIVITIES**

Total number of horses owned/leased: \_\_\_\_\_ Total professional years in this type of an operation: \_\_\_\_\_  
 by you or your business: \_\_\_\_\_  
 Max. number of horses owned /leased \_\_\_\_\_ Max. number of horses used for Riding lessons/School horses: \_\_\_\_\_  
 taken off premises (horse shows, etc): \_\_\_\_\_

Give a brief description of operation: \_\_\_\_\_  
 \_\_\_\_\_

Briefly list officiating, judging, instructors licenses and/or competition experience: \_\_\_\_\_

If you are not the primary manager, Manager's name \_\_\_\_\_

24-hour supervision of facility	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Emergency numbers posted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety & Barn Rules posted and written out (*if YES enclose copies)	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Current liability waivers utilized (*if YES enclose copies)	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
State Equine Liability signs posted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Smoking allowed in barns	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Shoes with heels required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Helmets are Required:**

By everyone ALL OF THE TIME

18 and under ALL OF THE TIME

Everyone while jumping/speed work

Only 18 and under while jumping

Optional

Describe precautions taken to keep horse(s) from having access to public roads: \_\_\_\_\_

**Coverage will be provided only for exposures marked "Yes".  
Remember, any events or activities not described/disclosed are NOT COVERED.**

<b>Breeding</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	What is your average stud fee charged: \$ _____
Total number of stallions standing stud on your premises: _____			Total number of stallions, which you own or have partial ownership, standing at stud off premises: _____	\$ _____	
Total number of mares covered annually on premises _____			Total number of mares, which you own, covered annually off premises _____	\$ _____	

<b>Boarding</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Average number of hoses boarded monthly: _____
<b>Horse Sales</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Total number of horses sold annually: _____
<b>Training</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Average number of horses in training monthly: _____

<b>Independent Trainers</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Must be 18 years old.)
1. _____	Years Exp.	_____	2. _____	Years Exp.	_____

<b>Riding Instruction</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Anyone under 21 giving riding instruction Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Day Camp activities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If yes, Equestrian Day Camp Supplemental Application must be completed)
Type of Instruction: _____					
Operation's total Riding Instruction, both On and Off Premises, including all Independents' On Premises Instruction					
Total lessons given annually: _____			Average number of weekly lessons given on Client's Own horse(s): _____		
Average cost per lesson: \$ _____			Average number of weekly lessons given on School/Insured's horse(s): _____		

<b>On Premises Riding Clinics</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Total Clinic Days: _____ Clinic Dates: _____ No. of participants per day: _____
<b>Off Premises Riding Clinics</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Total Clinic Days: _____ Clinic Dates: _____ No. of participants per day: _____

<b>Independent Instructors</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Must be 18 years old)
1. _____	Years Exp.	_____	2. _____	Years Exp.	_____

<b>Officiating/Judging</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Total show days Judging/Officiating annually: _____
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<b>Host Shows /Events</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please provide a description of the event (such as show, clinic, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.
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Hosted Sanctioned Show Days per year: \_\_\_\_\_ Event/Show Date(s): \_\_\_\_\_  
 Sanctioning Organization(s): \_\_\_\_\_ Description of event activities: \_\_\_\_\_  
 Average number of competitors per Show/Event: \_\_\_\_\_ Average number of spectators per Show/Event Day: \_\_\_\_\_  
 Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Hosted Non-Sanctioned Show Days per year: \_\_\_\_\_ Event/Show date(s): \_\_\_\_\_  
 Description of event activities: \_\_\_\_\_  
 Average number of competitors per Show/Event: \_\_\_\_\_ Average number of spectators per Show/Event Day: \_\_\_\_\_  
 Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

**Note: If dates have not been set, WRITTEN NOTICE of the event must be received in our office prior to the show date. Coverage is not provided for show dates that have not been declared to the company in advance of the event.**

**Tack Store/Retail Sales** Yes  No  (Tack manufacture and repair not eligible.)

**Pony & Horse Drawn Vehicle Rides** Yes  No  (If yes, the Pony Ride/Horse Drawn Vehicle Rides Supplemental Application must be completed.)

**Do you own dogs?** Yes  No  If yes, how many, what type and for what purposes: \_\_\_\_\_

Any other dogs permitted at your facility or at any events you host? Yes  No  If yes, please explain your policy regarding dogs: \_\_\_\_\_

Has any dog which you own or on your premises bitten or caused injury to anyone. Yes  No  If yes, give details: \_\_\_\_\_

Other animals on premises Yes  No  If yes, describe : \_\_\_\_\_

Hunting on premises? Yes  No  If yes, by:  Owners  Others Do you charge a fee? Yes  No

Swimming pool on premises? Yes  No  Do you have a security fence around your pool? Yes  No

Is alcohol permitted on your premises? Yes  No  If yes, describe: \_\_\_\_\_

Is alcohol sold on your premises? Yes  No  If yes, describe: \_\_\_\_\_

**\*Note: The sale of alcohol is not covered by the policy.**

ANNUAL GROSS REVENUES FROM EQUINE ACTIVITIES			
Breeding:	\$ _____	Boarding:	\$ _____
Training:	\$ _____	Riding Instruction:	\$ _____
Judging:	\$ _____	Hosting shows:	\$ _____
Pony Rides:	\$ _____	Horse Wagon Rides:	\$ _____
Other ( ): \$ _____	(Explain activity below)		

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.  
**(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)**

**NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!**  
 I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement. 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 a part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage.

(Must be signed and dated)  
 Applicant's signature \_\_\_\_\_  
 Print name: \_\_\_\_\_ Date: \_\_\_\_\_