



# ACE AGRIBUSINESS EQUINE QUESTIONNAIRE

Date (MM/DD/YY)

Carrier:

Insured/Applicant's Name and Mailing Address

Producer

Agency code

**General Underwriting Information (Use Remarks Section if additional space is needed)**

1. Location of actual operations.
  2. Describe horse operations.
  3. How many years experience in this type of horse operations?
  4. Type or breed of horses owned.
  5. Number of employees? \_\_\_\_\_ Average length of their employment? \_\_\_\_\_
  6. Do you have Workers' Compensation Insurance?  Yes  No If yes, payroll is \$ \_\_\_\_\_
  7. If yes, name of Workers' Compensation carrier and policy number.
  8. How many corporate officers or partners are there? # \_\_\_\_\_  
Please provide name(s), duties and payroll in the remarks section.
  9. Are no smoking signs posted on the premises?  Yes  No  
If so, are they strictly enforced?  Yes  No
- | Explain all "No" Responses  | Yes | No |
|---|-----|----|
| 10. Is there 24 hour supervision of the facility?   |     |    |
| 11. Are you in compliance with the equine liability laws in the state(s) where the horse operation is located?  |     |    |
| 12. Do you obtain a waiver/hold harmless agreement relieving you from claims for bodily injury and property damage? If yes, provide a copy. <b>IF NO, REFER TO UNDERWRITER.</b> |     |    |
| 13. Are boarding contracts signed by all boarders? If yes, provide a copy. <b>IF NO, REFER TO UNDERWRITER.</b>  |     |    |
| 14. Is the property properly fenced and maintained?   |     |    |
| 15. How often is fencing checked for repair?  |     |    |
| 16. How many of the Personal Use horses indicated in the summary are taken off the premises at any one time? _____  |     |    |
| 17. Any apartments over or attached to barn or farm buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide details.                                 |     |    |

**Remarks****Summary of Horses at Peak Season**

(If horse used for more than 1 activity, count only primary use)

	Payroll	Receipts	# Owned	# Non-owned
Boarding/Pasturing		N/A		
Breeding Only (Mares)		N/A		
Riding Instruction	N/A			
Race Horses (in training or at track)	N/A	N/A		
Personal Use—Pleasure	N/A	N/A		
Personal Use—Show	N/A	N/A		
Rentals/Pack Trips/	N/A	N/A		
Yearlings/Weanlings	N/A	N/A		
Draft Animals	N/A	N/A		
Other	N/A	N/A		
TOTAL				

<input type="checkbox"/> Check if not applicable				
<b>Boarding/Pasturing, Breeding, Racing and Training</b>				
<b>Explain all "Yes" Responses</b>			<b>Yes</b>	<b>No</b>
1. Do you provide riding facilities for boarders? *				
a. If yes, Please specify: <input type="checkbox"/> trails <input type="checkbox"/> outside arena <input type="checkbox"/> inside arena				
b. Are boarders supervised while using the facility?				
2. Do you provide riding facilities for non-boarders? *				
3. Are any medications prescribed or dispensed?				
4. Do you have a trainer on staff? If so, what is the payroll?				
5. Is the training related to racing?				
6. Are any trainers independent contractors? payroll \$ _____				
<b>Please provide all independent trainer contractors, their Liability Declaration policy page or Certificate of Insurance with application, when independent trainer not covered as an additional insure or insured on our policy.</b>				
Independent Contactor #1				
Name			Date of Birth	
Years of training experience		Training offered		
Any other certification or licenses				
Independent Contactor #2				
Name			Date of Birth	
Years of training experience		Training offered		
Any other certification or licenses				
7. Additional Insured - Independent Instructors or Trainers - on premises coverage only. Who Is An Insured (Section II) is amended to include as an insured the person or organization, but only with respect to liability arising out of training horses, providing horseback riding instruction, or holding clinics or seminars on your behalf or with your permission while on insured specified location in the additional insured endorsement.				
Name: _____				
Years experience and qualifications: _____				
Date of Birth _____				
8. Independent Equine Instructors or Trainers that work exclusively for our insured, coverage applies for both on insured's premises and off insured's premises. Coverage included on insured policy for the acts of the independent equine instructors or trainers.				
Name: _____				
Years experience and qualifications: _____				
Date of Birth _____				
Remarks:				
*Hold harmless agreements must be secured from all boarders and non-boarders.				

<input type="checkbox"/> Check if not applicable				
<b>Equestrian Schools—Riding Instruction—Clinics</b>				
1. Do you teach <input type="checkbox"/> Western <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Other (explain)				
Explain all "Yes" Responses			Yes	No
2. Is any riding provided for handicap or therapy?				
a. Are you a member of NATHA? or PATH certified?				
3. Is safety gear required? If so, describe the equipment.				
4. Are students allowed to ride on the premises without an instructor present?				
5. Do you attend off premises shows with your student?				
6. Do you hold clinics for non-students? If yes, what is the average attendance?				
How many clinics per year?		What type of clinics?		
7. Any instruction given on your premises by independent contractors?          payroll \$ _____				
If so, how many independent contractor instructors?    How many students?				
<b>Please provide all independent trainer contractors, their Liability Declaration policy page or Certificate of Insurance with application, when independent trainer not covered as an additional insure or insured on our policy.</b>				
Independent Contactor #1				
Name		Date of Birth		
Years of training experience		Clinic offered		
Clinic Dates				
Independent Contactor #2				
Name		Date of Birth		
Years of training experience		Clinic offered		
Clinic Dates				
8. Additional Insured - Independent Instructors or Trainers - on premises coverage only. Who Is An Insured (Section II) is amended to include as an insured the person or organization, but only with respect to liability arising out of training horses, providing horseback riding instruction, or holding clinics or seminars on your behalf or with your permission while on insured specified location in the additional insured endorsement.				
Name: _____				
Years experience and qualifications: _____				
Date of Birth: _____				
9. Independent Equine Instructors or Trainers that work exclusively for our insured, coverage applies for both on insured's premises and off insured's premises. Coverage included on insured policy for the acts of the independent equine instructors or trainers.				
Name: _____				
Years experience and qualifications: _____				
Date of Birth: _____				
			Yes	No
10. Riding Instruction is provided by named insured, employee, Independent Contractor?				
11. Number of horses used at any one time for lessons? _____				
12. Number of lessons per week on owned horses? _____				
13. Number of lessons per week on student owned horses? _____				
Remarks				

<input type="checkbox"/> Check if not applicable			
<b>Sales Operations By You</b>			
1. Number of horses sold per year and receipts			
Owned by Insured		Owned by others	
a. Are test rides Allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No    Waivers signed on all test rides? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Are horses sold from insured premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Type and breed of those horses.			
3. Method of Sales.			
4. Is there a food or snack bar on premises?      If so, what are the receipts?			
5. Is there any sale or repair of tack or clothing on the premises?      If so, what are the receipts?			
6. Do you cut and bale hay?      If so, what are the receipts?			
7. Do you prepare or mix feed?      If so, what are the receipts?			
8. Do you do any horseshoeing?      If so, what are the receipts?			
<b>Remarks</b>			

<input type="checkbox"/> Check if not applicable			
<b>Special Events/Shows</b>			
Refer to underwriting if applicable.			
1. Do you have shows on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of shows on premises?			
Are these sanctioned? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Average number of attendees per show?			
3. Average number of participants per show?			
4. Annual receipts for all shows?			
5. Nature of shows or events?			
6. Do you have bleachers or grandstands? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide the following: construction_____ number of bleachers_____ indoor or outdoor_____			
7. Are back and side railings provided? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, provide details.			
8. Do you have vendors at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, provide details.			
9. Do you require proof of Insurance and Additional Insured status? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, provide details.			
<b>Remarks</b>			

<input type="checkbox"/> Check if not applicable		
<b>Hay/Sleigh Rides, Rentals and Pack Trips</b> Refer to underwriting if applicable.		
1. Do you have hayrides?	If so, how many annually?	How many passengers per ride?
2. Do you have sleigh rides?	If so, how many annually?	How many passengers per ride?
3. Total number of wagons/sleds/carts/carriages/buggies, etc.		
4. Total number of horses available for rental at peak season.		
5. Do you offer pack trips? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain in remarks.		
<b>Remarks</b>		

Non-owned horses in your care, custody or control are not covered for injury or death by this policy unless endorsed.

Signature of Agent	Signature of Insured/Applicant
Name of Agency	Title of Insured/Applicant