



**APPLICATION FOR COMMERCIAL EQUINE LIABILITY**  
 (A Special Program Limited to Horse-Related Exposures Only)

**THIS IS NOT A BINDER**

AGENCY NAME	CODE
ADDRESS	
PHONE NUMBER	FAX NUMBER

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.**

NEW BUSINESS - DESIRED EFFECTIVE DATE  RENEWAL - EXPIRATION DATE

NAME OF APPLICANT	BUSINESS/STABLE NAME
-------------------	----------------------

MAILING ADDRESS/CITY/STATE/ZIP CODE

TELEPHONE NUMBER: EMAIL ADDRESS: WEBSITE ADDRESS:	PERSON TO CONTACT FOR INSPECTION
---	----------------------------------

NOTICE - WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXPECTED), EXPLAIN INTEREST OF EACH

LOCATION(S) OF ACTUAL OPERATIONS - INDICATE IF APPLICANT OWNS OR LEASES PREMISES

Address (including county)	Premises	
1. _____	<input type="checkbox"/> Own	<input type="checkbox"/> Lease
2. _____	<input type="checkbox"/> Own	<input type="checkbox"/> Lease
3. _____	<input type="checkbox"/> Own	<input type="checkbox"/> Lease

PLEASE GIVE TOTAL NUMBER OF ACRES OWNED OR LEASED BY THE APPLICANT:

APPLICANT IS  
 Individual  Partnership  Organization/Corporation  Owner Operator  Other (specify)

NAMES OF ALL PARTNERS OR OFFICERS OF CORPORATION

ADDITIONAL INSUREDS TO BE ADDED TO THIS POLICY (LIABILITY ONLY)

Owner of Premises: Name  
Address

Other - Describe Interest:  
Name and Address

LIMITS OF LIABILITY - PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS

<input type="checkbox"/> \$300,000 CSL/Occ. \$600,000 Agg.	<input type="checkbox"/> \$500,000 CSL/Occ. \$1,000,000 Agg.	<input type="checkbox"/> \$1,000,000 CSL/Occ. \$2,000,000 Agg.	<input type="checkbox"/> \$ Other	CSL/Occ.
---	---	---	--------------------------------------	----------

DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES? IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.  Yes  No

APPLICANT: <b>x</b>	DATE:
------------------------	-------

## GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

1.	DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS		
2.	NUMBER OF YEARS AT THIS LOCATION	NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS	
3.	IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS		
4.	DO YOU HAVE WORKERS' COMPENSATION INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: Workers' Compensation and Employer's Liability is <b>not covered</b> under this policy.	PAYROLL FOR HORSE OPERATIONS \$
5.	IS THIS YOUR PRINCIPAL OCCUPATION? IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN <input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES? IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS? IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	IS THERE 24-HOUR SUPERVISION OF THE FACILITY? IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No		
9.	ARE ALL PASTURES TOTALLY FENCED? DESCRIBE TYPE OF ALL FENCING <input type="checkbox"/> Yes <input type="checkbox"/> No		
10.	DESCRIBE CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	HOW OFTEN IS FENCING CHECKED?	
11.	WHO IS RESPONSIBLE FOR FENCE REPAIR? <input type="checkbox"/> Owner <input type="checkbox"/> Lessee	RIDING FACILITIES Arena: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Open Fields <input type="checkbox"/> Trails	
12.	DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IN OTHER OUTBUILDINGS/BARNES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13.	DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BODILY INJURY & PROPERTY DAMAGE? IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION <input type="checkbox"/> Yes <input type="checkbox"/> No		
14.	DO YOU POST RULES? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU POST WARNING SIGNS? <input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION
15.	DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES? IF YES, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREED?	
16.	HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE? IF YES, PROVIDE DETAILS <input type="checkbox"/> Yes <input type="checkbox"/> No		
17.	DO YOU OWN/MAINTAIN ANY OTHER ANIMALS (OSTRICHES, EMUS, ETC.)? IF YES, HOW MANY? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT TYPE?	
18.	IS THERE A SWIMMING POOL ON THE PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, IS IT RESTRICTED TO PRIVATE USE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19.	IS HUNTING/FISHING PERMITTED ON THE PROPERTY? IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No		
20.	DO YOU OPERATE A BED AND BREAKFAST? IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION I. SUMMARY OF HORSES - AT PEAK SEASON			
ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE			
Owned/Leased/Used By Insured	Number	Non-Owned By Insured	Number
1. Rentals/Trail/Pack Trips	_____	1. Boarding/pasturing	_____
2. Pony rides	_____	2. Breeding only (Stallions _____; Mares _____)	_____
3. Used for instruction to others	_____	3. Show training (Breed: _____)	_____
4. Boarded horses <u>used</u> by applicant for instruction to others	_____	4. Racing and/or training (Breed: _____)	_____
5. Furnished by independent instructors for lessons to others	_____	5. Lay ups	_____
		6. On consignment for sale (Breed: _____)	_____
		7. Other (Describe: _____)	_____
<b>All Owned Horses Not Included Above</b> 6. Breeding _____; Racing _____; Training _____; Show _____; Pleasure _____; Foals/Weanlings _____; For Sale _____; (Breed: _____); Retired _____; Other _____		<b>Total</b>	
<b>All Owned Horses must be declared</b>  <div style="text-align: right;"><b>Total: (Lines 1 - 6)</b></div> 7. Number of wagons/sleds/carriages/carts/buggies, etc. _____; Describe use: _____		What is the maximum number of horses (owned and non-owned) that can be kept on your premises? _____	

SECTION II. HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING					<input type="checkbox"/> CHECK IF NO EXPOSURE AND INITIAL
1. TOTAL NUMBER OF STALLS	MAXIMUM NUMBER BOARDED	PASTURED	MONTHLY BOARDING RATE \$	ANNUAL GROSS \$	
2. TRAINING PLEASURE & SHOW: MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE \$	ANNUAL GROSS \$	
3. DO YOU ATTEND OFF-PREMISE SHOWS WITH HORSES IN TRAINING? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. BREEDING: NUMBER OF NON-OWNED STALLIONS		BREED	MAXIMUM NUMBER OF OUTSIDE MARES	ARE MARES KEPT ON PREMISES TIL FOALING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. RACE HORSES: WHAT BREEDS?		HOW MANY DO YOU TRAIN FOR OTHERS?	PAYROLL \$	WHAT STATES DO YOU RACE IN?	
ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES? <input type="checkbox"/> Yes <input type="checkbox"/> No					

SECTION III. EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS				<input type="checkbox"/> CHECK IF NO EXPOSURE AND INITIAL	
1. IS INSTRUCTION PROVIDED BY <input type="checkbox"/> You <input type="checkbox"/> An Independent Instructor		<i>If any independent instructor/trainer is used, complete Section IV.</i>		ARE YOU A CERTIFIED INSTRUCTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. DESCRIBE TYPE OF SAFETY GEAR REQUIRED					
3. DO YOU PROVIDE RIDING FOR THE HANDICAPPED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, ADVISE GROSS ANNUAL RECEIPTS \$	NUMBER OF HORSES AVAILABLE FOR HANDICAPPED		
RATIO OF INSTRUCTORS TO STUDENTS		ARE SIDEWALKERS USED <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE		MAXIMUM NUMBER USED AT ANY ONE TIME	GROSS ANNUAL RECEIPTS \$		
5. ARE STALLIONS USED FOR INSTRUCTION? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE			
6. DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, ADVISE AVERAGE NUMBER OF STUDENTS PER WEEK	ANNUAL GROSS RECEIPTS \$		
7. DO YOU TEACH: <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other:					
8. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS? IF YES, GIVE DATES CLOSED <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Injuries to horses and students being transported are not covered.</i>		HOW MANY TIMES PER YEAR?	GROSS RECEIPTS \$

**SECTION III. EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS continued**  CHECK IF NO EXPOSURE AND INITIAL

10.	DO YOU HOLD CLINICS FOR NON-STUDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY CLINICS?	AVERAGE ATTENDANCE	RECEIPTS EARNED \$
11.	DO YOU OPERATE A DAY CAMP? <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERNIGHT CAMP? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PROVIDE FOOD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS			

**SECTION IV. INDEPENDENT CONTRACTORS INCLUDING INSTRUCTORS, TRAINERS, FARRIERS**  CHECK IF NO EXPOSURE AND INITIAL

1.	DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES? IF SO, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	DO THEY CARRY THEIR OWN INSURANCE ++? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	DO INDEPENDENT FARRIERS OPERATE ON YOUR PREMISES? IF SO, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	DO THEY CARRY THEIR OWN INSURANCE ++? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors, trainers or farriers DO NOT carry their own insurance, they will be added as an insured for an additional charge. Coverage is limited to on-premises only and to off-premises shows with horses and/or riders in training.</b>			
PROVIDE NAMES AND ADDRESSES OF INDEPENDENT INSTRUCTORS, TRAINERS OR FARRIERS			
2.	HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS?	GROSS RECEIPTS \$	GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES \$
3.	HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS:		OR TRAINED UNDER YOUR NAME:

**SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS**  CHECK IF NO EXPOSURE AND INITIAL

1.	NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES	GROSS RECEIPTS FOR RENTALS \$	GROSS RECEIPTS FOR TRAIL RIDES \$	DO YOU CONDUCT PACK TRIPS? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	PONY RIDES/PARTIES: NUMBER OF PONIES	GROSS RECEIPTS \$	DO YOU USE SIDEWALKERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS? IF YES, HOW MANY? PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION VI. SALES - HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING**  CHECK IF NO EXPOSURE AND INITIAL

1.	DO YOU SELL HORSES? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREEDS?	HOW MANY PER YEAR?	GROSS ANNUAL RECEIPTS \$
2.	IS BUYER ALLOWED TO TEST RIDE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES <input type="checkbox"/> In arena <input type="checkbox"/> In open field	DO YOU SELL FROM YOUR OWN PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	EXPLAIN ANY OTHER METHOD OF SALES			
4.	DO YOU SELL FOOD OR HAVE A SNACK BAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor liability not covered.	GROSS RECEIPTS \$	
5.	DO YOU SELL TACK AND/OR CLOTHING? IF YES, USED OR NEW? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Used <input type="checkbox"/> New	GROSS RECEIPTS \$		
6.	DO YOU SELL HAY OR FEED? <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$		
7.	DO YOU MIX FEED FOR SALE/CONSUMPTION? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8.	DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9.	DO YOU PERFORM ANY TYPE OF FARRIER SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury to horse not covered.	ARE SERVICES ON PREMISES ONLY? <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$

**NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.**

SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES						<input type="checkbox"/> CHECK IF NO EXPOSURE AND INITIAL	
1. RIDES	NUMBER OF PASSENGERS	GROSS RECEIPTS	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF MOTOR VEH	NUMBER OF TRIPS	ON OR OFF PREMISES
<input type="checkbox"/> HAY <input type="checkbox"/> SLEIGH <input type="checkbox"/> CARRIAGE		\$					
2. SHOWS	DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No			ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOC.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Independent vendors are not covered.	NUMBER OF PARTICIPANTS	GROSS RECEIPTS (ALL SHOWS)	MAXIMUM NUMBER OF SPECTATORS PER DAY	TOTAL NUMBER OF SHOW DAYS	SHOW DATES		
SHOWS ON PREMISES		\$					
RODEOS ON PREMISES		\$					
3.	DO YOU SECURE RELEASES FROM ALL ENTRANTS? ATTACH A SAMPLE <input type="checkbox"/> Yes <input type="checkbox"/> No			DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, EXPLAIN SEATING AND SAFETY MEASURES							
4.	DO YOU HAVE BLEACHERS OR GRANDSTANDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, CONSTRUCTION	IF YES, YEAR BUILT	SEATING CAPACITY - NUMBER			
5.	DO YOU MANAGE ANY HUNTS OR RACING EVENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT TYPE?	DO YOU OWN/LEASE ANY HOUNDS FOR HUNTS? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY HOUNDS?			
6.	IF RODEOS ON PREMISES, DESCRIBE TYPE OF EVENTS						
7.	ALL OPERATIONS MUST BE DECLARED - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION						
<b>NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.</b>							
<b>PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)</b>							
	COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES	
1.	HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS? IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING MEDICAL PAYMENTS MADE FOR YOU <input type="checkbox"/> Yes <input type="checkbox"/> No						
2.	HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS? IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No						
3.	IS THIS BUSINESS BROKERED? IF YES, BROKER IS TO PROVIDE NAME, ADDRESS, CITY, STATE, ZIP CODE, AND TELEPHONE NUMBER <input type="checkbox"/> Yes <input type="checkbox"/> No						

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

APPLICANT'S SIGNATURE REQUIRED	DATE	AGENT'S/BROKER'S SIGNATURE	DATE
<b>X</b>	/ /	<b>X</b>	/ /

**IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED  
A FIRM QUOTE CANNOT BE PROVIDED WITHOUT APPLICANT'S SIGNATURE  
COVERAGE CANNOT BE BOUND WITHOUT APPLICANT'S SIGNATURE**

You may use this page to supplement your application with any additional information.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the applicant to provide additional information to supplement their application.

***THANK YOU!***

---

The signing of this Application does not bind the Applicant or The St. Paul Travelers Companies to complete this insurance unless otherwise indicated below:

Coverage Bound  A.M., Date Exceptions:  
P.M.

Agent \_\_\_\_\_ Applicant \_\_\_\_\_

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

**IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.