

**Equine Supplemental Application -  
Personal Horse Owners Liability**  
This application is for private horse owners only.



APPLICANT'S NAME & ADDRESS	AGENCY NO.	AGENCY NAME & ADDRESS
TELEPHONE		TELEPHONE/FAX

Effective Date of Coverage \_\_\_\_\_  
 Applicant is: Individual \_\_\_\_\_ Partnership (Provide names of partners or officers) \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Limits of Liability Desired:	
<input type="checkbox"/> \$100,000 CSL/Occurrence/\$200,000 General Aggregate	<input type="checkbox"/> \$500,000 CSL/Occurrence/\$1,000,000 General Aggregate
<input type="checkbox"/> \$300,000 CSL/Occurrence/\$600,000 General Aggregate	<input type="checkbox"/> \$1,000,000 CSL/Occurrence/\$2,000,000 General Aggregate

**SCHEDULE OF ALL OWNED HORSES**

NAME OF HORSE	BREED	USE	% OF OWNERSHIP

If more room is needed, please use back of this form.

If property coverage (Basic or Broad Causes of Loss) is desired on the horses, please schedule each horse on Coverage E. **This is not mortality coverage.**

Name of Current Insurance Company: \_\_\_\_\_

Has the applicant had any claims in the past 5 years? \_\_\_\_\_ If yes, give approximate dates, amounts paid and descriptions:

Date	Amount Paid	Description

If more room is needed, please use back of this form.

Has the applicant been canceled or denied coverage in the last 3 years? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does the applicant train their own horses? \_\_\_\_\_  
 If yes, please advise what they are trained for: Dressage Hunting/Jumping Show Other (Specify): \_\_\_\_\_

Does an independent trainer train the applicant's horses? \_\_\_\_\_ If yes, please provide proof of insurance for the trainer with limits equal to or greater than the applicant's. What they are trained for: Dressage Hunting/Jumping Show Other (Specify): \_\_\_\_\_

Any off-premises activity (If yes, please describe)? \_\_\_\_\_

Are any non-owned horses on the premises? \_\_\_\_\_

Does the applicant board, breed or train horses or riders or operate any other commercial equine activities? \_\_\_\_\_

Does the applicant ride/show horses owned by others? \_\_\_\_\_

Does the applicant or their employees teach or give riding instructions? \_\_\_\_\_

**IF YOU HAVE ANSWERED YES TO ANY OF THE LAST 4 QUESTIONS ABOVE, PLEASE COMPELTE A COMMERCIAL EQUINE APPLICATION**

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

# Equine Supplemental Application - Commercial Equine Liability



APPLICANT'S NAME & ADDRESS	AGENCY NO.	AGENCY NAME & ADDRESS
TELEPHONE		TELEPHONE/FAX

Effective Date of Coverage \_\_\_\_\_  
 Applicant is: Individual \_\_\_\_\_ Partnership (Provide names of partners or officers) \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Limits of Liability Desired:	
<input type="checkbox"/> \$100,000 CSL/Occurrence/\$200,000 General Aggregate	<input type="checkbox"/> \$500,000 CSL/Occurrence/\$1,00,000 General Aggregate
<input type="checkbox"/> \$300,000 CSL/Occurrence/\$600,000 General Aggregate	<input type="checkbox"/> \$1,000,000 CSL/Occurrence/\$2,000,000 General Aggregate

Name of Current Insurance Company: \_\_\_\_\_

Has the applicant had any claims in the past 5 years? \_\_\_\_\_ If yes, give approximate dates, amounts paid and descriptions:

Date	Amount Paid	Description

If more room is needed, please use back of this form.

Has the applicant been canceled or denied coverage in the last 3 years? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you desire Care, Custody and Control coverage for non-owned horses? Yes No Insured's Signature \_\_\_\_\_  
 If yes, please complete the Care, Custody and Control application.

Describe all equine related operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of years at this location? \_\_\_\_\_

Number of years experience in these operations? \_\_\_\_\_

Is this your principal occupation? \_\_\_\_\_

Website (Please provide address)? \_\_\_\_\_

Have you ever done business under another name (If yes, please list them)? \_\_\_\_\_

Do you have any employees? \_\_\_\_\_ Do you have worker's compensation? \_\_\_\_\_ Payroll? \_\_\_\_\_

NOTE: Worker's compensation and employees liability is not covered under this policy.

### 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		Consignment to sell	
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.			

If property coverage (Basic or Broad perils) is desired on the owned horses, please schedule each horse on Coverage E. **This is not mortality coverage.**

Are riding instructions provided by you or an independent instructor? \_\_\_\_\_ If yes, how many trainees? \_\_\_\_\_  
 Number of trainees under 18 years of age? \_\_\_\_\_

If independent contractors are used, how many? \_\_\_\_\_ Do they carry their own insurance (attach a copy or Certificate of Insurance)? \_\_\_\_\_

Do trainees ride their own horses? \_\_\_\_\_

Describe safety gear required: \_\_\_\_\_  
 \_\_\_\_\_

Is safety gear provided or do the trainees bring their own? \_\_\_\_\_

**Equine Supplemental Application -  
Commercial Equine Liability**



What type of training is provided?  
English      Western      Jumping      Dressage      Saddle Seat      Other (Specify): \_\_\_\_\_

Do you provide riding for the handicapped/therapeutic riding? \_\_\_\_\_

Do you operate a day or overnight camp? \_\_\_\_\_

Do you offer horses for hourly or daily rental or riding by the general public? \_\_\_\_\_

Do you rent/lease horses to camps/resorts/individuals? \_\_\_\_\_

Do you offer pony rides? \_\_\_\_\_

Do you offer carriage rides? \_\_\_\_\_

Is there 24-hour supervision of the facility? \_\_\_\_\_

Are all pastures totally fenced? \_\_\_\_\_ Describe type of fencing: \_\_\_\_\_

How often is the fencing checked and by whom? \_\_\_\_\_

Who is responsible for fence repair? \_\_\_\_\_

Do you have fire extinguishers visible and readily accessible in all buildings? \_\_\_\_\_ How often are they checked/serviced? \_\_\_\_\_

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? \_\_\_\_\_ If yes, please attach a copy to this application.

Do you post rules? \_\_\_\_\_

Are you in compliance with your state's EALA? \_\_\_\_\_

Are there any dogs on the premises? \_\_\_\_\_ If yes, please provide number and breed: \_\_\_\_\_

Has any dog ever bitten/injured anyone? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you keep any other animals on the premises? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Are there any business pursuits on premises other than commercial equine operation? \_\_\_\_\_

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date