

**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? _____

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? _____

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