

AgriBusiness® Division – Equine Farm Center



EQUINE RENEWAL QUESTIONNAIRE

Insured: _____

Policy No.: _____
Renewal Date: _____

Producer: _____

Agency Bill A ___ S ___ Q ___ M ___
Choice Bill A ___ MO ___ Multiple ___

Please answer all questions completely.

Farm Liability

Have you purchased any additional locations or acreage? Yes No If so, please describe

Please describe your equine operations: _____

Describe any non-equine operations: _____

What is your annual payroll for equine operations? _____ Annual receipts? _____
How many horses do you **own** or lease for your own use? _____
How many are used for riding instruction? _____
How many are used for breeding? No. of mares _____ No. of stallions _____
How many are used for pleasure riding? _____
How many are used for showing? _____
How many are in race training? _____
How many are actually racing at the track? _____
Sales Prep? _____
Yearlings and/or weanlings? _____
Any other use: _____

How many **non-owned** horses are on your premises at any one time? _____
How many are there for straight boarding? _____
How many are there for breeding only? _____
How many are there for training? _____

Do you give **pony rides, rent horses** for public riding, offer **trail rides** to non-boarders, give **hay rides, sleigh rides** or **carriage rides**? Yes No

Are **riding instructions** given? Yes No Number of lessons per week by **you** or your **employees** _____

Number of lessons per week given by **independent instructor(s)** _____

Number of independent instructors or trainers **operating on your premises** _____. *A Certificate of General Liability insurance is required from each independent.*

Number of anticipated **horse shows** sponsored by you **on** your premises _____
Please give a brief description (type of shows, # of days per show, # of participants, # of spectators):

Number of **clinics** you will hold **on** your premises for non-students _____
Please give a brief description (types of clinics, number of days per clinic, number of participants):

Do you hold **summer day camps**? Yes No If so, how many weeks is the camp in session? _____

How many campers attend per day? _____
Please ask your agent to provide you with our Camp Supplement for completion and return.

Signature: _____

Date: _____