

Equine Liability Application



Company Use Only	
Customer No.	
Producer No	

(Note: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)

Agency's Name and address (Include Zip Code)	Agency Phone # () -
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City	St	Zip	Producer #
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Transaction	<input type="checkbox"/> New Business <input type="checkbox"/> Quote <input type="checkbox"/> Issue	Effective Date	Quote Desired By
	Renewal of #	to	

Agency Bill	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly	<input type="checkbox"/> Choice/Direct Bill to Applicant
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Applicant is	<input type="checkbox"/> Owner/Operator <input type="checkbox"/> Absentee Owner <input type="checkbox"/> Manager	Does Owner:	<input type="checkbox"/> Own Property <input type="checkbox"/> Lease Property
	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (explain)		

Applicant - Name and address (include County and Zip Code)

Applicant:

Applicant's Farm Business Name:

Mailing Address

City	County	State	Zip
Applicant's Phone Number:	Website/www.	FEIN #	

Person to contact for inspection purposes: Name: Phone :

IS THIS APPLICANT DIRECT TO YOUR AGENCY OR BROKERED?

General Underwriting Questions

- How long has agent known applicant? _____ Provide the date when agent inspected premises: _____
- Are horse operations your main source of income? Yes No If not, what is? _____
Are you engaged in any other business, profession or trade? _____ If yes, describe. : _____
- Describe your horse operations _____
- How many years experience/in the business with horses? If none, any experience as Farm Mgr, etc. _____
- What primary breed of horse do you work with? _____
- Are there any farm/ranch operations other than horse? Yes No If yes, what? _____
- Do you perform any custom farming operations? Yes No If yes, what are the receipts? _____
Describe the type of custom farming you do _____
- Number of farm/ranch employees _____ Number of domestic employees _____
Is Worker's Compensation carried? Yes No If yes, Name of Company: _____
Policy Number: _____ Effective Date: _____ Expiration Date: _____
- Are there any non-farm/ranch operations conducted on premise? Yes No
If yes, describe _____
Name of insurance provider _____
Policy Number _____ Effective Date: _____ Expiration Date: _____
- Is there a business or professional office (non-farm) in your dwelling or on your premises? Yes No
- Do you own a non-farm residence in which you reside (i.e. vacation home)? Yes No
Do you have liability insurance for it? Yes No If yes, please provide insurance information:
Name of carrier: _____ Policy Number: _____ Policy Period: _____
- Is the scheduled premises the only premises you own, rent or operate/maintain as a farm/ranch/residence? Yes No
If no, explain. _____
- Do you own any (non-farm) rental dwelling(s)? Yes No Do you wish liability coverage for them? Yes No
- Is any property leased to others? Yes No If yes, explain: _____
- Do you judge shows? Yes No What are your annual receipts? _____

16 Open Range Area? Yes No Fences inspected and repaired regularly? Yes No

17 Is there a swimming pool on premise? Yes No If yes, at which location and structure? _____
 Does the pool(s) have a secure 4ft no climb fence with self latching lock on the inside? Yes No
 Is there a diving board? Yes No
 Is the pool used by anyone other the applicant? Yes No
 What is the depth of the pool? _____

18 Is the applicant involved in any of the following activities?

Dude Ranch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Entertainment/Amusements involving farm animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pony Rides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hay/Carriage/Sleigh Rides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Horse Rentals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polo/Horse Ball	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Therapeutic or Riding for the Handicapped	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hunting or fishing on premises by other than owner and family	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motorcycles, ATV's operated by other than applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vaulting	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain any "Yes" answers: _____

19 Are dogs owned? Yes No How many? _____ Breed _____
 Any past aggressive behavior? (I.e. bites, etc.) _____
 Are dogs contained when customers are on premises? _____
 Are dogs allowed in barn/horse areas? If so, describe _____

20 Are independent contractors hired to perform any farming operations? Yes No
 Do you ask for proof of liability insurance (COI) Yes No
 Are you named as Additional Insured on the Independent's liability policy? Yes No
 What does the Independent do for you? _____

21 Is any part of the premises used or leased for organized recreational use? Yes No
 Type of use? _____

22 Does Applicant prepare and/or sell animal feed? Yes No
 If yes, explain. _____

23 Are the farm premises open to the public as roadside stands, "uPick," recreational, "rent a garden," auction, sales, show, food or beverage service, animal boarding, sale of Christmas trees, or any other uses? Yes No
 If yes, explain. _____

24 Are there any unusual hazards on the premises such as (but not limited to) dump pits, silage pits, sump holes, lakes reservoirs?
 Yes No Explain: _____

25 How is animal waste disposed of? _____

26 Is there an airstrip on the premise? Yes No How is it used and by whom? _____

27 Do you wish liability coverage for any owned watercraft? Yes No (if yes, attach Acord Watercraft Application)

28 Do you wish liability coverage for any owned snowmobiles/ATVs/Golf Carts? Yes No
 Are any licensed for road use? Yes No Do you want off premises coverage? Yes No
 Make, Model VIN? _____ How are they used? _____
 if ATV, how many wheels? _____ What is the value of each? _____
 Operator information (names, dates of birth, drivers license #). _____

29 Is there any land held for real estate development or speculation? Yes No
 If yes, provide details: _____

30 Are you a subsidiary of another company? Yes No If yes, explain _____

31 Do you serve on any corporate or other board for remuneration? Yes No Detail _____

32 Do you have a homeowners policy? Yes No If yes, Carrier, Policy #, Limit of Liability & policy term: _____

5 YEAR PRIOR COVERAGE INFORMATION

Line	Policy Period	Carrier	Policy Number	Premium	Number of Claims
Property					
Liability					
Auto					
Umbrella					
Other					

5 Year Loss History

Enter all claims or occurrences for the prior five years. Attach hard copy loss runs.

Date	Description of Claim/Occurrence	Amount	Open/Closed

Has any policy been canceled? Non-renewed? Declined? (not applicable in MO)

Explain yes answers:

LIABILITY SECTION

Unless Specifically Endorsed Non-Owned Horses In Your Care, Custody or Control Are Not Covered For Injury or Death. Attach Care, Custody and Control Application if coverage is wanted.

Limits of Insurance - Occurrence/Aggregate (000)

\$100/200 \$300/\$600 \$500/\$1,000 \$1,000/\$2,000

Equine Underwriting and Safety Information:

- 1 Are you the primary manager of facility? Yes No
If no, who is the manager: _____ Age: _____ Experience: _____
- 2 Is there 24 hour supervision of the facility? Yes No Explain Supervision: _____
- 3 Are emergency numbers clearly posted? Yes No
- 4 Are Safety and Barn rules posted at the facility? Yes No Please provide a copy. _____
- 5 Are no smoking signs clearly posted? Yes No
- 6 Are State Equine Liability signs clearly posted (if applicable)? Yes No N/A
- 7 Do you participate in parades? Yes No If yes, please provide details: _____
- 8 Are Non-boarders using the facility? Yes No If yes, please explain: _____
- 9 Do any Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc use your facility? Yes No
If yes, please explain: _____
- 10 Do you have all clients sign a hold harmless agreement and is it kept in file and maintained? Yes No
Enclose sample copies of all hold harmless agreements.
- 11 Are client's dogs allowed on the facility? Yes No If yes, are leashes required? Yes No
- 12 Do you lease any part of the building or land to someone else (other than your boarders)? Yes No
If yes, please explain: _____
- 13 Do you lease any part of the buildings or land from someone else? Yes No
If yes, please explain: _____
- 14 All fence/gates in good condition? Yes No How often is fencing checked (daily, weekly, monthly, never)? _____
What type of perimeter fencing is used? _____
- 15 Has any animal ever escaped? Yes No If yes, please explain: _____
- 16 Do you lease horses to or from others? Yes No Need copy of Contract
Details: _____

Sales on Premises Operated by You Not Applicable

- 17 Do you sell horses on your premises? Yes No What breeds? _____
- 18 How many do you sell a year? _____ What are the annual receipts? _____
- 19 Is the buyer allowed to test ride? Yes No If buyer is allowed to test ride, required to have Hold Harmless signed and proper footwear and headgear worn if minor.
- 20 If buyer is allowed to test ride, is the level of experience evaluated? Yes No
- 21 What is the method of sale (private treaty, auction, consignments)? _____
- 22 Do you sell food or operate a snack bar? Yes No What are the annual receipts? _____
What is sold (hamburgers, hot dogs, chips etc.)? _____ Deep Fryer? Yes No
- 23 Do you sell tack and/or clothing? New Used Reconditioned Tack
If so, what are the annual receipts? _____
- 24 Do you offer repair of tack or riding equipment? Yes No
If yes, what is the location of the shop? _____
- 25 Do you/employee perform any type of farrier services? Yes No What are the annual receipts? _____
- 26 Do you cut or bale hay? Yes No What are the annual receipts? _____
- 27 Do you prepare or mix feed for sale? Yes No What are the annual receipts? _____

LIABILITY SECTION

Riding Instructions

Not Applicable

28 Do you teach: English Western Jumping Other (explain) _____

Pony Club Activities and Vaulting refer to Company

29 Is instruction provided by: You Independent Instructor Employee

30 If instruction is provided on your premises by an Independent Instructor, how many such instructors? _____

31 Describe your experience and qualifications: _____

Are you a certified instructor? Yes No If yes, by whom? _____

32 Describe your employee's and/or Independent Instructor's experience and qualifications: _____

33 Do you obtain a certificate of insurance from the Independent Instructor(s)? Yes No

Applicant must be named as Additional Insured. Please provide a copy of the Certificate of Insurance

34 Is your employee and/or Independent Instructor certified? Yes No By whom: _____

35 What is the number of students per week given lessons by you or your employee? _____

36 What is the number of students per week given lessons by the Independent Instructor? _____

37 What is the minimum age of the students? _____

38 What is the maximum number of students per instructor per lesson for you & your employees? _____

39 What is the maximum number of students per instructor per lesson for the Independent Instructor? _____

40 What are the annual gross receipts derived from instruction by you and your employee? _____

41 What are the annual gross receipts derived from instruction by the Independent Instructor? _____

42 Do you attend off-premises shows with your students? Yes No

If yes, number of shows? _____ What are the gross receipts? _____

Clinics

Not Applicable

43 Do you hold/sponsor clinics for non-students on your premises? Yes No Off Premises: Yes No

Details? _____

44 Type of Clinics: _____

45 Number of Clinics: _____ Number of days per clinic _____

46 Average Attendance: _____

47 Do you rent/lease your facility to others to hold clinics? Yes No

If yes, provide Certificate of Insurance with the Applicant named as Additional Insured.

If yes, who teaches these clinics? _____

48 Do you require outside clinicians to provide proof of insurance? Yes No Please send copy

49 What are the receipts for the clinics? _____

Day Camps

Not Applicable

If yes, complete Camp Supplemental [double click for link](#)

50 Do you hold camps? Yes No [..\\Camp Supplemental App\\Camp Supplement excel for web final.xls](#)

Boarding (not your own horses)

Not Applicable

51 Do you provide riding facilities for boarders? Yes No If yes describe: _____

52 Is temporary overnight boarding provided? Yes No If yes describe: _____

53 If boarding self-board or full care? _____

54 Do you have boarders sign hold harmless agreements? Yes No If yes, provide copy.

If no, explain: _____

55 Number of stalls on premises used for boarding? _____ Maximum number of animals boarded? _____

56 Maximum number of animals pastured? _____

57 Annual Receipts related to Boarding? _____ Boarding Payroll? _____

LIABILITY SECTION

Training

Not Applicable

58 What type of training is given? _____

59 Do you have a trainer on staff? Yes No If yes, what is the payroll for the trainer? _____

60 How many lessons are considered part of their training agreement? _____ Provide copy of agreement

61 Total payroll related to Training? _____

62 If Trainer is independent contractor, do you require certificates of insurance? Yes No

Certificate of Insurance must name applicant as additional insured. Please attach a copy.

63 If racing, in which states do you race? _____

64 Annual receipts for training? _____

What is the average number of horses trained per year? _____

Owned Horses

Not Applicable

65 How many horses do you own or lease for your own use? _____

66 How many are used for pleasure riding? _____

67 How many are used for showing? _____

68 How many are for sales prep? _____

69 How many are used for instruction? _____

Breeding

Not Applicable

70 Do you manage stallions? Yes No If yes, how many? _____

71 How many are owned wholly by you? _____

72 How many are owned by others? _____

73 What are your receipts from breeding? _____

74 What is your breeding operations payroll? _____

75 Do you manage or keep broodmares? Yes No

76 How many broodmares do you own? _____

77 How many non-owned broodmares do you have on your farm at any one time? _____

78 Do you offer foaling services? Yes No If yes, what are the receipts? _____

79 Do you have a veterinarian on staff? Yes No (Professional Liability is excluded)

Are vet services provided for other than applicant horses? Yes No If yes, provide COI for Professional Liability

Horse Shows

Not Applicable

80 Do you sponsor any horse shows on your premises? Yes No Off Premises? Yes No

81 Number of spectators per day/show? _____ Total per show _____

Number of participants per day/show? _____ Total per show _____ Receipts per show? _____

82 Dates of Shows: _____

83 Types of Shows: _____

84 Do you have stall rental for shows? Yes No If yes, what are the Receipts? _____

Number of stalls available? _____ Are they Temporary or Portable Stalls? Yes No

85 Do you secure releases/hold harmless agreements from all entrants? Yes No Attach sample copy

86 Do you have an EMT present at all shows? Yes No

87 Are shows sanctioned? Yes No If yes, by whom? _____

88 Do you have bleachers or grandstands? Yes No If yes, what is the construction? _____

If yes, what is the height? _____ If yes, what is the seating capacity? _____

89 Do you provide RV or camper hookups during these shows? Yes No

If yes, number of hookups? _____ What are the Receipts? _____

90 Do you provide concessions during these shows? Yes No

If yes, explain: _____

91 Do you have vendors on the premises during these shows? Yes No

If yes, please explain the items sold: _____

92 Do you collect proof of liability insurance from these vendors? Yes No

93 Do you lease your facility to others to hold shows and events? Yes No If yes, explain: _____

What are the receipts for leasing the facility? _____

Do you require proof of liability insurance? Yes No

INSURANCE FRAUD WARNING STATEMENT

This statement is provided to you with the insurance application. READ and initial the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attach application to your agent.

- Arizona For your protection, Arizona law requires the following statement to appear on this form
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- Arkansas Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- California For your protection, California law requires the following to appear on this form:
Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- Colorado It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- Delaware Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- Florida Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Idaho Any person who knowingly, and with intents to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.
- Indiana A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.
- Kentucky Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- Louisiana Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and maybe subject to fines and confinement in prison.
- Maine It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

- Minnesota A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- New Hampshire Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or inform misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20
- New Jersey Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- New Mexico ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES
- New York Any person who knowingly and with intents to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Pennsylvania Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- Virginia 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.

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ License #: _____ Date: _____

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT OR WA; IN DC, LA, ME, TN AND VA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS QUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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 (MM/DD/YYYY)

COLORADO APPLICATION SUPPLEMENT

THIS NOTICE IS A PART OF YOUR APPLICATION FOR:

- | | |
|---|---|
| <input type="checkbox"/> HOMEOWNERS INSURANCE | <input type="checkbox"/> DWELLING INSURANCE |
| <input type="checkbox"/> PERSONAL INLAND MARINE INSURANCE | <input type="checkbox"/> MOBILE HOME INSURANCE |
| <input type="checkbox"/> WATERCRAFT INSURANCE | <input type="checkbox"/> PERSONAL LINES PACKAGE INSURANCE |
| <input type="checkbox"/> PERSONAL UMBRELLA INSURANCE | <input type="checkbox"/> PERSONAL AUTO INSURANCE |
| <input type="checkbox"/> AGRICULTURE INSURANCE | <input type="checkbox"/> COMMERCIAL INSURANCE |

FRAUD WARNING

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

(10/08)

OHIO FRAUD STATEMENT

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

(10/08)