

Equestrian Homeowner, Ranch & Estate Program

EQUINE INSURANCE SPECIALISTS

Post Office Box 12440
Lexington, KY 40583-2440

TEL: 800-723-9414 FAX: 866-207-6953
www.insureyourhorse.com



Producer: _____ Number: _____

Last Year's Policy #: _____

Requested Effective Date: _____

Submit early to avoid any lapse in coverage.

Note: Incomplete applications will be returned to the applicant.

Applicant: _____ Social Security Number(s): _____

Farm Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Person: _____

Website: _____ E-mail: _____

Applicant's Ownership Structure: Individual Corporation Association Partnership

Farm location(s) if different from above. If multiple locations are utilized, please attach a separate sheet.

Use: _____ Number of Acres: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own or Lease the facilities utilized by the applicant.

Is applicant currently insured? Yes No

Most recent or present insurance company: _____ **Annual premium: \$** _____

Pay Plan Desired? Yes No **Ask your broker for more information.**

Has the applicant had any claims or reported incidents in the past five years? Yes No

If yes, explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Has the applicant had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes No

If yes, explain:

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes No

If yes, attach a separate sheet and explain.

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes No

If yes, attach a separate sheet and explain.

Name and address of **Mortgagee(s)**:

Name and address of **Loss Payee(s)**:

Please note buildings applicable to.

Please note items applicable to.

Remarks:

How long has producer known the applicant: _____ Date producer last inspected the premises: _____

Fair Credit Reporting Act Notice

A consumer report may be requested by the insurer to which this application is submitted. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Building Coverage Form

Applicant: _____

Please use a separate Building Coverage Form for each location with structures to be insured.

Location #: _____ Acres: _____ Street: _____

City: _____ County: _____ State: _____ Zip: _____

Name and department number of the nearest Fire Station.	Feet from Hydrant	Miles from Fire Department	Deductible: Residence & Farm Structures			
			<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other: \$ _____			

	Residence	Farm Barns, Buildings, and Structures – Coverage G					
Building Name / Diagram #							
Use or Description							
A. Dwelling	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B. Appurtenant Structures	\$ _____						
C. Household Contents	\$ _____						
D. Loss of Use	\$ _____	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>
Covered Causes of Loss <i>(Subject to eligibility)</i>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> ELITE <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>
Inflation Guard Desired	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Loss Settlement* - Dwelling	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>
Loss Settlement* - Contents	RC <input type="checkbox"/> ACV <input type="checkbox"/>						
Ordinance or Law	10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/>						
Occupancy <i>(Owner-Primary, Owner-Seasonal, Manager, Tenant, Vacant, Under Construction)</i>							
Number of Families							
Year Built							
Type of Construction**							
Roof Type*** Age							
Heating Type/Source Central or Number of Units Age							
Cooling Central or # of Window Units	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Electrical System Type Capacity (Amps)							
Smoke Alarm <i>(Battery, Hard Wired)</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Burglar Alarm <i>(Central, Local)</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Lightning Rods	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Fire Extinguishers	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Sprinkler System	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Hay Storage	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Renovation Update: Please provide year of update for Buildings over 25 years old.	Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr.	Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr.	Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr.	Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr.	Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr.	Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr.	Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr.

Do any buildings have Exposed Urethane or Styrene Insulation? Yes No *If yes, please identify buildings and describe:*

Please fill out the Wood Stove / Mobile Home Tie Down Supplemental Application if any of the following questions are answered with Yes.

Wood Stove	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Mobile Home	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Remarks: _____

Loss Settlement:** RC = Replacement Cost, ACV = Actual Cash Value, as verified on attached Replacement Cost Forms. **Type of Roof:** Asphalt, Metal, Tile, Cedar Shake

****Type of Construction:** Frame, Masonry, Steel Frame, Pole, Mobile Home, Mobile Building, House-Barn Frame, House-Barn Masonry

Property Diagram

Applicant:

Location #:

Property Diagram for each location with insured buildings.

Show all buildings on premises, even if not covered.
Show distance in feet between buildings.
Label all buildings and attach dated photographs.
Label "NC" if not covered.

Show nearest Roads, Highways, or Interstates.
Show Fire Hydrants if applicable.
Show any Lakes, Rivers, or Ponds.
Show Fuel Tank locations.

Must include current photos of all buildings.

Please indicate North.



A large grid of small dots for drawing the property diagram.

Scheduled Farm Personal Property

Applicant:

Farm Personal Property

Deductible: \$250 \$500 \$1,000 \$2,500

Note: *Loss Settlement for Farm Personal Property, whether Blanket or Scheduled, is Actual Cash Value.*

Covered Cause of Loss

- Basic
- Broad
- Special

Mini Blankets	The Limit of Insurance is the most the Company will pay for damage to property as a result of a single occurrence. Items to be insured for more than \$2,500 must be scheduled below.	Limit of Insurance
A. Tack & Grooming Equipment:	Saddles, bridles, tack trunks, grooming equipment, blankets, etc.	
B. Small Tools & Supplies:	Small lawn mowers, chain saws, weed eaters, power tools, hand tools, etc.	
C. Office Equipment:	Computers (hardware and software), phone systems, copiers, fax machines, etc.	
D. Barn Contents:	Furniture, Washer and Dryer units, other domestic appliances, etc.	

Schedule below all Tractors, Tractor Implements, Other Farm Machinery, and all items valued over \$2,500.
Note: Coverage for Hay and Grain is limited to Broad Perils, and only while stored in a building.

	Description and Model	Year	Serial Number	Limit of Insurance
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
	Total Scheduled Personal Property			\$

Liability Section

Limits of Liability

Comprehensive Personal Liability Only Desired Yes No
Each Occurrence Limit (Select one) **\$1,000,000**
General Aggregate Limit **\$2,000,000**
 Medical Payments (Any one Person) \$5,000
(Note: If only selecting CPL coverage, please skip to Optional Coverages below.)

Equine Commercial General Liability desired Yes No
Comprehensive Personal Liability desired Yes No
Each Occurrence Limit (Select one) **\$1,000,000**
General Aggregate Limit **\$2,000,000**
 Personal and Advertising Injury \$1,000,000
 Fire Damage Limit (Any one Fire) \$50,000
 Medical Payments (Any one Person) \$5,000
Triple Aggregate Limit desired **\$3,000,000**
(Note: Only available with \$1,000,000 Occurrence Limit) Yes No

Excess Coverage desired Yes No *(Note: Requires \$1,000,000 Occurrence Limit, and \$2M or \$3M Aggregate Limit.)*
Excess limits (Each Occurrence and General Aggregate) \$1m \$2m \$3m \$4m \$5m

Optional Coverages – Subject to eligibility and underwriting approval.

Equine Personal Liability desired Yes <input type="checkbox"/> No <input type="checkbox"/> Equine Professional Liability desired Yes <input type="checkbox"/> No <input type="checkbox"/>	Products and Completed Operations desired Yes <input type="checkbox"/> No <input type="checkbox"/> Race Horse Owner's Liability desired Yes <input type="checkbox"/> No <input type="checkbox"/>
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Note: *If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.*

Additional Insureds
List Additional Insureds and describe their connection to your equine activities. Independent Trainers, Instructors, and Clinicians are not eligible as Additional Insureds and should be listed on the next page for coverage consideration. Do not list employees.

Name:	Address:	Relationship:
1. _____		
2. _____		
3. _____		
4. _____		

Summary of Equine Activities

Description of your operation: _____

Years experience with horses: _____ Professional years operating this type of an operation as a business: _____
 Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: _____

If you are not the primary manager, Manager's Name: _____ Age: _____ Years Exp: _____

24-hour supervision of facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Riding Helmets are Required: <input type="checkbox"/> By everyone ALL OF THE TIME <input type="checkbox"/> 18 and under ALL OF THE TIME <input type="checkbox"/> Everyone while jumping/speed work <input type="checkbox"/> Only 18 and under while jumping <input type="checkbox"/> Not required
Emergency numbers posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safety & Barn Rules posted and written out	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>	
Current liability waivers utilized	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>	
State Equine Activity signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fire Drills conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
No Smoking signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Smoke Alarms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Smoking allowed in barns	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shoes with heels required for riders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Is all fencing in good condition? Yes No

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: _____

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.

Owned / Leased Horses

Total number of horses you own: _____

Total number of horses you lease from others: _____

Maximum number of horses you own or lease from others taken off premises (horse shows etc.): _____

Maximum number of horses you lease to others on premises: _____

Maximum number of horses you lease to others off premises: _____

Maximum number of horses used for **Riding Instruction / School Horses**: _____

Do you use any horses for driving, pulling, or work? Yes No

If yes, please explain: _____

Do you own Race Horses? Yes No If yes, number of Race Horses owned: _____

If yes, please indicate breed, type of racing activity your horse(s) participate in, and give a description of your Race Horse participation. (Note: If racing is your primary activity, please complete the Race Horse Owner's & Trainer's Estate application.) _____

Breeding Yes No

Average Stud Fee charged: \$ _____

Total number of stallions standing stud (Live and A.I.) on premises: _____

Total number of stallions, that you own or have partial ownership, standing at stud (Live and A.I.) off premises: _____

Total number of mares covered annually on premises: _____

Total number of mares, which you own, covered annually off premises: _____

Boarding Yes No

What is the total number of horses boarded monthly: _____

Average number of horses on: _____

Monthly charge per horse: _____

Total number of stalls on premises: _____

Maximum: _____ Minimum: _____ Average: _____

Full Board: _____ Pasture Board: _____

Full Board: \$ _____ Pasture Board: \$ _____

Horse Sales Yes No

How many horses do you sell annually: _____

Average value of horses sold: _____

Owned by you: _____ Owned by others: _____ Total: _____

Owned by you: \$ _____ Owned by others: \$ _____

Training Yes No

Average number of horses in full training monthly, **including Independent Trainers' On Premises Training**: _____

Average number of training rides **weekly** on horses not in full training: _____

Independent Trainers Yes No (Must be 18 years or older)

1. _____ Years Exp. _____ 2. _____ Years Exp. _____

3. _____ Years Exp. _____ 4. _____ Years Exp. _____

Riding Instruction Yes No Anyone under 21 giving riding instruction: Yes No

Type of instruction: _____

Operation's Total Riding Instruction, both On and Off Premises, **including Independent Instructors' On Premises Instruction.**

Total lessons given annually: _____ Average number of **weekly** lessons given on Client's Own horse(s): _____

Average cost per lesson: \$ _____ Average number of **weekly** lessons given on School/Insured's horse(s): _____

Any Day Camp activities? Yes No (If yes, the Equestrian Day Camp Supplemental Application must be completed.)

Independent Instructors Yes No (Must be 18 years or older)

1. _____ Years Exp. _____ 2. _____ Years Exp. _____

3. _____ Years Exp. _____ 4. _____ Years Exp. _____

Officiating/Judging Yes No Total show days Judging / Officiating annually: _____

On Premises Riding Clinics Yes No Total Clinic Days: _____ No. of participants per day: _____

Clinic Dates: _____

Description of Clinic: _____

Off Premises Riding Clinics Yes No Total Clinic Days: _____ No. of participants per day: _____

Clinic Dates: _____

Description of Clinic: _____

Note: *If dates have not been set, Written Notice of the clinic must be received in our office prior to the clinic date. Coverage is not provided for clinic dates that have not been declared to the Company in advance of the clinic.*

Host Shows / Events Yes No *Please provide a description of the show/event (such as show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.*

Hosted Sanctioned Show Days per year: _____ Sanctioning Organization(s): _____

Event/Show date(s): _____

Description of event: _____ Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Hosted Non-Sanctioned Show Days per year: _____

Event/Show date(s): _____

Description of event: _____ Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Note: *If dates have not been set, Written Notice of the show/event must be received in our office prior to the show/event date. Coverage is not provided for show/event dates that have not been declared to the Company in advance of the show/event.*

Tack Store / Retail Sales Yes No (Tack manufacturing and repair not eligible.) Annual Gross Revenue from Sales: _____

If yes, please describe types of items sold and locations where items are sold: _____

Arena / Facility Rentals

Do you rent your facility to others? Yes No

If yes, please explain to whom, how often, and for what types of events. Please also submit the written guidelines for use of the facility and any rental agreements / user guides.

Pony Rides Yes No (If yes, the Pony Rides Supplemental Application must be completed.)

Horse Drawn Vehicle Rides Yes No (If yes, the Horse Drawn Vehicle Rides Supplemental Application must be completed.)

Do you own dogs? Yes No If yes, how many, what type, and for what purpose: _____

Are other dogs permitted at your facility or at any events you host? Yes No
 If yes, please explain your policy regarding dogs: _____

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? (If yes, attach details on a separate page.) Yes No

Other animals on premises? Yes No If yes, how many, what type, and for what purpose: _____

Hunting on premises? Yes No If yes, by: Owners Others Do you charge a fee? Yes No
 Please explain hunting activities: _____

Swimming pool on premises? Yes No
 If yes, do you have a security fence around your pool? Yes No
 Is the pool for your personal use only? Yes No
 If no, please explain: _____

Is alcohol permitted on your premises? Yes No
 If yes, describe: _____

Is alcohol sold, served, or furnished on your premises? Yes No
 If yes, describe: _____

Note: The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

Is CARE, CUSTODY OR CONTROL (CCC) coverage desired? Yes No

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. Coverage is not available to Commercial Haulers. Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.

Select from the limits below. Premiums shown are for up to 20 horses.

	Maximum Limit Per Horse	Aggregate Limit Per Year	Annual Base Premium	Per horse over 20 horses
<input type="checkbox"/> 1)	\$5,000	\$25,000	\$300.00	\$5.00
<input type="checkbox"/> 2)	\$5,000	\$50,000	\$375.00	\$8.00
<input type="checkbox"/> 3)	\$10,000	\$50,000	\$400.00	\$9.00
<input type="checkbox"/> 4)	\$10,000	\$100,000	\$475.00	\$10.00
<input type="checkbox"/> 5)	\$15,000	\$100,000	\$500.00	\$13.00
<input type="checkbox"/> 6)	\$25,000	\$100,000	\$550.00	\$15.00
<input type="checkbox"/> 7)	\$25,000	\$250,000	\$600.00	\$17.00
<input type="checkbox"/> 8)	\$25,000	\$300,000	\$700.00	\$18.00
<input type="checkbox"/> 9)	\$50,000	\$300,000	\$1,100.00	\$20.00
<input type="checkbox"/> 10)	\$100,000	\$300,000	\$1,400.00	\$25.00
<input type="checkbox"/> 11)	\$100,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 12)	\$250,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 13)	\$500,000	\$1,000,000	Submit for Quote	

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium. No
 (If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Do you transport horses in your Care, Custody or Control? Yes No

If yes, how often, for what reasons, and for whom you transport horses: _____

Do you transport horses not usually in your Care, Custody or Control? (Coverage not provided for Commercial Haulers.) Yes No

If yes, please describe: _____

Type and capacity of your horse trailer(s): _____

Are your horse trailers in good repair? Yes No

Are your horse trailers on a regular maintenance program? Yes No

Annual Gross Revenues from Equine Activities

Leasing out horses: \$ _____	Breeding: \$ _____	Boarding: \$ _____	Horse Sales: \$ _____
Training: \$ _____	Riding Instruction: \$ _____	Day Camps: \$ _____	Officiating: \$ _____
Riding Clinics: \$ _____	Hosting Shows: \$ _____	Tack/Retail Sales: \$ _____	Arena Rentals: \$ _____
Pony Rides: \$ _____	Horse Vehicle Rides: \$ _____	Other (): \$ _____ (Explain below.)	
Total Annual Gross Revenue:			\$ _____

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.
(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)

Regulatory Fraud Warnings

In Arkansas, Louisiana, and 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 INCLUDING CONFINEMENT IN PRISON.

In Colorado, District of Columbia, Maine, Tennessee, and Virginia
 WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the 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.

In Florida and Oklahoma
 WARNING: 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 guilty of a felony.

In Kentucky, New York, and 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. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

In New Jersey
 Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In 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.

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement. I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.

(Must be signed and dated)

Applicant's Signature: _____

Print name: _____ Date: _____