|  |  |
| --- | --- |
| trav_umb_2inch |  |

|  |
| --- |
| **EQUINE LIABILITY RENEWAL QUESTIONNAIRE** |

|  |
| --- |
| (Use the Commercial Equine Application – CP 46 47 if operations changed substantially) |

|  |  |
| --- | --- |
| **Insured:**       | **Policy #**       |

|  |
| --- |
| **SUMMARY OF HORSES – PLEASE COMPLETE ALL APPLICABLE** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION OF OPERATIONS:** | **PAYROLL** | **RECEIPTS** | **NUMBEROWNEDHORSES** | **NUMBERNON-OWNEDHORSES** |
| Show/Pleasure/Personal Use |       |       |       |       |
| Training (Race or Show) |       |       |       |       |
| Riding Instructions |       |       |       |       |
| Breeding |       |       |       |       |
| Boarded (Stall or Pasture) |       |       |       |       |
| Race |       |       |       |       |
| Horse Sales |       |       |       |       |
| Yearlings/Weanlings |       |       |       |       |
| Rentals/Trail Rides &/or Pony Rides |       |       |       |       |
| Hay/Sleigh/Carriage Rides |       |       |       |       |
| Any other use, please explain: |       |       |       |       |

|  |
| --- |
| Do you provide riding instruction? [ ]  Yes [ ]  No Total number of students annually?       |
| Number of school horses you have available for lessons?       | Number used at any one time?       |
| Receipts for lessons: On horses your provide?       | On students’ own horses?       |
| Are signed releases obtained? [ ]  Yes [ ]  No **PLEASE PROVIDE A COPY.** |
| Number of INDEPENDENT instructors or trainers operating on your premises?       |
| Do the independent instructors/trainers have their own insurance? [ ]  Yes [ ]  No |
| Are you named as ADDITIONAL INSURED on their policy? [ ]  Yes [ ]  No **PLEASE PROVIDE A COPY OF THE CERTIFICATE OF INSURANCE OBTAINED.** |
| Number of public events you anticipate in the next 12 months?       |
| Types of events?       | Number of participants for each?       |
| Do you secure releases from all entrants? [ ]  Yes [ ]  No **PLEASE PROVIDE A COPY OF THE RELEASE.** |
| Number of spectators for each?       | Number of days for each?       |
| Any concessions? [ ]  Yes [ ]  No | Types of concessions?       | Annual receipts?       |
| Do you sell tack? [ ]  Yes [ ]  No [ ]  New [ ]  Used | Do you repair riding equipment for others? [ ]  Yes [ ]  No |
| Do provide riding for the handicapped? [ ]  Yes [ ]  No |
| Are there any additional insureds? [ ]  Yes [ ]  No | Please provide name and address and show their interest.                                                                                                                                                                                                                               |

|  |
| --- |
| Do you desire Care, Custody or Control Coverage [ ]  Yes [ ]  No If so, complete the CCC application indicating limits. |
| **PLEASE USE THE BACK TO PROVIDE ANY ADDITIONAL INFORMATION NOT SPECIFICALLY ADDRESSED.** |

|  |  |
| --- | --- |
| INSURED SIGNATURE                                                                                            | DATE                                      |
|  |  |
| AGENT SIGNATURE                                                                                             | DATE                                      |

|  |  |  |
| --- | --- | --- |
| **CP-4746 10 11** | Copyright 2011 The Travelers Indemnity Company | Page 1 of 1 |