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| trav_umb_2inch |  |

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| **EQUINE LIABILITY RENEWAL QUESTIONNAIRE** |

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

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

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

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| **DESCRIPTION OF OPERATIONS:** | **PAYROLL** | **RECEIPTS** | **NUMBER OWNED HORSES** | **NUMBER NON-OWNED HORSES** |
| 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: |  |  |  |  |

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| 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. | | | | | |

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| 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.** |

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

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