



APPLICATION FOR COMMERCIAL EQUINE LIABILITY
(A Special program Limited to Horse-Related Exposures Only)

THIS IS NOT A BINDER

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.

NEW BUSINESS – DESIRED EFFECTIVE DATE ____/____/____ RENEWAL – EXPIRATION DATE ____/____/____

NAME OF APPLICANT	BUSINESS/STABLE NAME
MAILING ADDRESS / CITY / STATE / COUNTY / ZIP CODE	
TELEPHONE NUMBER ()	PERSON TO CONTACT FOR INSPECTION
FAX NUMBER ()	EMAIL ADDRESS
WEBSITE	

NOTICE – WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXCEPTED), EXPLAIN INTEREST OF EACH

LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASES PREMISES Address (including County & Zip Code)	Number of Acres	Premises
1.		<input type="checkbox"/> Own <input type="checkbox"/> Lease
2.		<input type="checkbox"/> Own <input type="checkbox"/> Lease

APPLICANT IS
 Individual Partnership Organization/Corporation Owner Operator Other (specify)

NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises: Name _____
Address _____
 Certificateholder Only Additional Insured

Other – Describe Interest: _____
Name and Address _____
 Certificateholder Only Additional Insured, If Eligible

LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS

\$500,000 CSL/Occ. \$1,000,000 CSL/Occ. \$ _____ CSL/Occ.
 \$1,000,000 Agg. \$2,000,000 Agg. Other

INQUIRE ABOUT THE AVAILABILITY OF INCREASED LIMITS ON THE FOLLOWING OPTIONS:

General Aggregate Medical Payments Fire Legal Liability

DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES (IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.) Yes No

APPLICANT X	DATE ____/____/____
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GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

1. DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS

2. NUMBER OF YEARS AT THIS LOCATION

NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS

3. IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS

4. DO YOU HAVE WORKERS' COMPENSATION **Note:** Workers' Compensation and Employer's Liability is **not covered** under this policy.

PAYROLL FOR HORSE OPERATIONS

Yes No

\$

5. IS THIS YOUR PRINCIPAL OCCUPATION – IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN

Yes No

6. ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES – IF YES, PLEASE EXPLAIN

Yes No

7. DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS – IF YES, PLEASE EXPLAIN

Yes No

8. IS THERE 24-HOUR SUPERVISION OF THE FACILITY – IF YES, PLEASE DESCRIBE

Yes No

9. ARE ALL PASTURES TOTALLY FENCED – DESCRIBE TYPE OF ALL FENCING

Yes No

10. DESCRIBE CONDITION

Excellent Good Fair Poor

HOW OFTEN IS FENCING CHECKED

11. WHO IS RESPONSIBLE FOR FENCE REPAIR

Owner Lessee

RIDING FACILITIES

Arena: Indoor Outdoor Open Fields

12. DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES IN OTHER OUTBUILDINGS/BARN

Yes No

Yes No

13. DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD – IF YES, PLEASE **ATTACH A COPY TO THIS APPLICATION**

Yes No

14. DO YOU POST RULES

Yes No

DO YOU POST WARNING SIGNS

Yes No

DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION

15. DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES – IF YES, HOW MANY

Yes No

WHAT BREED

16. HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE – IF YES, PROVIDE DETAILS

Yes No

17. DO YOU OWN/MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC. - IF YES, HOW MANY

Yes No

WHAT TYPE

18. IS THERE A SWIMMING POOL ON THE PROPERTY Yes No

IF YES, IS IT RESTRICTED TO PRIVATE USE

Yes No

19. IS HUNTING/FISHING PERMITTED ON THE PROPERTY – IF YES, PLEASE EXPLAIN

Yes No

20. DO YOU OPERATE A BED AND BREAKFAST – IF YES, PLEASE DESCRIBE

Yes No

SECTION III. continued

9.	DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	Injuries to horses and students being transported are not covered.	HOW MANY TIMES PER YEAR	CHECK IF NO EXPOSURE AND INITIAL <input type="checkbox"/>
				GROSS RECEIPTS \$
10.	DO YOU HOLD CLINICS FOR NON-STUDENTS HOW MANY DAYS <input type="checkbox"/> Yes <input type="checkbox"/> No		AVERAGE ATTENDANCE	RECEIPTS EARNED \$
11.	DO YOU OPERATE A DAY CAMP OVERNIGHT CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		DO YOU PROVIDE FOOD <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS FOR CAMP \$
12.	DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS			

SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS

CHECK IF NO EXPOSURE AND INITIAL

1. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES – IF SO, HOW MANY Yes No DO THEY CARRY THEIR OWN INSURANCE++ Yes No

++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.

PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)

INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE. ATTACH COPY(IES).

2.	HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS	GROSS RECEIPTS \$	GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES \$
3.	HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS		OR TRAINED UNDER YOUR NAME

SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS

CHECK IF NO EXPOSURE AND INITIAL

1.	NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES	GROSS RECEIPTS FOR RENTALS \$	GROSS RECEIPTS FOR TRAIL RIDES \$	DO YOU CONDUCT PACK TRIPS <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	PONY RIDES/PARTIES: NUMBER OF PONIES	GROSS RECEIPTS \$	DO YOU USE SIDEWALKERS <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION VI. SALES – HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING

CHECK IF NO EXPOSURE AND INITIAL

1.	DO YOU SELL HORSES	WHAT BREEDS	HOW MANY PER YEAR	GROSS ANNUAL RECEIPTS \$
2.	IS BUYER ALLOWED TO TEST RIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES <input type="checkbox"/> In arena <input type="checkbox"/> In open field	DO YOU SELL FROM YOUR OWN PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	EXPLAIN ANY OTHER METHOD OF SALES			

4.	DO YOU SELL FOOD OR HAVE A SNACK BAR <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor liability not covered.	GROSS RECEIPTS \$	
5.	DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Used <input type="checkbox"/> New		GROSS RECEIPTS \$	
6.	DO YOU SELL HAY OR FEED <input type="checkbox"/> Yes <input type="checkbox"/> No		GROSS RECEIPTS \$	
7.	DO YOU MIX FEED FOR SALE/CONSUMPTION <input type="checkbox"/> Yes <input type="checkbox"/> No			
8.	DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No			
9.	DO YOU PERFORM ANY TYPE OF FARRIER SERVICES <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury to horse not covered. <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE SERVICES ON PREMISE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$

If on premises only, this coverage can be added to this policy.

NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.

SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES

CHECK IF NO EXPOSURE AND INITIAL

1. RIDES <input type="checkbox"/> HAY <input type="checkbox"/> SLEIGH <input type="checkbox"/> CARRIAGE	NUMBER OF PASSENGERS	GROSS RECEIPTS	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF MOTOR VEH	NUMBER OF TRIPS	ON OR OFF PREMISES
		\$					

2. SHOWS Independent vendors are not covered. SHOWS ON PREMISES RODEOS ON PREMISES	DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No			ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOC. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	NUMBER OF PARTICIPANTS	GROSS RECEIPTS (ALL SHOWS)	MAXIMUM NUMBER OF SPECTATORS PER DAY	TOTAL NUMBER OF SHOW DAYS	SHOW DATES		
		\$					
		\$					

3. DO YOU SECURE RELEASES FROM ALL ENTRANTS – ATTACH SAMPLE <input type="checkbox"/> Yes <input type="checkbox"/> No	DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY <input type="checkbox"/> Yes <input type="checkbox"/> No
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4. DO YOU HAVE BLEACHERS OR GRANDSTANDS <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSTRUCTION	YEAR BUILT	SEATING CAPACITY – NUMBER
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5. DO YOU MANAGE ANY HUNTS OR RACING EVENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT TYPE	DO YOU OWN/USE/LEASE ANY HOUNDS FOR HUNTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY HOUNDS
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6. IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS

7. DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES. IF YES, PLEASE EXPLAIN.
 Yes No

8. ALL OPERATIONS MUST BE DECLARED - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION

NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.

PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES

1. HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS – IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE
 Yes No

2. HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS – IF YES, PLEASE EXPLAIN
 Yes No

3. IF NO PRIOR COVERAGE STATE REASON:

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. No coverage provided for Race Horses and/or Horses in Race Training.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

WARRANTY

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 part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to The Equestrian Group and it's Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).

APPLICANT'S SIGNATURE X	DATE / /	AGENT'S SIGNATURE X	DATE / /
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AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

**APPLICATION FOR LEGAL LIABILITY OF NONOWNED HORSES
IN YOUR CARE, CUSTODY OR CONTROL**

AGENCY NAME		
ADDRESS		
TELEPHONE NO. () ()	FAX NO. () ()	AGENCY CODE

THIS IS NOT A BINDER		
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> NEW BUSINESS – DESIRED EFFECTIVE DATE ____/____/____	
<input type="checkbox"/> ACCOUNT CURRENT	<input type="checkbox"/> RENEWAL – EXPIRATION DATE ____/____/____	<input type="checkbox"/> POLICY NO. CCC _____

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATION WILL BE RETURNED FOR COMPLETION.

NAME OF INSURED	BUSINESS/STABLE NAME
MAILING ADDRESS	
CITY/STATE/ZIP CODE	TELEPHONE NO.
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS	
COUNTY	CITY/STATE/ZIP CODE
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS	

A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.

DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT THE PREMISES?	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS. IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE. _____ _____ _____
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IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR? _____

IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR? _____

DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS: _____

DESCRIBE CONDITION OF FENCES: EXCELLENT GOOD FAIR POOR

DESCRIBE CONDITION OF STABLES: EXCELLENT GOOD FAIR POOR

OPERATIONS: STABLE OWNER BOARDING BREEDING TRAINING OTHER

BREED OF ANIMALS _____ USE OF ANIMALS _____

DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES _____

ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE? YES NO

IS ANY STABLE OVER 25 YEARS OLD? YES NO IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED, CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? _____

CARE, CUSTODY OR CONTROL

NUMBER OF STALLS: BARN #1 _____ BARN #2 _____ BARN #3 _____ BARN #4 _____

MINIMUM NUMBER OF HORSES IN YOUR CARE _____ MINIMUM VALUE OF HORSES IN YOUR CARE _____

AVERAGE NUMBER OF HORSES IN YOUR CARE _____ AVERAGE VALUE OF HORSES IN YOUR CARE _____

MAXIMUM NUMBER OF HORSES IN YOUR CARE _____ MAXIMUM VALUE OF HORSES IN YOUR CARE _____

POLICY COVERAGE INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.
*COVERAGE MAY BE EXTENDED. REFER TO UNDERWRITER FOR PREMIUM.

DO YOU TRANSPORT HORSES FOR OTHERS? YES NO IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR _____

MAXIMUM NUMBER OF ANIMALS PER TRIP _____ RADIUS OF NORMAL OPERATIONS _____ miles

NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS _____

HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED _____

ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK? YES NO

DO AT LEAST TWO PEOPLE GO ON EACH TRIP? YES NO

DESCRIBE ANY LOSSES OR POTENTIAL CLAIMS IN THE PAST THREE YEARS AND INCLUDE DEATHS OF ANY ANIMAL(S) IN YOUR CUSTODY, EVEN IF A CLAIM WAS NOT PRESENTED _____

FRAUD NOTICES

Standard: Any person who knowingly and with intent to defraud any insurance company of 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 act, which is a crime, and may subject such person to criminal and civil penalties.

Florida Applicants: 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 of the third degree.

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

APPLICANT (PRINT)

SIGNATURE X	DATE / /
AGENT SIGNATURE X	DATE / /

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

**CARE CUSTODY OR CONTROL PROGRAM
LIMITS OF LIABILITY (CHECK ONE)**

Limit Per Horse	Maximum Loss per Policy Year
<input type="checkbox"/> 2,500	25,000
<input type="checkbox"/> 5,000	25,000
<input type="checkbox"/> 5,000	50,000
<input type="checkbox"/> 10,000	50,000
<input type="checkbox"/> 10,000	100,000
<input type="checkbox"/> 15,000	150,000
<input type="checkbox"/> 25,000	250,000
<input type="checkbox"/> 50,000	250,000
<input type="checkbox"/> 75,000	300,000
<input type="checkbox"/> 100,000	300,000
<input type="checkbox"/> 150,000	400,000
<input type="checkbox"/> 200,000	400,000
<input type="checkbox"/> 500,000	*1,000,000

***Limits of 500,000/1,000,000 must be referred to the company for approval**