



309 Fall Harvest Court / Louisville, KY 40223
Office # (502) 244-6986 / (800) 999-6986
Fax # (502) 244-0724

Equine Liability Application

Name of Applicant/Mailing Address

Name Of Business & Address

Telephone: (Day) _____
(Evening) _____

Agency: _____

E-Mail: _____

Fax: _____

Phone: _____

Fax: _____

E-Mail: _____

Location of actual operations: (If more than 3 locations say various under #1 below)

	<u>Address</u>	<u>County</u>	<u>Acreage</u>	<u>Premises (check one)</u>
1.	_____	_____	_____	___ Own ___ Lease
2.	_____	_____	_____	___ Own ___ Lease
3.	_____	_____	_____	___ Own ___ Lease

Names of all partners or officers of corporation: _____

Additional Insureds

Name: _____ Relationship To Insured: _____

Address: _____ Telephone: _____

Name: _____ Relationship To Insured: _____

Address: _____ Telephone: _____

Name: _____ Relationship To Insured: _____

Address: _____ Telephone: _____

Section I

UNDERWRITING AND SAFETY INFORMATION

1. Give a brief description of all farming and/or horse related operations: _____

2. How many employees: Full Time: _____, Part Time: _____, Annual Payroll \$ _____

Do you have workers compensation insurance? ___ Yes ___ No

If no, do you desire a quote on employers liability ___ Yes ___ No

If yes, please provide the following: number of full time employees: _____, number of part time employees: _____, amount of yearly payroll: \$ _____

Number of years experience: _____. How many years at present location? _____

Are you the primary manager of your facility? ___ Yes ___ No

If no, what is the manager's name: _____, age: _____, years experience: _____

3. Is there 24 hour supervision of the facility? ___ Yes ___ No. Please explain the supervision:

4. ___ Yes ___ No Are emergency numbers clearly posted?

___ Yes ___ No Are Safety and Barn rules posted at the facility?

___ Yes ___ No Is game hunting permitted on the premises?

___ Yes ___ No Is there a swimming pool on the premises?

___ Yes ___ No Has any dog owned by you or kept on the premises bitten or caused injury to anyone?

___ Yes ___ No Are no smoking signs clearly posted?

___ Yes ___ No Are there smoke alarms in your barn?

___ Yes ___ No Are State Equine Liability signs clearly posted (if applicable)?

___ Yes ___ No Do you have all clients sign a current waiver? (Enclose sample copies of all waiver forms)

___ Yes ___ No Are shoes with heels required for all riders?

5. Are ASTM or equivalent helmets required while mounted? (check box below)

___ By Everyone ALL OF THE TIME

___ 18 and under ALL OF THE TIME

___ Everyone while jumping and/or doing speed work

___ Only 18 and under while jumping and/or speed work

___ Never required. Why? _____

Are any other safety procedures or gear used? _____

6. Do you lease any part of any building or land to or from someone? If yes, please explain: _____

7. Fencing: Is all fencing in good condition? ___ Yes ___ No. Type of fencing used: _____

The fencing is checked: ___ Daily ___ Weekly ___ Monthly ___ Never

Has an animal ever escaped? If so, please explain: _____

Section II

OWNED HORSES/LEASED HORSES

_____ Check If No Exposure

Mark Total Number Of Horses For Each Use (Only Mark One Use Per Horse)

- 1. Breeding _____
- 2. Pleasure _____
- 3. For Sale _____
- 4. Showing _____
- 5. Foals/Weanlings _____
- 6. Used For Giving Lessons To Others _____
- 7. Racing Or Race Training _____
- 8. Retired Horses _____

Section III

NON-OWNED HORSES

_____ Check If No Exposure

- 1. What is the maximum number of horses boarded? _____; Monthly boarding rate \$ _____
Annual Gross Receipts \$ _____
- 2. What is the maximum number of non-owned horses in show training? _____
Monthly training rate \$ _____; Annual gross receipts \$ _____
- 3. What is the maximum number of non-owned breeding stallions? _____; Annual gross receipts \$ _____
- 4. What is the maximum number of non-owned mares? _____
Do mares stay on your premises until after foaling? _____ **Yes** _____ **No**
- 5. What is the maximum number of non-owned racehorses or racehorses in training? _____
- 6. Maximum number of non-owned racehorses you train for others? _____; Annual gross receipts \$ _____
- 7. Do you sell horses as an agent for others? _____ **Yes** _____ **No**
How many horses do you sell annually that are: owned by you? _____; owned by others? _____
Average value of horses sold and owned by you \$ _____; owned by others \$ _____
- 8. Do you desire coverage for non-owned horses in your Care, Custody and Control? _____ **Yes** _____ **No** _____
(Separate application required) **(please initial)**

Section IV

RIDING INSTRUCTION PROVIDED BY YOU

_____ Check If No Exposure

- 1. Number of years experience as a riding instructor: _____
Do you hold any national officiating/judging/and/or instructors licenses? _____ **Yes** _____ **No**
If yes, give details and competition experience: _____

- 2. Maximum number of school horses available: _____; Maximum number used at one time: _____
Yearly gross receipts \$ _____ for riding instruction on school horses.
- 3. Do you give instructions to students on their own horses? _____ **Yes** _____ **No**
If yes, number of students per week: _____; Yearly gross receipts \$ _____
- 4. What riding discipline do you instruct? _____
- 5. Do you attend off-premises shows with any of your students? _____ **Yes** _____ **No**
How many times a year? _____; Gross annual receipts \$ _____
- 6. Do you hold clinics for non-students? _____ **Yes** _____ **No**, how many? _____, average attendance: _____
What are the dates? _____; Gross receipts \$ _____
- 7. Do you operate a day camp or a overnight camp? _____ **Yes** _____ **No**; Yearly gross receipts \$ _____
Is swimming allowed? _____ **Yes** _____ **No**
Describe all activities offered at the camp other than riding instructions: _____

- 8. Do you provide riding for the handicapped? _____ **Yes** _____ **No**; If yes, annual gross receipts \$ _____
Number of horses available for the handicapped? _____; Are sidewalkers used? _____ **Yes** _____ **No**
Total number of students/lessons per week: _____; How many weeks per year? _____

Section V

INDEPENDENT TRAINERS AND INSTRUCTORS

_____ **Check If No Exposure**

1. Do independent trainers utilize your facility? _____ **Yes** _____ **No**
 Do all independent trainers carry their own insurance? _____ **Yes** _____ **No**

IF YES, PROOF OF COVERAGE IS REQUIRED. THE LIMITS MUST BE AT LEAST EQUAL TO THOSE YOU CARRY. THEY MUST NAME YOU AS ADDITIONAL INSURED UNDER THEIR POLICY. INDEPENDENT INSTRUCTORS OR TRAINERS THAT DO NOT CARRY THEIR OWN INSURANCE WILL BE ADDED AS AN ADDITIONAL INSURED TO YOUR POLICY FOR ADDITIONAL PREMIUM CHARGE. COVERAGE IS LIMITED TO ON-PREMISES ONLY AND TO OFF PREMISE SHOWS WITH HORSES AND/OR RIDERS IN TRAINING.

NAMES OF INDEPENDENT INSTRUCTORS AND ADDRESS

2. Name: _____ Address: _____
 Age: _____, years experience in current class instructing: _____
 Any licenses or certificates for training? _____ **Yes** _____ **No**, if yes, give details: _____

- Name: _____ Address: _____
 Age: _____, years experience in current class instructing: _____
 Any licenses or certificates for training? _____ **Yes** _____ **No**, if yes, give details: _____

3. How many horses are provided for lessons by independent instructors: _____; gross receipts \$ _____
 4. Gross receipts for instructions to students on their own horses \$ _____
 5. Number of boarded horses trained by independent trainers: _____

Section VI

1. HORSE SALES

_____ **Check If No Exposure**

- Do you sell horses? _____ **Yes** _____ **No**, if yes, number sold annually: _____
 Do you sell for others? _____ **Yes** _____ **No**, do you sell off your premises? _____ **Yes** _____ **No**
 Gross annual receipts \$ _____

2. TACK STORE OR RETAIL SALES (snack shop)

_____ **Check If No Exposure**

- Gross sales receipts: snacks \$ _____, clothing \$ _____, tack \$ _____, feed \$ _____; Total \$ _____
 Do you manufacture or repair any goods sold? _____ **Yes** _____ **No**
 If yes, please describe: _____

3. Do you perform any type of farrier service? _____ **Yes** _____ **No**; gross annual receipts \$ _____

4. **NOTE-LIQUOR LIABILITY IS NOT COVERED.** Do you allow alcohol consumption on the premises?
 _____ **Yes** _____ **No**

Section VII

OPEN HORSE SHOWS & COMPETITIONS

_____ Check If No Exposure

1. Total number of show dates: _____; gross annual receipts \$ _____
 Average number of competitors on grounds per show day: _____
 Maximum number of spectators per day: _____; list actual show dates: _____
 Number of years hosting shows: _____; years hosting at this location: _____
 Are shows sanctioned? ____ **Yes** ____ **No**; By Who? _____
 If no, name any other National Organization that sanctions the shows: _____
 Do you secure releases from all entrants? ____ **Yes** ____ **No** (If yes, please attach a sample copy)
2. Do you manage any hunts or racing events? ____ **Yes** ____ **No**; if yes, please describe: _____

3. Do you own/use any hounds for hunts? ____ **Yes** ____ **No**; how many hounds? _____
4. If any shows involve rodeos, please describe type of events: _____

5. Describe any other type of events or operations that are not mentioned above: _____

NOTE: COVERAGE IS NOT PROVIDED FOR INJURY TO PARTICIPANTS IN HORSE RACES RODEOS, RODEO-TYPE EVENTS, HUNTS, AND POLO MATCHES/PRACTICES.

Section VIII

PONY RIDES/SADDLE ANIMALS FOR HIRE/TRAIL RIDES

_____ Check If No Exposure

1. Number of animals used for trail rides or rentals: _____
 Gross annual receipts for trail rides \$ _____; Gross annual receipts for rentals \$ _____
2. Do you conduct packing trips? ____ **Yes** ____ **No**; Do you rent ponies to others? ____ **Yes** ____ **No**
 Do you conduct hay, sleigh, or carriage rides? ____ **Yes** ____ **No**; If yes, yearly gross receipts \$ _____
 If yes, please explain to who and the number leased: _____
3. Pony Rides/Parties: Number Of Ponies _____; Gross annual receipts \$ _____
Please provide a detailed explanation of your safety program: _____

Section IX

REQUESTED LIMITS OF LIABILITY: Please Check One Limit Only That You Are Applying For:

- ____ \$300,000 each occurrence/\$600,000 aggregate
- ____ \$500,000 each occurrence/\$1,000,000 aggregate
- ____ \$1,000,000 each occurrence/\$2,000,000 aggregate

(The Aggregate Limit Is The Maximum Paid Out Per Policy Period)

Desired Coverage Date: _____

Section X

PREVIOUS INFORMATION

Have you had any losses in the last 5 years? Yes No

If yes, please supply approximate dates, description of loss, and amount of any medical payments made for you:

Are you currently insured? Yes No; If yes, with what company: _____

If no, who was the last Company you had coverage with: _____, expiration date: _____

Section XI

TACK COVERAGE (Equestrian Equipment Only) - \$5,000 coverage with extra limits available.

List Schedule of Tack

Item	# of Items	Item Price	Total Value
Saddles			
Bits, Bridles, Reins			
Blankets, Hoods			
Sheets, Coolers			
Grooming Equipment			
Buggies			

List Any Other Tack Below

Item	# of Items	Item Price	Total Value

Agent's Use Only

I have have not inspected the premises. I found the horsemanship to be excellent good fair poor.

Agent's Signature: _____ Date: _____

Please sign and date the application on the following page after reading the Fraud Notices.

FRAUD NOTICES AND APPLICANT'S SIGNATURE

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 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.

NOTICE TO 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.

NOTICE TO KENTUCKY APPLICANTS: Warning: Any person who knowingly, and with intent to defraud any insurance company or any person files an application for insurance 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

NOTICE TO 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.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subject the person to criminal and civil penalties.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Date	Signature of Applicant
Date	Signature of Applicant