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EQUESTRIAN RISKS

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

\$50,000/\$100,000 \$25,000/\$50,000/\$100,000

<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

E. Business Activities

1. Do you provide instruction or board horses? Yes No

If yes, complete the following table of Annual Gross Receipts:

SERVICES	MONTHLY RATE	ANNUAL GROSS
Boarding Fee		
Training Fee		

2. Do you require a signed release of liability:
- a. For students? Yes No
- b. For boarders? Yes No
3. Are there signs posted showing rules or warnings? Yes No
4. Do you give a safety talk to all participants and explain the risks involved as well as the applicable rules? Yes No

If no, explain: _____

5. Do you train race horses? Yes No

If yes, answer the following:

- a. Number of horses in training: Show: _____ Pleasure: _____
- b. Do you attend off-premise shows with horses in training? Yes No
- c. What breeds? _____
- d. How many do you train for others? _____
- e. Do you train your own race horses? Yes No
- f. What states do you race in? _____
- g. How many of your horses are being trained by independent trainers? _____
6. Do you rent or lease horses to camps, resorts, clubs, or individuals? Yes No
- If yes:
- a. Please describe: _____
- _____
- b. Number of animals available for rental or for trail rides: _____
- c. Number of ponies: _____
7. Do you conduct pack trips? Yes No
8. Do you sell horses? Yes No
- If yes, answer:
- a. How many sold per year? _____
- b. Do you sell from your own premises? Yes No

- c. Is the buyer allowed to test ride? Yes No
 If yes, where? _____

9. Do you:

- a. Sell food or have a snack bar? Yes No
 b. Do you sell saddles and other such equipment? Yes No
 c. Do you sell clothing? Yes No
 d. Do you sell feed or hay? Yes No
 e. Do you repair riding equipment for others? Yes No
 f. Do you provide any type of farrier services? Yes No
 (injury to horse is not covered)

10. Do you conduct hay rides, wagon rides, or sleigh rides? Yes No

If yes, please complete the following table:

RIDES	NUMBER OF PASSENGERS	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF TRIPS	ON OR OFF PREMISES?
HAY RIDES/ WAGONS					
SLEIGH RIDES					
CARRIAGE RIDES					

11. Do you manage any shows open to boarders or non-students? Yes No

If yes,

- a. Are these shows recognized by the American Horse Shows Association? Yes No
 b. Do you require a release of all claims from all participants? Yes No
 c. What kind of crowd control measures do you have in place? _____

12. Do you have existing structure for such events, such as a grandstand or stadium? Yes No

If yes,

- a. How many spectators can be seated? _____
 b. Year built _____ Construction: _____
 c. Please complete the following table:

	NUMBER OF PARTICIPANTS	EXPECTED NUMBER OF SPECTATORS	NUMBER OF SHOWS PER DAY	DATE(S) OF ALL SHOWS
SHOWS ON PREMISES				
RODEOS ON PREMISES				

13. Do you manage any other type of events? Yes No

If yes, give a full description of all such events. All operations must be declared. _____

14. Do you operate any kind of bed and breakfast?

Yes No

If yes, please explain: _____

F. Horses

15. Answer the following questions about horses used by the insured:

a. Are the animals now insured?

Yes No

b. Number of animals owned? Average: _____ Maximum: _____

c. Number of animals leased? Average: _____ Maximum: _____

d. Number of animals otherwise? Average: _____ Maximum: _____

e. Please provide a list of all horses noting their ages & number of years that you have owned each horse. Describe completely the horse selection procedures, and records or other documentation of all the information required above. It is critical that you include all requested information.

16. Breeding:

a. Number of non-owned stallions _____

Breed(s): _____

b. Maximum number of outside mares _____

Are they kept on premise until foaling?

Yes No

17. Number of horses boarded, pastured, or stalled: Average: _____ Maximum: _____

NOTE: This coverage excludes Care Custody & Control. Specifically it does not cover damage or death of boarded horses under any circumstances or for any reason.

18. Are you a member of any professional organizations? If so, please list them: _____

19. Do you maintain any other kind of animals on the premises:

Yes No

If yes, what kind and have you had any claims or incidents regarding these animals: _____

20. Account for each animal only once based on its primary use in the following table:

Owned/Leased/Used by Insured		Number	
Rentals/Trail/Pack Trips		Racing	
Pony Rides		Pleasure	
Used for instruction to students		Training	
Boarded horses used for instruction		Foals/Weanlings	
Furnished by independent instructors		Retired	
Breeding		Other	
Show		Other	
For Sale		Other	
Non Owned by Insured		Number	
Boarding/pasturing		Racing	
Breeding only		Lay ups	
Stallions		On consignment	
Mares		Other	
Show Training		Other	

G. Riding Instruction, Schools, Clinics

21. Gross receipts annually: \$ _____
22. Charge per lesson: \$ _____
23. What styles of riding do you teach (check all that apply): English Jumping Saddle Seat
 Western Dressage Other: _____
24. Do you require helmets for jumping instruction? Yes No
25. Describe the safety gear required: _____

26. Instruction on riding is given by: Applicant An Independent Contractor
27. Do independent trainers or instructors operate on your premises? Yes No
 If yes, how many: _____
 If yes, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry.

Name of Independent Instructor	Years of Experience	Years of Working on your premises

28. Are instructors certified? Yes No
29. Is any instruction provided on a student's own horse? Yes No
 If yes, what percentage? _____%
30. Maximum number of students assigned to an instructor: _____
31. Normal ratio of students per instructor: _____
32. Provide an estimate of the number of lessons that will be given in the next 12 months: _____
33. Is any outside or independent instruction performed on your premises? Yes No
 If so, you must require proof of insurance or add this coverage.
34. Are sidewalkers used? Yes No
35. Maximum number of school horses used: _____
36. How many horses are provided for lessons by independent instruction: _____
37. Is there any period of the year that no instruction is given? Yes No
 If yes, please give dates: _____

H. Boarding

38. Describe all activities on premises for boarders. Include a diagram of premises.
39. Maximum number of animals boarded: _____
40. Maximum number of animals pastured: _____
41. Gross receipts for boarding, annually: \$ _____
42. Provide a breakdown of income and charge per horse, etc.
43. Are boarders required to sign a contract that specifically makes them responsible for bodily injury or property damage to others while on your premises? Yes No
 If yes, please attach a copy. NOTE: This Coverage Contract specifically excludes Care Custody & Control

44. Describe all training activities, and list who is responsible for each. Include a statement of each trainer's experience. _____

45. Describe breeding operation, and list who oversees it. Include a statement of experience.

I. Facilities:

46. Please attach a list of all location(s) and provide the following information for each:

- a. Total number of acres owned: _____
- b. Total number of acres leased: _____

47. Do you lease any part of the land, buildings, stalls, stables, operations to others: Yes No
If yes, please explain: _____

48. Do you have some kind of security on the premises: Yes No
Explain: _____

49. Are all pastures completely fenced: Yes No
If yes, answer:
a. Describe type of fencing: _____

- b. Fencing is in what type of condition: Excellent Good Fair Poor
- c. How often do you check and repair fencing: _____

50. Riding Facilities are: Indoors Outdoors Open Fields Trails

51. What kind of fire suppression devices to you have in place in:
a. Riding Area: _____
b. Stables: _____
c. Other Structures: _____

52. Are fire extinguishers visible and accessible in your stables? Yes No

53. Do you have a swimming pool on the premises? Yes No

54. Is hunting permitted on the property: Yes No
If yes, please explain _____

55. Number of wagons/sleds/carriages/carts/buggies, etc. _____
Describe use: _____

56. Total number of stables: _____

57. Total number of stalls: _____

Attachments

Please attach each of the following:

- A list of all location(s).
- Attach a specific description of facilities, activities, etc

- A list of all horses noting age and the number of years that you have owned each. Describe completely the horse selection procedures and records & documentation of all the above required information.

It is critical that you include all requested information. Any additional activities, including riding, stables, wagon or buggy rides, special events, rodeos, etc., all must be added separately to include coverage. We will furnish you with the specific application or supplement needed to receive a quote.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____
Applicant:

Dated: _____
Agent/Broker:

Signature

Signature

Print Name

Print Name