

INDEPENDENT EQUINE AGENTS
10234 SHELBYVILLE RD #2A
LOUISVILLE, KY 40223
1-800-346-8880
502-245-9698 FAX

LIABILITY SECTION

Limits and Coverage Options

Each Occurrence Limit	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Fire damage Limit (any one fire)	\$ 50,000	\$ 50,000	\$ 50,000
Medical payments (any one person)	\$ 5,000	\$ 5,000	\$ 5,000

List Additional Insured's with relationship descriptions. **(DO NOT include Independent Instructors /Trainers in this section. Employees are Not Qualified.)**

Name:	Address:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Remark: _____

Total number of horses owned/leased: by you or your business: _____	Total professional years in this type of an operation: _____
Max. number of horses owned /leased taken off premises (horse shows, etc): _____	Max. number of horses used for Riding lessons/School horses: _____

Give a brief description of operation: _____

Briefly list officiating, judging, instructors licenses and/or competition experience: _____

If you are not the primary manager, Manager's name _____

24-hour supervision of facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Helmets are Required: <input type="checkbox"/> By everyone ALL OF THE TIME <input type="checkbox"/> 18 and under ALL OF THE TIME <input type="checkbox"/> Everyone while jumping/speed work <input type="checkbox"/> Only 18 and under while jumping <input type="checkbox"/> Optional
Emergency numbers posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safety & Barn Rules posted and written out	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Current liability waivers utilized	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
State Equine Liability signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Smoking allowed in barns	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shoes with heels required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Describe precautions taken to keep horse(s) from having access to public roads: _____

Coverage will be provided only for exposures marked "Yes".
Remember, any events or activities not described/disclosed are NOT COVERED.

Breeding Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your average stud fee charged: \$ _____
Total number of stallions standing stud on your premises: _____	Total number of stallions, which you own or have partial ownership, standing at stud off premises: _____
Total number of mares covered annually on premises _____	Total number of mares, which you own, covered annually off premises _____

Boarding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Average number of horses boarded monthly: _____
Horse Sales	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total number of horses sold annually: _____
Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Average number of horses in training monthly: _____
Independent Trainers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Must be 18 years old.)
1. _____ Years Exp. _____			2. _____ Years Exp. _____
Riding Instruction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anyone under 21 giving riding instruction Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Day Camp activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, Equestrian Day Camp Supplemental Application must be completed)
Type of Instruction: _____			
Operation's total Riding Instruction, both On and Off Premises, including all Independents' On Premises Instruction			
Total lessons given annually: _____		Average number of weekly lessons given on Client's Own horse(s): _____	
Average cost per lesson: \$ _____		Average number of weekly lessons given on School/Insured's horse(s) _____	
On Premises Riding Clinics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ Clinic Dates: _____ No. of participants per day: _____
Off Premises Riding Clinics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ Clinic Dates: _____ No. of participants per day: _____
Independent Instructors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Must be 18 years old)
1. _____ Years Exp. _____			2. _____ Years Exp. _____
Officiating/Judging	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total show days Judging/Officiating annually: _____
Host Shows /Events	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide a description of the event (such as show, clinic, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.
Hosted Sanctioned Show Days per year: _____		Event/Show date(s): _____	
Sanctioning Organization(s): _____		Description of event activities: _____	
Average number of competitors per Show/Event: _____		Average number of spectators per Show/Event Day: _____	
Maximum number of competitors: _____		Maximum number of spectators: _____	
Hosted Non-Sanctioned Show Days per year: _____		Event/Show date(s): _____	
Description of event activities: _____			
Average number of competitors per Show/Event: _____		Average number of spectators per Show/Event Day: _____	
Maximum number of competitors: _____		Maximum number of spectators: _____	
Note: If dates have not been set, WRITTEN NOTICE of the event must be received in our office prior to the show date. Coverage is not provided for show dates that have not been declared to the company in advance of the event.			
Tack Store/Retail Sales	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Tack manufacture and repair not eligible.)
Pony & Horse Drawn Vehicle Rides	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, the Pony Ride/Horse Drawn Vehicle Rides Supplemental Application must be completed.)

Do you own dogs? Yes No If yes, how many, what type and for what purposes: _____

Any other dogs permitted at your facility or at any events you host? Yes No If yes, please explain your policy regarding dogs: _____

Has any dog which you own or on your premises bitten or caused injury to anyone? Yes No If yes, give details: _____

Other animals on premises Yes No If yes, describe : _____

Hunting on premises? Yes No If yes, by Owners Others Do you charge a fee? Yes No

Swimming pool on premises? Yes No Do you have a security fence around your pool? Yes No

Is alcohol permitted on your premises? Yes No If yes, describe: _____

Is alcohol sold on your premises? Yes No If yes, describe: _____

***Note: The sale of alcohol is not covered by the policy.**

Is **CARE, CUSTODY & CONTROL (CCC)** coverage desired? Yes No If you selected "NO", please sign here to verify that CCC Coverage has been explained to you and you have opted to decline the coverage:

Signature

"Transportation Coverage" for transportation of non-owned horses in your care while in the Continental U.S. and Canada is included. **(Excludes Commercial Haulers.)**

Please note the CCC Coverage will only provide a defense up to the point where the insurance company tenders the limits selected. **Select from the limits below.**

	Maximum limit per horse	Aggregate Limit per year
<input type="checkbox"/> 1)	\$ 5,000.00	\$ 25,000.00
<input type="checkbox"/> 2)	\$ 5,000.00	\$ 50,000.00
<input type="checkbox"/> 3)	\$ 10,000.00	\$ 50,000.00
<input type="checkbox"/> 4)	\$ 10,000.00	\$ 100,000.00
<input type="checkbox"/> 5)	\$ 15,000.00	\$ 100,000.00
<input type="checkbox"/> 6)	\$ 25,000.00	\$ 100,000.00
<input type="checkbox"/> 7)	\$ 25,000.00	\$ 250,000.00
<input type="checkbox"/> 8)	\$ 25,000.00	\$ 300,000.00
<input type="checkbox"/> 9)	\$ 50,000.00	\$ 300,000.00
<input type="checkbox"/> 10)	\$ 100,000.00	\$ 300,000.00
<input type="checkbox"/> 11)	\$ 100,000.00	\$ 500,000.00
<input type="checkbox"/> 12)	\$ 250,000.00	\$ 500,000.00
<input type="checkbox"/> 13)	\$ 500,000.00	\$ 1,000,000.00

Average number of non-owned horses in your Care, Custody & Control (Breeding, Boarding, Training, etc.): _____

Maximum number of non-owned horses in your Care, Custody & Control (Breeding, Boarding, Training, etc.): _____

Are your horse trailers in good repair and on a proper maintenance program: Yes No

How often and for what reasons do you transport horses for others: _____

ANNUAL GROSS REVENUES FROM EQUINE ACTIVITIES

Breeding:	\$ _____	Boarding:	\$ _____	Horse Sales:	\$ _____
Training:	\$ _____	Riding Instruction:	\$ _____	Riding Clinics:	\$ _____
Judging:	\$ _____	Hosting shows:	\$ _____	Tack/Retail Sales:	\$ _____
Pony Rides:	\$ _____	Horse Wagon Rides:	\$ _____	Equestrian Day Camps	\$ _____
Other ():	\$ _____	(Explain activity below)			

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.
(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)

INSURANCE FRAUD WARNING

- Delaware:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- Kentucky:** Any person who knowingly and with intent to defraud any insurance company, or other person, files a statement of claim containing any materially false information or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
- Michigan:** Any person who knowingly and with intent to injure or defraud any insurer, files any application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
- Minnesota:** 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.
- New York:** All insurance applications and claim forms except auto: 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 shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.
- Ohio:** Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.
- Oklahoma:** 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.
- Pennsylvania:** Any person who knowingly and with intent to injure or defraud any insurer, files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.

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 and that the Company requires that I/We obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage.

(Must be signed and dated)

Applicant's signature: _____

Print name: _____ **Date:** _____