

COMMERCIAL EQUINE LIABILITY RENEWAL QUESTIONNAIRE

INSURED / DBA		AGENT
PHONE NUMBER / E-MAIL ADDRESS		PHONE NUMBER / E-MAIL ADDRESS
POLICY NUMBER	EXPIRATION DATE	AGENCY CODE

COMPLETE ALL OF THE FOLLOWING QUESTIONS THAT ARE APPLICABLE. WRITE NONE OR 0 IF NO EXPOSURE. DO NOT LEAVE SPACES BLANK. ALL OPERATIONS MUST BE DECLARED. ATTACH A SEPARATE PAGE IF MORE SPACE IS NEEDED.

SUMMARY – AT PEAK SEASON, ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE BASED ON PRIMARY USE.

Horses Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured:	Number
1a. Owned horses used for instruction.....	_____	1. Boarding/pasturing.....	_____
b. Boarded horses used for instruction to others.....	_____	2. Show training	_____
2. Show and/or pleasure.....	_____	3. Racing and/or training to race	_____
3. Racing and/or training to race	_____	4. Breeding (Mares _____, Stallions _____).....	_____
4. Breeding (Mares _____, Stallions _____).....	_____	5. Foals/weanlings	_____
5. Foals/weanlings	_____	6. Retired and/or lay-ups	_____
6. Retired and/or lay-ups	_____	7. Consignment for sale (Breed _____)	_____
7. For sale (Breed _____)	_____	8. Other (Describe: _____)	_____
8. Other (Describe: _____)	_____		
All Owned Horses Must be Declared		Total (Lines 1-8)	
Total (Lines 1-8)			
9. Number of carts, buggies, carriages, etc.	_____	9. Total number of stalls on your premises	_____
Describe Use:		10. What is the maximum number of horses, owned and non-owned that can be kept on your premises?	_____

RIDING INSTRUCTION – CLINICS: (Breakdown Annual Gross Receipts for the following categories.)

1. Handicapped Program: Number of lessons/week	Gross receipts	\$ _____
2. Maximum number of school horses available.....	Maximum number of school horses used at one time.....	_____
3. Receipts for instruction on school horses:	Receipts for instruction to students on their own horses	\$ _____
Average number of lessons per week.....	Average number of lessons per week.....	_____
4. Receipts for attending off-premise shows with students on school horses	*Receipts for day camp activities	\$ _____
	Total number of campers.....	_____
5. Number of clinic days for non-students.....	Provide clinic dates:	_____
6. Receipts earned by independent instructors: On school horses \$ _____	On student owned horses \$ _____	
7. Do you have any employees? _____		
8. Provide name and address of Independent Instructor(s) to be covered on this policy.		

Name	Address	Years Experience	Release

Must be 18 years of age or older.) Advise number of years experience for each. If more space is needed, attach a separate page. Attach a copy of their release if not on file with the company.

*Additional information on camping activities may be requested by the Company.

HORSE SHOWS AND OTHER MISCELLANEOUS INFORMATION
(Attach a separate page if more space is needed)

Prior notification is required for all public event days.

1. Number of public event / show days held on premise _____ Number of participants per show _____
Provide dates for events: _____
2. If AHSA, provide competition number _____ Dates when spectators exceed 500 per day: _____
3. If you are required to provide a certificate as proof of insurance, provide names and complete addresses of each.

4. If you request coverage for an additional insured, please submit name, complete address, and insurable interest for company approval. _____
5. Number of horses sold annually: _____ Gross receipts from Tack Shop: \$_____
6. Are you obtaining release agreement / waivers from students and boarders? Yes No
If applicable, do you post state equine liability warning signs? Yes No
Do you hand out or post barn and safety rules? Yes No Are No Smoking signs posted? Yes No
7. Do you provide or conduct any of the following activities: pony rides, pony parties, hay, sleigh or carriage rides; rental of horses to the public or pack trips? Yes No If yes, provide details.
8. Do you own or use recreational vehicles in your stable operations? Yes No If yes, describe and explain how they are used.

DESCRIBE FULLY ANY OTHER EVENTS / ACTIVITIES CONDUCTED. ALL OPERATIONS MUST BE DECLARED.

If there are any material changes in your stable operations during the policy year, please notify your agent at once.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

INSURED'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
X		X	

NOTE: I am interested in the availability of increased limits for the coverage checked below:

- \$10,000 Medical Payments to Others
- \$100,000 Fire Legal Liability
- Increase Liability Limit to \$500,000 \$1,000,000

If you have **declined** coverage for the Legal Liability on non-owned horses in your care, custody or control, your signature **rejecting** coverage is required.

SIGNATURE
X

IMPORTANT – ORIGINAL MUST BE RETURNED
INSURED'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE