

# Equi-Farm Policy Application - For Horse Related Operations

Applicant: \_\_\_\_\_ Farm Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Farm Phone#: ( ) \_\_\_\_\_ Person to contact for inspection: \_\_\_\_\_

**DESIRED EFFECTIVE DATE:** \_\_\_\_\_

Location of Actual Operation(s) INCLUDING COUNTY	Fire District Name	Protection Class	Feet from Fire Hydrant	Miles from Fire Dept.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Is property located: Within ten miles of coast  Yes  No In Brush Zone  Yes  No In Flood Zone  Yes  No

Applicant is:  Joint Venture  Individual  Corporation  Partnership  
 Other: Specify \_\_\_\_\_

Names of all Partners or Officers of Corporation & their social security numbers: \_\_\_\_\_

Deductible:  \$500 Min.  \$1,000  \$3,000  \$5,000  \$10,000, Other: \_\_\_\_\_

Mortgagee(s) and Address(es): \_\_\_\_\_

Loss Payee(s) and Address(es): \_\_\_\_\_

Type of Farm/Ranch: \_\_\_\_\_ Breed of Horse: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Other Business Pursuits (Explain): \_\_\_\_\_

Is farm used or leased for recreational use or U Pick Sales?  Yes  No Explain: \_\_\_\_\_

How long has Producer known insured? \_\_\_\_\_ Number of years experience in this type of operation: \_\_\_\_\_

Number of years at this location: \_\_\_\_\_ Estimated Gross Income from Farming Operation: \_\_\_\_\_

Identify Percentage of Farmers Equity: \_\_\_\_\_ Date Producer last inspected the premises and buildings: \_\_\_\_\_

**PAST THREE YEARS PREMIUM & LOSS HISTORY - PROPERTY AND LIABILITY (MUST BE ANSWERED IN FULL)**

Company-attach copy of current policy	Policy Number	Period	Premium	No. of Claims	Losses

Explain losses within past three years, give approximate dates and explanation of loss: \_\_\_\_\_

Have you been cancelled or refused coverage in last (3) years  Yes  No If yes, please explain: \_\_\_\_\_  
 (\*Not applicable in Missouri)

# PROPERTY SECTION

	DWELLING - 1	DWELLING - 2	DWELLING - 3
<b>AMOUNT OF COVERAGE</b>			
Dwelling	\$ _____	\$ _____	\$ _____
Appurtenant Structures	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____
Loss of Use	\$ _____	\$ _____	\$ _____
<b>Year Built</b>			
Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spec.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spec./Broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>REPLACEMENT COST</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NUMBER OF STORIES</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 1.5 <input type="checkbox"/> Tri-Level <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 1.5 <input type="checkbox"/> Tri-Level <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 1.5 <input type="checkbox"/> Tri-Level <input type="checkbox"/>
<b>Location #</b>			
<b>Number of Families</b>			
Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary/Seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner Occupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Occupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GROUND FLOOR SQ. FT.</b>			
<b>CONSTRUCTION</b>			
Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stucco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____
<b>ROOF TYPE</b>			
Asphalt Shingle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cedar Shake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____
<b>PROTECTION FEATURES</b>			
Central Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead Bolt Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lightning Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UL Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HEAT TYPE</b>			
Wood Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Baseboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil/Gas Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____
<b>AIR CONDITIONING</b>			
Using Heat Ducts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Ducts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NUMBER OF CHIMNEYS</b>			
<b>NUMBER OF BATHS</b>			
Breezeway	sq. ft.	sq. ft.	sq. ft.
Balcony/Decks	sq. ft.	sq. ft.	sq. ft.
Room Additions	sq. ft.	sq. ft.	sq. ft.
Other	sq. ft.	sq. ft.	sq. ft.
<b>GARAGE</b>			
Attached	sq. ft.	sq. ft.	sq. ft.
Detached	sq. ft.	sq. ft.	sq. ft.
<b>BASEMENT</b>			
Finished	sq. ft.	sq. ft.	sq. ft.
Unfinished	sq. ft.	sq. ft.	sq. ft.
<b>ATTIC</b>			
Finished	sq. ft.	sq. ft.	sq. ft.
Unfinished	sq. ft.	sq. ft.	sq. ft.
<b>RENOVATION UPDATE</b>			
Year of update for all bldgs. over 15 years of age	Wiring _____ yr. Plumbing _____ yr. Heating _____ yr. Roofing _____ yr.	Wiring _____ yr. Plumbing _____ yr. Heating _____ yr. Roofing _____ yr.	Wiring _____ yr. Plumbing _____ yr. Heating _____ yr. Roofing _____ yr.

OUT BUILDINGS	#1	#2	#3	#4
Coverage Amount:	\$	\$	\$	\$
Year Built:				
LOCATION #				
Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spec.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spec./Broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REPLACEMENT COST	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
One-Story Barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-Story Barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stable/Horse Barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arena-Riding or Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Story Barn W/Loft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay Shed (Open One Side)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay Shed (Open Four Sides)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
CONSTRUCTION				
Wood Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pole Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Square Footage				
Loft:	Sq. ft.	Sq. ft.	Sq. ft.	Sq. ft.
Story Height in Ft.:				
EXTERIOR WALL TYPE				
Stucco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood on Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brick Veneer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free-Stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tie Stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of Stalls				
HEAT TYPE				
Steam /Hot Water Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas, Oil, Electric Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Baseboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced Warm Air Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood Stove	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portable Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type & Use of Heater				
Other				
COOLING TYPE				
Forced Cool Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit Air Conditioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaporative Coolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Concrete Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slatted Floors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
RENOVATION UPDATE				
Year of update for all buildings over 15 years of age	Wiring _____ yr.	Wiring _____ yr.	Wiring _____ yr.	Wiring _____ yr.
	Plumbing _____ yr.	Plumbing _____ yr.	Plumbing _____ yr.	Plumbing _____ yr.
	Heating _____ yr.	Heating _____ yr.	Heating _____ yr.	Heating _____ yr.
	Roofing _____ yr.	Roofing _____ yr.	Roofing _____ yr.	Roofing _____ yr.

MOBILE HOME	
Coverage Amount	\$
Yr. Built	
Make & Model	
Serial Number	
Purchase Price	\$
HOUSE SIDING	
Frame	<input type="checkbox"/>
Cedar	<input type="checkbox"/>
Face Brick	<input type="checkbox"/>
Other	
Total Sq. Feet	
OCCUPANCY	
Owner	<input type="checkbox"/>
Tenant	<input type="checkbox"/>
Vacant	<input type="checkbox"/>
COVERAGE	
Basic	<input type="checkbox"/>
Broad	<input type="checkbox"/>
Special	<input type="checkbox"/>
Special/Broad	<input type="checkbox"/>
REPLACEMENT COST	<input type="checkbox"/> Yes <input type="checkbox"/> No
PROTECTIVE DEVICES	
Smoke Alarm	<input type="checkbox"/>
Dead Bolt Lock	<input type="checkbox"/>
Other	<input type="checkbox"/>
Wood Stove	<input type="checkbox"/> Yes <input type="checkbox"/> No
AIR CONDITIONING	
Central	BTU
Heat Pump	BTU
Porches/Decks	sq. ft.
Room Additions	sq. ft.
Patio/Carport	sq. ft.
SKIRTING TYPE	
Aluminum	lin. ft.
Brick	lin. ft.
Concrete Block	lin. ft.
Vinyl	lin. ft.

### ADDITIONAL PROPERTY COVERAGES

1. Is Scheduled/All Risk Computer Coverage Desired?  Yes  No

If Yes, please Provide Description Including Serial #, & Amount of Coverage Desired.

2. Is Scheduled/All Risk Coverage Desired on Jewelry, Furs, Silverware or Fine Arts?  Yes  No

Total Limit

	Total Limit
Jewelry	
Furs	
Silverware	
Fine Art	

A complete schedule & current appraisal must be provided for coverage to be bound. SUBJECT TO APPROVAL.

## SCHEDULED FARM PERSONAL PROPERTY - ALL COVERAGES ON AN ACV BASIS

No coverage for vehicles subject to motor vehicle registration & all terrain vehicles

MACHINERY				MATERIALS, FEED & SEED			
Item	Year	Make & Serial #	Value	Item	# of Units	Unit Value	Total Value
				<b>LIVESTOCK - (\$2,000 MAX PER HEAD)</b>			
				<b>TACK</b>			<b>VALUE</b>
				<b>CHECK APPLICABLE BOX</b>			
				<input type="checkbox"/> Blanket * or <input type="checkbox"/> Schedule	<input type="checkbox"/> Basic  <input type="checkbox"/> Broad	<input type="checkbox"/> Special * * Not available on livestock.	

\*Show all buildings on the premises (whether insured or not) and distance in feet between them. Label all buildings and attach a dated photograph of every building. This information is required prior to binding.

**NORTH**

**SOUTH**

**WEST**

**EAST**

# Equi-Farm Liability

<b>Check Desired Limits:</b>	<input type="checkbox"/> \$ 300,000 / \$900,000 occurrence / aggregate	<input type="checkbox"/> \$ 500,000 / \$1,500,000 occurrence / aggregate	<input type="checkbox"/> \$ 1,000,000 / \$3,000,000 occurrence / aggregate
<b>Minimum Policy Premium – Fully Earned</b>	\$ 650.00 Minimum Premium	\$ 725.00 Minimum Premium	\$ 800.00 Minimum Premium

*Umbrella coverage may be purchased for General Liability limits greater than \$1,000,000. (A separate application is required.)*

1. **Operation(s):** Check all that apply.
 

<input type="checkbox"/> Boarding / Breeding	<input type="checkbox"/> Horse Shows/Rodeo	<input type="checkbox"/> Racing
<input type="checkbox"/> Hay/Sleigh Rides/Trail Rides	<input type="checkbox"/> Pleasure	<input type="checkbox"/> Riding Instruction/Clinics
<input type="checkbox"/> Horse Sales	<input type="checkbox"/> Pony Rides	<input type="checkbox"/> Training Race/Show
<input type="checkbox"/> NARHA Facility	<input type="checkbox"/> Other: _____	
2. Are you a member of the:     AQHA    APHA    NRHA    Other: \_\_\_\_\_    None
3. Number of years at this location: \_\_\_\_\_    Number of years in this type of operation: \_\_\_\_\_
4. If less than 5 years of experience, please give brief description and background in horse business: \_\_\_\_\_  
\_\_\_\_\_
5. Do you live on the premises?    Yes    No    If no, how many times do you visit? \_\_\_\_\_
6. a. Do you currently have horse liability insurance? If yes, name of carrier: \_\_\_\_\_     Yes    No  
 b. Have you previously had horse liability insurance?     Yes    No  
 c. Have you been canceled, or refused coverage in last 3 years?     Yes    No  
 If yes, please explain: (Not applicable in Missouri.) \_\_\_\_\_
7. Do any additional insureds need to be added to this policy? (Liability only.)     Yes    No  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Reason:** \_\_\_\_\_

## 8. Summary of Horses

Account for each horse below only once, based on its primary use. All operations must be declared. All horse-related exposures must be insured.

Horses You Own/Lease/Use	Number	Horses You Do Not Own	Number
a.) Rentals/Trail/Pack Trips	_____	a.) Boarding/Pasturing	_____
b.) Pony Rides	_____	b.) Breeding Only (Mares: _____; Stallions: _____)	_____
c.) Used for Instruction to Others	_____	c.) Show Training (Breed: _____)	_____
d.) Boarded Horses Used by Applicant for Instruction to Others	_____	d.) Racing and/or Training (Breed: _____)	_____
e.) Furnished by Independent Instructors for Lessons to Others	_____	e.) Lay Ups	_____
<b>All Owned Horses Not Included Above</b>		f.) On Consignment for Sale (Breed: _____)	_____
f.) Breeding: _____; Mares: _____; Stallions: _____; Foals/Weanlings: _____		g.) Other: _____	_____
Pleasure: _____; Show: _____; Training: _____ For Sale: _____		<b>Total of Lines a-g:</b>	_____
Other: _____		Number of Horses You Do Not Own Used for Riding Instruction*:	_____
<b>All Owned Horses Must Be Declared.</b>	<b>Total of Lines a-f:</b> _____	<i>*Do not count horses used for riding instruction on horses owned by students.</i>	
g.) Number of wagons, sleds, carriages, carts, buggies, etc.:	_____		
Describe Use: _____			

9. Are any other businesses being conducted on your premises? *If yes, please provide details on a separate piece of paper.*

<input type="checkbox"/> No Other Operation	<input type="checkbox"/> Fruit & Vegetable "Pick Your Own"	<input type="checkbox"/> Petting Zoos
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Home Day Care	<input type="checkbox"/> Retail Store
<input type="checkbox"/> Cut your own Christmas Tree	<input type="checkbox"/> Kennels	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Day or Overnight Camp/Camping		

10. Do you perform/participate in parades?  Yes  No Number of parades: \_\_\_\_\_ Number of horses used per parade: \_\_\_\_\_
11. Do you conduct the following:
- a. Trail rides, rental or saddle animal for hire (**not including** riding instruction, or trails for boarding)?  Yes  No
  - b. Hay rides, sleigh rides, carriage rides, pack trips, hunting or fishing trips?  Yes  No
  - c. Do you use wagons, carts, sleds, etc. in public events? Number of carts \_\_\_\_\_ wagons \_\_\_\_\_ sleds \_\_\_\_\_  Yes  No
  - d. Do you use golf carts, mopeds, 4-wheel ATV, snowmobiles for rides to the public?  Yes  No
12. Do you hire any part time or full time employees? Number of part time: \_\_\_\_\_ Number of full time: \_\_\_\_\_  Yes  No
13. Do you carry Workers Compensation/Employers Liability?  Yes  No
14. Do you have leased employees? Number of leased employees: \_\_\_\_\_  Yes  No
15. Do you have any volunteers working for you? Number of volunteers: \_\_\_\_\_  Yes  No
16. Do you have any exchange labor working for you?  Yes  No  
If yes, explain: \_\_\_\_\_

**NOTE: "Bodily injury" to any person arising out of and in the course of that person acting on behalf of the named insured, whether through employment, voluntarily or otherwise, expressly is not covered by the general liability policy applied for with this application.**

### Premises Owned and/or Leased

Premises coverage is included for your livestock operation only. All questions must be answered in this section.

1. Do you lease any part of your land or operation to others?  Yes  No  
If yes, describe: \_\_\_\_\_
2. Total number of acres owned: \_\_\_\_\_ Total number of acres rented from others: \_\_\_\_\_
3. a. Type of fence: \_\_\_\_\_ Age and condition of fence: \_\_\_\_\_ How often is fencing checked? \_\_\_\_\_  
b. If "barbed wire" fence: Number of strands? \_\_\_\_\_ **Please submit photo of fence.**
4. Do you provide riding facilities for your boarders?  N/A  Yes  No
5. Do you allow people not boarding horses at your facility to use your facility?  N/A  Yes  No  
If yes, explain: \_\_\_\_\_
6. Do you allow premises use for team penning, roping, polo and/or haul-in?  Yes  No  
If yes, number of days yearly: \_\_\_\_\_ Average number of participants daily: \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  Yes  No
7. Do you have cattle on your premises? Number head of cattle: \_\_\_\_\_ Use: \_\_\_\_\_  Yes  No
8. Do you have slaughtering on premises?  Yes  No
9. a. Number of dogs on the premises? \_\_\_\_\_  None  
b. Is the dog(s)  Owned  Not owned by Insured and dog (s) owned by: \_\_\_\_\_  
c. Please list the breed of dog(s) on premises: \_\_\_\_\_  
d. Have any dogs been trained for guard duty or drug detection?  Yes  No  
e. Have there been any incidents of aggressive behavior including biting?  Yes  No  
f. Are unconfined dogs on premises during lessons or shows?  Yes  No
10. a. Do you have any bleachers or grandstands?  Yes  No  
b. If yes, do you:  Own or  Rent and are they:  Permanent or  Temporary  
c. What is the construction, age and condition: \_\_\_\_\_ Total seating capacity: \_\_\_\_\_  
d. Who erects the bleachers if they are not owned by the insured? \_\_\_\_\_

### Safety Program

All questions must be answered in this section.

1. Who is the primary manager of your facility?  You  Other: \_\_\_\_\_  
Age: \_\_\_\_\_ Experience: \_\_\_\_\_
2. Is there a closed circuit t.v. monitor of the facility or a night watchman/hourly watch?  Yes  No

3. a. Do you have safety and barn rules posted?  Yes  No  
 b. Do you abide by the equine law requirement in your state\*?  Yes  No  
 c. Do you require a signed release/waiver\*\* for all equine activities on your premises?  Yes  No  N/A  
 d. Is the signed release kept on file for a minimum of 5 years?  Yes  No  
 e. Do you have fire drill procedures in place? (Enclose a copy.)  Yes  No  
 f. Do you have "No Smoking" signs clearly posted?  Yes  No  
 g. Do you have working smoke alarm systems in your barns?  Yes  No  
 h. Is smoking permitted in the barn or immediate area?  Yes  No
4. a. Are ASTM/SEI certified helmets required by  Everyone OR  Everyone under 18 at ALL times while mounted?  Yes  No  
 b. Check safety gear required:  Boots/Heeled Shoes  Long Pants  Gloves  Other: \_\_\_\_\_  
 c. Do you use breakaway stirrups:  Yes, all the time.  Only for riding instruction.  No, do not use.  
 d. Explain other safety procedures followed: \_\_\_\_\_

*\* Submit a photo of the posted signs with the required wording.*

*\*\*Please submit a copy of the release you use for our files.*

### Riding Instruction To Students

*Riding Instructors Must Be 18 Years of Age or Older.*

- No Exposure  Exposure (No Income)  Exposure (With Income)

Instruction is: "teaching students to ride on their horses or horses provided by you or independent instructor."

1. Riding instruction is given by (check all that apply):  You  Independent Instructor  Your Employee
2. Are you a certified Instructor?  Yes  No Please check:  ARIA  CHA  NARHA  Other: \_\_\_\_\_
3. Number of years experience you have as a riding instructor: \_\_\_\_\_ Number of years instructing at this location: \_\_\_\_\_
4. Your Date of Birth: \_\_\_\_\_ Type of instruction given: \_\_\_\_\_ Average cost per lesson: \_\_\_\_\_
5. Total receipts\* from Riding Instruction given to students on their own horses: \$\_\_\_\_\_ annually  
 \*If independent does not have their own insurance, please add their receipts into total receipts.
6. Does any one under the age of 18 give riding instruction or clinics on your premises?  Yes  No
7. Do you provide riding instruction for handicapped students?  Yes  No
8. Level of instruction given:  Beginner  Intermediate  Advanced
9. Number of students under age 18: \_\_\_\_\_ Number of students over age 18: \_\_\_\_\_ Ratio of students to instructor: \_\_\_\_\_
10. Are stallions used during instruction? If yes, is student a  Beginner  Intermediate  Advanced rider.  Yes  No
11. Do independent riding instructors utilize your facility?  Yes  No
12. Do independent riding instructors carry their own general liability insurance\*?  Yes  No

### Riding Instructors

Please complete below for all riding instructors utilizing your facility. (employees, self, independents)

*\*Please provide proof of coverage naming you as additional insured owner of premises with an "A" rated carrier and limits same as insured.*

- a. Instructor's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Type of Instruction: \_\_\_\_\_
- b. Number of years experience as a riding instructor: \_\_\_\_\_ Are you a certified instructor?  Yes  No  
 If yes, give details and competition experience: \_\_\_\_\_
- c. Does instructor need to be added to this insurance policy?  Yes  No
- d. Does instructor provide horses used for lessons? If yes, number of horses provided at one time: \_\_\_\_\_  Yes  No
- e. Instructor is:  Independent Instructor  Your Employee

- a. Instructor's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Type of Instruction: \_\_\_\_\_
- b. Number of years experience as a riding instructor: \_\_\_\_\_ Are you a certified instructor?  Yes  No  
 If yes, give details and competition experience: \_\_\_\_\_
- c. Does instructor need to be added to this insurance policy?  Yes  No
- d. Does instructor provide horses used for lessons? If yes, number of horses provided at one time: \_\_\_\_\_  Yes  No
- e. Instructor is:  Independent Instructor  Your Employee

On premises liability coverage is provided for independent riding instructors if added to your policy. If an instructor(s) requires OFF premises coverage, they must complete their own application. We can provide a quotation to cover their riding instruction ON/OFF premises.

**Boarding/Breeding/Training of Horses**  No Exposure  Exposure (No Income)  Exposure (With Income)

Training is: "training given to horses."

1. Training is given by: (Check all that apply.)  You  Independent Trainer  Your Employee
2. Type of Training:  Race  Show – Type of show: \_\_\_\_\_  Other type of training: \_\_\_\_\_
3. Do you attend off-premise shows with horses in training?  Yes  No
4. Do independent horse trainers utilize your facility?  Yes  No
5. Do ALL independent horse trainers carry their own general liability insurance\*?  Yes  No

\*Please provide proof of coverage naming you as additional insured owner of premises with an "A" rated carrier and limits same as insured.

Below list ALL trainers including yourself, employees and independent trainers utilizing your facility.  
(MUST BE AT LEAST 18 YEARS OF AGE)

a. Trainer's Name: _____ DOB: _____ Type of Training Offered: _____
b. Number of years experience: _____ Any licenses or certificates for training: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and competition experience: _____
c. Trainer is: <input type="checkbox"/> You <input type="checkbox"/> Independent Trainer <input type="checkbox"/> Your Employee
a. Trainer's Name: _____ DOB: _____ Type of Training Offered: _____
b. Number of years experience: _____ Any licenses or certificates for training: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and competition experience: _____
c. Trainer is: <input type="checkbox"/> You <input type="checkbox"/> Independent Trainer <input type="checkbox"/> Your Employee

On premises liability coverage is provided for the independent trainer if added to your policy. If any trainer requires OFF premises coverage, they must complete their own application. We can provide a quotation to cover their training ON/OFF premises.

6. Breeding: a. Number of non-owned stallions: \_\_\_\_\_ Breed: \_\_\_\_\_  
b. Maximum Number of Outside Mares: \_\_\_\_\_ Are mares kept on premises until foaling?  Yes  No

**Horse Sales**  No Exposure *Note, this policy does not cover products liability.*

1. a. Do you sell from your own premises?  Yes  No Explain any other method of sales: \_\_\_\_\_  
b. How many horses do you sell annually: Owned by you: \_\_\_\_\_ Owned by others: \_\_\_\_\_  
c. Is the buyer allowed to test ride?  Yes  No If yes, type of test ride given:  Open Field  Arena  Other: \_\_\_\_\_  
d. Is supervision provided during the test ride?  Yes  No
2. Do you sell horses as an agent for others?  Yes  No

**Tack Store/Snack Shop or Retail/Farrier Sales**  No Exposure *Note, this policy does not cover products liability.*

1. If you manufacture and/or repair any goods sold, please explain: \_\_\_\_\_  N/A
2. Do you sell tack and/or clothing?  Yes  No If yes, annual gross receipts \$ \_\_\_\_\_ Square Footage: \_\_\_\_\_
3. a. Do you have food or snack bar sales? (Liquor liability not covered.)  Yes  No  
b. If yes, annual gross receipts \$ \_\_\_\_\_ Square Footage: \_\_\_\_\_ Located? \_\_\_\_\_  
c. Do you have: Ansul Systems Commercial Grill System Deep Fat Fryers  
d. Do you have vending machines?  Yes  No If yes, are they anchored securely?  Yes  No
4. Do you sell hay or feed?  Yes  No If yes, gross receipts \$ \_\_\_\_\_
5. Do you prepare or mix feed for animals for sale or consumption?  Yes  No



6. Do you perform farrier services  On Premises  Off Premises and what are your annual gross receipts: \$ \_\_\_\_\_  N/A  
 Do you have: Apprentice  Yes  No If yes, payroll \$ \_\_\_\_\_ Helper  Yes  No If yes, payroll: \$ \_\_\_\_\_

### Horse Shows/Competitions/Clinics

No Exposure

Exposure (No Income)

Exposure (With Income)

1. a. Do you conduct or manage Shows/Rodeo type events? *If yes\*, please complete Rodeo Supplement.*  Yes\*  No  
 b. Shows/Rodeos are conducted and/or managed by:  You  Others: \_\_\_\_\_  
 a. What is the total number of show days per year conducted and/or managed by you: \_\_\_\_\_  
 d. What is the total number of show days per year on your premises not conducted and/or managed by you: \_\_\_\_\_  
 e. What is the average number of participants on grounds per show day? \_\_\_\_\_
2. Maximum number of spectators on grounds per show day: \_\_\_\_\_
3. Names of National and/or International Sanctioning Organizations: \_\_\_\_\_
4. Do you hold clinics?  Yes  No If yes, how many per year: \_\_\_\_\_ What are the annual receipts: \_\_\_\_\_
5. a. Are there any clinics conducted by an independent Clinician?  Yes  No  
 b. Is the Independent clinician certified?  Yes  No  
 c. How many clinics are given per year: \_\_\_\_\_ Average number of participants: \_\_\_\_\_

### Care, Custody & Control (Legal Liability)

I accept / decline (circle one) Care, Custody & Control Coverage.

Legal liability provides coverage arising from your negligence resulting in injury to or death of horses you do not own in your care, custody, and control. Coverage includes cost to defend any suit alleging injury or death. Generally, legal liability can not be restricted by contractual or hold harmless agreements. The coverage for the exposure is excluded in most general liability policies. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.

*Not Eligible for this Coverage: Veterinarians, Equine Dentists, Commercial Transporters, Rehabilitation Centers and Embryo Transplant Facilities.*

Please check a box to indicate choice of coverage. If you require greater limits, please call us.

<u>Limit Per Horse</u>	<u>Maximum Loss Per Policy Year</u>	<u>Limit Per Horse</u>	<u>Maximum Loss Per Policy Year</u>
<input type="checkbox"/> \$ 5,000	\$ 25,000	<input type="checkbox"/> \$ 25,000	\$ 250,000
<input type="checkbox"/> \$ 5,000	\$ 50,000	<input type="checkbox"/> \$ 25,000	\$ 500,000
<input type="checkbox"/> \$ 10,000	\$ 50,000	<input type="checkbox"/> \$ 50,000	\$ 250,000
<input type="checkbox"/> \$ 10,000	\$ 100,000	<input type="checkbox"/> \$ 50,000	\$ 500,000
<input type="checkbox"/> \$ 25,000	\$ 100,000	<input type="checkbox"/> \$ 100,000	\$ 500,000

1. Are horses you do not own kept:  in stalls?  in pasture? If pastured, number of acres: \_\_\_\_\_
2. Do you store more than 50 bales of hay at any one time in the same barns as the horses you do not own?  Yes  No
3. Do you require mortality coverage for horses in your care, custody and control?  Yes  No
4. a. Do you own, lease/rent or use a vehicle in order to transport horses you do not own?  Yes  No  
 b. Number of vehicles: \_\_\_\_\_ Number of trips per year: \_\_\_\_\_ Radius of operation: \_\_\_\_\_
5. Do you own, lease or use any facility for rehabilitation or surgical purposes?  Yes  No  
 If yes, describe: \_\_\_\_\_
6. Distance from fire department: \_\_\_\_\_ Number of miles to regular vet? \_\_\_\_\_
7. Is a hot walker used for horses you do not own?  Yes  No
8. Do you have an equine swimming pool?  Yes  No

9. Location Number 1:	Barn #1	Barn #2	Barn #3
<b>Construction Type:</b>			
<b>Year Built*:</b>			
<b>Year of Updates:</b> If no heating, plumbing and/or electricity in building, please mark not applicable.	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Plumbing: _____ <input type="checkbox"/> N/A Roof: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A
<b>Heat Type:</b>	<input type="checkbox"/> None <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____
<b>Protective Devices:</b>	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other: _____	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other: _____	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other: _____
<b>Average number of horses you do not own in each barn:</b>			
<b>Average value of horses you do not own in each barn:</b>			

*\*Barns 30 years or older with no electric updates within 20 years must have an electrician certifying electricity is safe for current usage.*

**NOTE:** Coverage cannot be bound until the Company approves your completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is approved. If we do not approve your application, we will refund your premium.

**FRAUD WARNING:** 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Thank you for choosing Markel Insurance Company!**

*The Insurance Company With Horse Sense*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please let us know how you heard about Markel Insurance Company:**

Advertisement: \_\_\_\_\_  
(Magazine & Issue Date)

Convention: \_\_\_\_\_  
(Name & Date)

Referral: \_\_\_\_\_  
(Agent, Customer, etc.)

Web Site Link: \_\_\_\_\_

Other: \_\_\_\_\_

**Please check any of the following exposures that may be included within your operation:**  Camp Operation  Pony Rides  Rodeos  
 Trail / Endurance Rides (For each exposure checked, please complete an additional supplemental application.)