



Farm, Ranch, and Equine

EQUINE LIABILITY APPLICATION

GENERAL INFORMATION

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|---------------------------------------|----------------------------------|---------------------------------------------|---------------------------------------|------------------------------------------------|----------|
| Policy # | | | | | |
| Desired Coverage: | | <input type="checkbox"/> CGL Farm Liability | | <input type="checkbox"/> Equine Liability Only | |
| Effective Date: | | | Expiration Date: | | |
| <input type="checkbox"/> New Business | <input type="checkbox"/> Renewal | <input type="checkbox"/> Rewrite | <input type="checkbox"/> Account Bill | <input type="checkbox"/> Direct Bill | Pay Plan |

AGENCY INFORMATION

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|--------------------|--------------------|
| Agency Name: | Agency Code: |
| Sub-Producer Name: | Sub-Producer Code: |

APPLICANT INFORMATION

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|----------|
| First Name Insured: | | | |
| Address: | | | |
| City: | State: | Zip: | Website: |
| Phone Number: | | Email: | |
| Insured's Occupation: | | Spouse's Occupation: | |
| Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust or Estate <input type="checkbox"/> Other, Describe: | | | |
| If Named Insured is not an individual, list the individuals that make up the entity and the percentage of ownership for each: | | | |
| Number Years of Experience in this Type of Operation: | | | |
| Additional Named Insureds (<input type="checkbox"/> supplemental additional named insureds attached): | | | |

PRIOR CARRIER AND LOSS HISTORY (PREVIOUS 3 YEARS)

| Company | Type of Policy | Effective Date | Expiration Date | Annual Premium |
|---------|----------------|----------------|-----------------|----------------|
| | | | | |
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LOSS HISTORY

No Losses (in last 3 years) Loss Runs Attached Apply Loss Free Credit

Has the insured been canceled or non-renewed in the last 5 years? (N/A for Missouri) YES NO

If yes, please explain:

LOCATION SECTION

| LOC # | LEGAL DESCRIPTION (Include County, State, Zip Code or Section, Township & Range) | # of Acres | Owned | Leased | Other | # of Years at this location |
|-------|-------------------------------------------------------------------------------------|------------|-------|--------|-------|-----------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

Number of Years of Experience in these operations?

If less than five years, give a brief description of experience and background in horse business:

UNDERWRITING QUESTIONS

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| 1. Is any business other than farming conducted by the insured? If yes, explain: Describe all farming or horse-related operations: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Does the insured rent or lease any land, buildings or stables to others? If yes, explain: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Overall maintenance and condition of the grounds, fencing and buildings: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | |
| 4. Are all fences/gates in good conditions? How often are they checked and by whom? Any wire fencing used on the premises? What type (example: high-tensile smooth or barbed wire, no climb or woven wire)? If barbed wire is used, please describe where it is used. Are all pastures totally fenced? Describe type of fencing: Height of fencing: Who is responsible for fence repair? Has any animal ever escaped? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Does the insured have dogs? Number: Breed: Do you have dogs on the premises? Number: Breed: Do you allow your clients to bring their dogs? If yes, on leashes: <input type="checkbox"/> YES <input type="checkbox"/> NO Dog bitten or caused injury to anyone? If yes, please explain: | <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 <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Any recreational vehicles, such as ATVs or golf carts on the premises? If yes, number and type: Who is allowed to use? Used off premises at shows or events? Leased or rented from show or event? Any youthful driver? | <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 |
| 7. Is there 24-hour supervision of the facility? If yes, please describe: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Riding facilities: <input type="checkbox"/> Indoor Arena <input type="checkbox"/> Outdoor Arena <input type="checkbox"/> Open Fields <input type="checkbox"/> Trails | |
| 9. Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for Bodily Injury and Property Damage? Is yes, please attach a copy to the application. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. Do you have Workers' Compensation Insurance? Note: Workers' Compensation and Employer's Liability is not covered under this policy. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11. Payroll for Horse Operations | |
| 12. Is alcohol consumption allowed on the premises? If yes, please explain: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 13. Do you require all individuals under the age of 18 to wear approved safety helmets at all times while riding on your premises? If no, please explain: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 14. Do you sell any tack or clothing? If yes, what are the annual receipts? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 15. Do you repair any tack or riding equipment? If yes, please explain: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 16. Do you provide any type of farrier services? If yes, please explain: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 17. Do you provide, prepare any type of feed for sale to the general public? If yes, please explain: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 18. How do you dispose of the animal waste? | |
| 19. Is there a swimming pool on the property? If yes, is it restricted to private use? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO |

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|-----------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------|-----------------------------|
| 20. Is hunting/finishing permitted on the property? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 21. What is the minimum age of participant? | | | |
| 22. Do you operate a Bed and Breakfast or other overnight accommodations or food service? If yes, please describe: | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 23. Are all of the following posted clearly? | Emergency Phone Numbers: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Safety and Barn Rules: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | No Smoking Signs: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | State Equine Liability Warning: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

CERTIFICATES OF INSURANCE REQUESTED

| | |
|----------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Owner of Premises: | |
| Name: | Location #: |
| Mailing Address / City / State Zip: | |
| <input type="checkbox"/> Certificate Holder Only | <input type="checkbox"/> Additional Insured, Subject to Company Approval |
| <input type="checkbox"/> Other (Explain insurable interest, if any): | |
| Name: | |
| Mailing Address / City / State Zip: | |

LIABILITY SECTION

CGL Farm Liability

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|-------------------------------------------------------------------------------------------------------|
| REQUESTED LIMITS OF LIABILITY (PER OCCURRENCE) |
| <input type="checkbox"/> \$1,000,000 OCC / \$2,000,000 AGG |
| MEDICAL PAYMENTS <input type="checkbox"/> \$5,000 (included) <input type="checkbox"/> \$10,000 |

CGL FARM LIABILITY ONLY

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deductible Type <input type="checkbox"/> N/A <input type="checkbox"/> PD Deductible Basis - <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 Per Occurrence |
| <input type="checkbox"/> Damage to Premises Rented to You (\$100,000 included) Increase to: <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000 |
| Personal and Advertising Injury - <input type="checkbox"/> Include <input type="checkbox"/> Exclude |

Transportation of Farm Chemicals (\$25,000 included limit of insurance) Increase to: \$50,000 \$100,000
 Chemical Drift (included aggregate limit) Increase to: \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000

SUMMARY OF HORSES

ACCOUNT FOR EACH ANIMAL ONLY ONCE, BASED ON ITS PRIMARY USE. ALL HORSE RELATED EXPOSURES MUST BE DELARED.

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| COMMERCIAL EQUINE | <input type="checkbox"/> Check if No Exposure |
| <input type="checkbox"/> Equine Professional Service | |
| [09904] HORSE SHOWS/EVENTS | <input type="checkbox"/> Check if No Exposure |
| 1. Number of Participants: | |
| 2. Number of Days: | |
| 3. Shows Dates: | |
| 4. Gross Receipts (All Shows): | |
| 5. Arena Type: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | |
| 6. Seating Capacity: | |
| 7. Is your show recognized by any national association? | Name: |
| 8. Do you obtain a signed release from all participants? | If yes, please attach a copy of the release. |
| 9. Is the warm up area fenced? | |
| 10. Security on Site? | Ambulance or EMT on site? |
| 11. Any food sales? | Prepackaged or cooked food? Receipts: |
| 12. Any concession stands? | Deep fat fryer used? |
| 13. Any rodeos? | If yes, please describe: |

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| 14. Do you manage any hunts or racing? | What type? |
| 15. Do you own/lease hounds for hunting? | How many? |

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|-----------------------------------------|-----------------------------------------------|
| [10201] GRANDSTANDS/BLEACHERS | <input type="checkbox"/> Check if No Exposure |
| 1. Number of Seats: | |
| 2. Construction: | |
| 3. Stationary or Portable: | |
| 4. Year Built: | |
| 5. Number of Bleachers: | |
| 6. Are back and side railings provided? | |
| 7. Indoor or Outdoor? | |

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| [14100] RIDING CLUBS | <input type="checkbox"/> Check if No Exposure |
| 1. Number of Members: | |
| 2. Number of Public Days: | |
| 3. Number of Spectators: | |
| 4. Number of Clinic Days: | |
| 5. Number of Parade Days: | |
| 6. Premises Owned/Leased: | |
| 7. Food Sales Receipts: | |
| 8. Tack Sales Receipts: | |
| 9. Number of Hounds: | |

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| [60100] STABLES - RACING | <input type="checkbox"/> Check if No Exposure |
| 1. Number of Horses racing or training to race: | |
| 2. What Breeds: | |
| 3. How many do you train for others: | |
| 4. Payroll: | |
| 5. What states does the insured race in: | |
| 6. Is the insured actively involved in the racing of their own race horses: | |

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| [16200] RIDING INSTRUCTIONS AND ACADEMIES | <input type="checkbox"/> Check if No Exposure |
| 1. School Horses Receipts: | Number of Schools Horses used at one time: |
| 2. Student Horses Receipts: | |
| 3. Off-Premises Show Receipts: | |
| 4. Day Camps Receipts: | |
| 5. Is instruction provided by the insured or an independent instructor? | |
| 6. Is the insured a certified instructor? | |
| 7. Describe type of safety gear required: | |
| 8. Do you provide therapeutic services? If yes, complete the Therapeutic Questionnaire. | |
| 9. Do you teach: <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other: | |

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|---------------------------------------------------------------------|-----------------------------------------------|
| [16201] CLINICS | <input type="checkbox"/> Check if No Exposure |
| 1. Number of Days: | |
| 2. Type of Clinics: | |
| 3. Receipts: | |
| 4. Average Attendance - Participants: | Spectators: |
| 5. Who teaches the clinics? | |
| 6. Do you require outside clinicians to provide proof of insurance? | |

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| [16300] SADDLE ANIMALS - ACTIVITIES | <input type="checkbox"/> Check if No Exposure |
| 1. Number of event days: | |
| 2. Gross Annual Receipts: | |
| 3. What type of activity (describe in detail)? | |
| 4. Are ponies/horses taken off the premises? | |
| 5. Are ponies ever leased, rented or loaned for pony parties? | |

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|----------------------------------------------------------------------------|--------------------------------|
| 6. Is food and/or drink served? | If yes, what is served? |
| 7. Number of ponies used? | |
| 8. Are side walkers and helmets required? | |
| 9. Is a signed hold harmless agreement required by each rider/participant? | If yes, please provide a copy. |

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| [16401] SADDLE ANIMALS - COMMERCIAL | <input type="checkbox"/> Check if No Exposure |
| 1. Number of Horses (owned, used, leased by you): | |
| 2. Number of Carts, Buggies, Wagons and Carriages: | Describe use: |

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| [16402] STABLES - BOARDING | <input type="checkbox"/> Check if No Exposure |
| 1. Number of Horses Boarded: | |
| 2. Gross Annual Receipts: | |
| 3. Total Number of Stalls Available: | |
| 4. Number of Horses Pastured Boarded: | |
| 5. Are any horses self-care? If yes, please describe: | |

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| [16403] STABLES - TRAINING AND BOARDING | <input type="checkbox"/> Check if No Exposure |
| 1. Number of Horses: | |

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|---------------------------------------------|
| [16404] STABLES - TRAINING |
| 1. Pleasure/Show Horse Training, Per Horse: |

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|--------------------------------|-----------------------------------------------|
| [58500] LIVESTOCK SALES | <input type="checkbox"/> Check if No Exposure |
| 1. Number of Livestock: | |

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|-------------------------------------------------|-----------------------------------------------|
| [88002] THERAPEUTIC OPERATIONS* | <input type="checkbox"/> Check if No Exposure |
| 1. Number of School Horses used at one time: | |
| 2. Receipts: or No. of Lessons and/or sessions: | |

*COMPLETE THE THERAPEUTIC QUESTIONNAIRE

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| [08201] INDEPENDENT INSTRUCTORS (do not include owners or instructors paid by the farm) | <input type="checkbox"/> Check if No Exposure |
| 1. Number of Instructors/Trainers: | |
| 2. Do independent instructors/trainers operate on your premises? Do they operate under your name? | |
| 3. Do they carry their own insurance? If yes, we require a copy of a Certificate of Insurance for each insured. | |
| If not, answer questions 4-7. They will be added as an additional insured for an additional charge if eligible. | |
| 4. How many horses are provided for lessons by independent instructors on your premises? | |
| 5. Gross receipts for instruction to students on their own horses? | |
| 6. How many of your boarded horses are being trained by independent trainers? | |
| 7. Names, ages and experience of independent instructors (provide copy of their hold harmless agreement): | |

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| CARE, CUSTODY AND CONTROL | <input type="checkbox"/> Check if No Exposure |
| 1. Number of Horses: Breed: Use: | |
| 2. Per Horse Limit/Aggregate Limit: <input type="checkbox"/> \$2,500/\$25,000 <input type="checkbox"/> \$5,000/\$25,000 <input type="checkbox"/> \$5,000/\$50,000 <input type="checkbox"/> \$10,000/\$50,000 <input type="checkbox"/> \$10,000/\$100,000 <input type="checkbox"/> \$15,000/\$150,000 <input type="checkbox"/> \$25,000/\$250,000 <input type="checkbox"/> \$50,000/\$250,000 <input type="checkbox"/> \$75,000/\$300,000 <input type="checkbox"/> \$100,000/\$300,000 <input type="checkbox"/> \$150,000/\$400,000 <input type="checkbox"/> \$200,000/\$500,000 <input type="checkbox"/> \$500,000/\$1,000,000 | |
| 3. Number of Stalls: Stable/Barn #1: Stable/Barn #2: Stable/Barn #3: Stable/Barn #4: | |
| 4. Is any stable over 25 years old? If yes, when was the last time electrical wiring was checked and certified suitable for current usage? | |
| 5. Do the buildings have properly marked and charged fire extinguishers? | |
| 6. Minimum # of Non-Owned Horses in Your Care: Minimum Value of Non-Owned Horses: | |
| 7. Average # of Non-Owned Horses in Your Care: Average Value of Non-Owned Horses: | |
| 8. Maximum # of Non-Owned Horses in Your Care: Maximum Value of Non-Owned Horses: | |
| 9. Do you transport horses for others? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please answer questions a-g. | |
| a. Maximum number of trips per year: | |
| b. Maximum number of non-owned horses per trip: | |
| c. Radius of normal operations: miles | |
| d. Number of trips and destinations exceeding 175 mile radius: Trips: Destinations: | |
| e. How often are trailer or van boards checked? | |
| f. How many people go on each trip? | |
| g. Are working fire extinguishers carried on the van or truck? | |

Transportation Extension: Waive the 175 mile radius of operation for damages arising out of transportation (Care, Custody or Control).

FRAUD WARNING:

In AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

In CO: 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.

In FL and OK: 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)*. *Applies in FL Only.

In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

In KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

In ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

In NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

In PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

I hereby certify that I am an authorized representative of the applicant and to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

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 x | DATE / / | AGENT'S SIGNATURE x | DATE / / |
|--------------------------|-------------|------------------------|-------------|

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