Berkley Equine & Cattle
a Berkley Company

INSURANCE CARRIER: STARNET INSURANCE COMPANY

U-W Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005 (866) 298-5525

Equine Liability Application

(For States Of: AL, AR, IA, ID, LA, MS, ND, NM, OR, SD, UT, WV, WY)

Name of Applicant/Mailing Address	Applicant Is:
_____ _____ _____ _____	❑ Owner/Operator ❑ Partnership ❑ Corporation ❑ Manager ❑ Absentee Owner ❑ Other Explain Other: _____
Telephone: (Day) _____ (Evening) _____ **E-Mail:** _____ **Fax:** _____ **Bill Type:** ○ Agency Bill ◉ Direct Bill **Pay Plan** n/a **Requested Coverage Date:** _____	**Agency:** Euine Insurance Specialists, LLC PO Box 12440 Lexington, KY 40583-2440 **Agent Number:** 05700 **Phone:** (800) 723-9414 **Fax:** _____ **E-Mail:** _____

Location of actual operations: (If more than 3 locations say various under #1 below)

	Address	County	Acreage	Premises (Check One)	
1.				❑ Own	❑ Lease
2.				❑ Own	❑ Lease
3.				❑ Own	❑ Lease

Names of all partners or officers of corporation: _____
_____

Additional Insureds

Please list all individuals or organizations that you are requesting to be added as Additional Insured(s). Individuals or organizations must have an insurable interest in the applicant for consideration in adding as an Additional Insured.

Name: _____ Address: _____	Relationship to Insured: _____ Telephone: _____
Name: _____ Address: _____	Relationship to Insured: _____ Telephone: _____
Name: _____ Address: _____	Relationship to Insured: _____ Telephone: _____

Section I

UNDERWRITING AND SAFETY INFORMATION

1. Give a brief description of all your farming and/or horse related operations: _____
   _____

2. How many employees: Full Time: _____, Part Time: _____, Annual Payroll $ _____
   Do you have workers compensation insurance? ❑ **Yes** ❑ **No**
   Number of years experience: _____. How many years at present location? _____
   Are you the primary manager of your facility? ❑ **Yes** ❑ **No**
   If no, what is the manager's name: _____, age: _____, years experience: _____

3. Is there 24 hour supervision of the facility? ❑ **Yes** ❑ **No**. Please explain the supervision: _____
   _____
   _____

4. ❑ **Yes** ❑ **No** Are emergency numbers clearly posted?
   ❑ **Yes** ❑ **No** Are Safety and Barn rules posted at the facility?
   ❑ **Yes** ❑ **No** Is game hunting permitted on the premises?
   ❑ **Yes** ❑ **No** Is there a swimming pool on the premises?
   ❑ **Yes** ❑ **No** Has any dog owned by you or kept on the premises bitten or caused injury to anyone?
   ❑ **Yes** ❑ **No** Are no smoking signs clearly posted?
   ❑ **Yes** ❑ **No** Are there smoke alarms in your barn?
   ❑ **Yes** ❑ **No** Are State Equine Liability signs clearly posted (if applicable)?
   ❑ **Yes** ❑ **No** Do you have all clients sign a current waiver? (**Enclose sample copies of all waiver forms**)
   ❑ **Yes** ❑ **No** Are shoes with heels required for all riders?

5. Are ASTM or equivalent helmets required while mounted? (**check box below**)
   ❑ By Everyone ALL OF THE TIME
   ❑ 18 and under ALL OF THE TIME
   ❑ Everyone while jumping and/or doing speed work
   ❑ Only 18 and under while jumping and/or speed work
   ❑ Never required. Why? _____
   _____
   Are any other safety procedures or gear used? _____
   _____

6. Do you lease any part of any building or land to or from someone? If yes, please explain: _____
   _____

7. Fencing: Is all fencing in good condition? ❑ **Yes** ❑ **No**. Type of fencing used: _____
   _____
   The fencing is checked: ❑ Daily ❑ Weekly ❑ Monthly ❑ Never
   Has an animal ever escaped? ❑ **Yes** ❑ **No**. If 'yes', please explain: _____
   _____

Section II ❑ Check If No Exposure

OWNED HORSES/LEASED HORSES

Mark Total Number Of Horses For Each Use (Only Mark One Use Per Horse)		
1. Breeding: _____	4. Showing: _____	7. Racing Or Race Training: _____
2. Pleasure: _____	5. Foals/Weanlings: _____	8. Retired Horses: _____
3. For Sale: _____	6. Used For Giving Lessons To Others: _____	

Section III ❑ Check If No Exposure

NON-OWNED HORSES

1. What is the maximum number of horses boarded? _____; Monthly boarding rate $ _____
   Annual Gross Receipts $ _____
2. What is the maximum number of non-owned horses in show training? _____
   Monthly training rate $ _____; Annual gross receipts $ _____
3. What is the maximum number of non-owned breeding stallions? _____; Annual gross receipts $ _____
4. What is the maximum number of non-owned mares? _____
   Do mares stay on your premises until after foaling? ❑ **Yes** ❑ **No**
5. What is the maximum number of non-owned racehorses or racehorses in training? _____
6. Maximum number of non-owned racehorses you train for others? _____; Annual gross receipts $ _____
7. Do you sell horses as an agent for others? ❑ **Yes** ❑ **No**
   How many horses do you sell annually that are: owned by you? _____; owned by others? _____
   Average value of horses sold and owned by you $ _____; owned by others $ _____
   Do you allow buyers to ride the horse prior to purchasing? ❑ **Yes** ❑ **No**
8. Do you desire coverage for non-owned horses in your Care, Custody and Control? ❑ **Yes** ❑ **No**
   _____ **(please initial)** ***(Separate application required)***

Section IV ❑ Check If No Exposure

RIDING INSTRUCTION PROVIDED BY YOU

1. Number of years experience as a riding instructor: _____
   Do you hold any national officiating/judging/and/or instructors licenses? ❑ **Yes** ❑ **No**
   If yes, give details and competition experience: _____
   _____
   _____
2. Maximum number of school horses available: _____; Maximum number used at one time: _____
   Yearly gross receipts for riding instruction on school horses: $ _____.
3. Do you give instructions to students on their own horses? ❑ **Yes** ❑ **No**
   If yes, number of students per week: _____; Yearly gross receipts $ _____
4. What riding discipline do you instruct? _____
5. Do you attend off-premises shows with any of your students? ❑ **Yes** ❑ **No**
   How many times a year? _____; Gross annual receipts $ _____
6. Do you hold clinics for non-students? ❑ **Yes** ❑ **No**, how many? _____, average attendance: _____
   What are the dates? _____; Gross receipts $ _____
7. Do you operate a day camp or an overnight camp? ❑ **Yes** ❑ **No**; Yearly gross receipts $ _____
   If answered 'yes', a Camp Supplement Form must be completed and submitted prior to quoting.
8. Do you provide riding for the handicapped? ❑ **Yes** ❑ **No**; If yes, annual gross receipts $ _____
   If answered 'yes', a Therapeutic Riding Program Supplemental Form must be completed and submitted prior to quoting.
9. Do you desire Equine Professional Liability Coverage? ❑ **Yes** ❑ **No**

Section V ❑ Check If No Exposure

INDEPENDENT TRAINERS AND INSTRUCTORS

1. Do independent trainers utilize your facility? ❑ **Yes** ❑ **No**
2. Do all independent trainers carry their own insurance? ❑ **Yes** ❑ **No**

IF YES, PROOF OF COVERAGE IS REQUIRED. THE LIMITS MUST BE AT LEAST EQUAL TO THOSE YOU CARRY. THEY MUST NAME YOU AS ADDITIONAL INSURED UNDER THEIR POLICY. INDEPENDENT INSTRUCTORS OR TRAINERS THAT DO NOT CARRY THEIR OWN INSURANCE WILL BE ADDED AS AN ADDITIONAL INSURED TO YOUR POLICY FOR ADDITIONAL PREMIUM CHARGE. COVERAGE IS LIMITED TO ON-PREMISES ONLY AND TO OFF PREMISE SHOWS WITH HORSES AND/OR RIDERS IN TRAINING.

NAMES OF INDEPENDENT INSTRUCTORS AND ADDRESS

Name: _____ **Address:** _____

Age: _____ **Years experience in current class instructing:** _____

Any licenses or certificates for training? ❑ **Yes** ❑ **No. If yes, give details:** _____

_____

Name: _____ **Address:** _____

Age: _____ **Years experience in current class instructing:** _____

Any licenses or certificates for training? ❑ **Yes** ❑ **No. If yes, give details:** _____

_____

3. How many horses are provided for lessons by independent instructors: _____; gross receipts $ _____
4. Gross receipts for instructions to students on their own horses: $ _____
5. Number of boarded horses trained by independent trainers: _____

Section VI ❑ Check If No Exposure

HORSE SALES

1. Do you sell horses? ❑ **Yes** ❑ **No.** If yes, number sold annually: _____
2. Do you sell for others? ❑ **Yes** ❑ **No.**
3. Do you sell on your premises? ❑ **Yes** ❑ **No**
4. Gross annual receipts $ _____

Section VII ❑ Check If No Exposure

TACK STORE OR RETAIL SALES (snack shop)

Gross Sales Receipts				
Snacks	Clothing	Tack	Feed	Total
$	$	$	$	$ 0

1. Do you manufacture or repair any goods sold? ❑ **Yes** ❑ **No.** If yes, please describe: _____

_____

_____

2. Do you perform any type of farrier service? ❑ **Yes** ❑ **No**; gross annual receipts $ _____

NOTE-LIQUOR LIABILITY IS NOT COVERED. Do you allow alcohol consumption on the premises? ❑ **Yes** ❑ **No**

Section VIII ❑ Check If No Exposure

OPEN HORSE SHOWS & COMPETITIONS

1. Total number of show dates: _____; gross annual receipts $ _____
   Average number of competitors on grounds per show day: _____
   Maximum number of spectators per day: _____; list actual show dates:
   _____
   Number of years hosting shows: _____; years hosting at this location: _____
   Are shows sanctioned? ❑ **Yes** ❑ **No;** By Who? _____
   If no, name any other National Organization that sanctions the shows: _____
   Do you secure releases from all entrants? ❑ **Yes** ❑ **No** (**If yes, please attach a sample copy)**
   Do you have an EMT present at all shows & clinics? ❑ **Yes** ❑ **No**
   If yes, do you obtain proof of Insurance or a certificate of insurance from the EMT? ❑ **Yes** ❑ **No**
2. Do you manage any hunts or racing events? ❑ **Yes** ❑ **No**; if yes, please describe: _____
   _____
3. Do you own/use any hounds for hunts? ❑ **Yes** ❑ **No**; if 'yes', how many hounds? _____
4. If any shows involve rodeos, please describe type of events: _____
   _____
5. Describe any other type of events or operations that are not mentioned above: _____
   _____
6. Do you desire coverage for use of your golf cart(s) used for your "equine activities? ❑ Yes ❑ No
   Number Golf Carts? _____

NOTE: COVERAGE IS NOT PROVIDED FOR INJURY TO PARTICIPANTS IN HORSE RACES RODEOS, RODEO-TYPE EVENTS, HUNTS, AND POLO MATCHES/PRACTICES.

Section IX ❑ Check If No Exposure

PONY RIDES/SADDLE ANIMALS FOR HIRE/TRAIL RIDES

1. Number of animals used for trail rides or rentals: _____
   Gross annual receipts for trail rides $ _____; Gross annual receipts for rentals $ _____
2. Do you rent ponies to others? ❑ **Yes** ❑ **No.** If yes, please explain to who and the number leased:
   _____
3. Do you conduct packing trips? ❑ **Yes** ❑ **No**
4. Do you conduct hay, sleigh, or carriage rides? ❑ **Yes** ❑ **No**. If yes, gross annual receipts $ _____
5. *Pony Rides/Parties:* Number Of Ponies _____; Gross annual receipts $ _____

   Please provide a detailed explanation of your safety program: _____
   _____
   _____

Section X

PREVIOUS INFORMATION

Have you had coverage cancelled or refused in the past 5 years? ❑ **Yes** ❑ **No**
Have you had any losses in the last 5 years? ❑ **Yes** ❑ **No**
If yes, please supply approximate dates, description of loss, and amount of any medical payments made for you: _____
_____
Are you currently insured? ❑ **Yes** ❑ **No**; If yes, with what company? _____
If no, who was the last Company you had coverage with? _____

What was the expiration date of coverage? _____

Section XI

EQUINE LIABILITY COVERAGE LIMITS:

REQUESTED LIMITS OF LIABILITY *(Please Check Only The Limit You Are Applying For)*:

- ❑ **$300,000 each occurrence / $600,000 aggregate**
- ❑ **$500,000 each occurrence / $1,000,000 aggregate**
- ❑ **$1,000,000 each occurrence / $2,000,000 aggregate**

(The Aggregate Limit Is the Maximum Paid Out Per Policy Period)

Coverage A: Bodily Injury and Property Damage Liability.
Coverage B: Personal and Advertising Injury Liability.

Liability Limits include $5,000 Medical Payments Coverage and $100,000 Fire Legal Liability Coverage. ***No coverage will be provided for Horse Races..***

Agent's Use Only

I (❑ have / ❑ have not) inspected the premises. I found the horsemanship to be: ❑ excellent, ❑ good, ❑ fair, ❑ poor.

Agent's Signature: _____ Date: _____

Please sign and date the application on the following page after reading the Fraud Notices.

FRAUD NOTICES AND APPLICANT'S SIGNATURE

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO FLORIDA APPLICANTS – 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.

NOTICE TO NEW MEXICO APPLICANTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OREGON APPLICANTS – Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT THAT BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Date	Signature of Applicant