Berkley Equine & Cattle
a Berkley Company

INSURANCE CARRIER: STARNET INSURANCE COMPANY

A Berkley Company – A Stock Insurance Company
Domicile Office: Corporation Trust Center, 1209 Orange Street, Wilmington DE 19801
Main Administrative Office: 475 Steamboat Road, Greenwich, CT 06830
Underwriting Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005-2025 Telephone: 866-298-5525

EQUINE LIABILITY COVERAGE APPLICATION – FLORIDA

THIS IS NOT A BINDER.

Name of Applicant and Mailing Address:		Applicant Is:	
		☐ Owner/ Operator	☐ Partnership
		☐ Corporation	☐ Manager
		☐ Absentee Owner	☐ Other
		Explain Other:	
		FEIN or Social Security Number:	
		Agent or Agency:	
		Equine Insurance Specialists, LLC	
Telephone: (Day):	Ext.	PO Box 12440	
(Evening):		Lexington, KY 40583-2440	
Facsimile:		Agent Number:	05700
E-mail:		Agent License Number:	
Web-site (if any):		Telephone:	(800) 723-9414 Ext.
		E-Mail:	
Requested Coverage Date:		Bill Type: ○ Agency Bill	● Direct Bill Pay Plan:

Location of Actual Operations: (If more than three (3) locations say various under item 1 below)

	Address	County	Acreage:	Premises (Check One)
1				☐ Own ☐ Lease
2				☐ Own ☐ Lease
3				☐ Own ☐ Lease

Names of all partners, members, or officers (of a corporation):

Additional Insureds:

Please list all individuals or organizations you are requesting to be added as additional insured(s). Individuals or organizations must have an insurable relationship to the Applicant for consideration in endorsing as an additional insured.

Name:		Relationship to Applicant:	
Address:		Telephone:	
Name:		Relationship to Applicant:	
Address:		Telephone:	
Name:		Relationship to Applicant:	
Address:		Telephone:	

Section I

UNDERWRITING AND SAFETY INFORMATION

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

2. How many employees: Full time: _____ Part time: _____ Annual Payroll $ _____

Do you have workers' compensation insurance Coverage? ☐ 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 of Experience: _____

3. Is there twenty-four (24) hour supervision of the facility? ☐ Yes ☐ No Please describe 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 other 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 of your clients sign a current waiver? Attach sample copies of all waiver forms.
	☐ Yes	☐ No	Are shoes with heels required of all riders?

5. Are ASTM or equivalent helmets required of riders while mounted? (Check box below)

- ☐ By everyone ALL OF THE TIME.
- ☐ Eighteen (18) and under ALL OF THE TIME.
- ☐ By everyone while jumping and / or doing speed work
- ☐ Only eighteen (18) and under while jumping and / or speed work
- ☐ Never required. Why? (Please explain)

Are there 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

OWNED HORSES / LEASED HORSES	☐ Check If No Exposure

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

NON-OWNED HORSES					☐ Check If No Exposure
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 nonowned racehorses or racehorses in training?				
6	Maximum number of nonowned 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 before buying?	☐ Yes	☐ No		
8	Do you want coverage for nonowned horses in your care, custody, or control?	☐ Yes	☐ No	Please initial here	

(SEPARATE APPLICATION IS REQUIRED For nonowned horses in your Care, Custody, or Control)

Section IV

RIDING INSTRUCTION PROVIDED BY YOU					☐ Check If No Exposure
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 instruction to students on their own horses?	☐ Yes	☐ No		
	If yes, what is the 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 annual receipts:	$	
7	Do you operate a day camp or overnight camp?	☐ Yes	☐ No	Gross annual receipts	$
	If answered, yes; a Camp Supplement Application Form must be completed and submitted before we will quote.				
8	Do you provide riding for the handicapped?	☐ Yes	☐ No	If yes, annual gross receipts:	$
If answered yes; a Therapeutic Riding Program Supplemental Application Form must be completed and submitted before we will quote.					
9	Do you want Equine Professional Liability Coverage?	☐ Yes	☐ No		

Section V

INDEPENDENT TRAINERS AND INSTRUCTORS				Check If No Exposure
1	Do independent trainers use your facility?	Yes	No	
2	Do all independent trainers carry their own insurance?	Yes	No	
	IF YES, PROOF OF INSURANCE COVERAGE IS REQUIRED. THE LIMITS MUST BE AT LEAST EQUAL TO THE LIMITS YOU CARRY. THEY MUST NAME YOU AS AN 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 AN ADDITIONAL PREMIUM CHARGE. COVERAGE IS LIMITED TO ON-PREMISES ONLY AND TO OFF PREMISES SHOWS WITH HORSES AND / OR RIDERS IN TRAINING.			

NAMES OF INDEPENDENT TRAINERS AND INSTRUCTORS AND ADDRESS

Name:		Address:	
Age:		Years of experience in current class instructing:	
Any licenses or certificates for training?	Yes	No	If yes, give details:

Name:		Address:	
Age:		Years of experience in current class instructing:	
Any licenses or certificates for training?	Yes	No	If yes, give details:

Name:		Address:	
Age:		Years of 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 annual receipts:	$	
4	Gross annual receipts for instructions to students on their own horses:	$			
5	Number of boarded horses trained by independent trainers:				

Section VI

HORSE SALES					Check If No Exposure
1	Do you sell horses?	Yes	No	If yes, number sold annually:	
2	Do you sell horses for others?	Yes	No		
3	Do you sell on your premises?	Yes	No		
4	Gross annual receipts from horse sales:	$			

Section VII

TACK STORE OR RETAIL SALES (Snack Shop)					Check If No Exposure
1	Do you manufacture or repair any goods	Yes	No	If yes, please describe:	

Gross Annual Sales Receipts:

Snacks:	Clothing:	Tack:	Feed:	Total:
$	$	$	$	$ 0

Section VII – Tack Store or Retail Sales (Snack Shop) Continued:

2	Do you perform any type of blacksmith (farrier) service?	☐ Yes	☐ No	Gross annual receipts	$	

NOTE – LIQUOR LIABILITY IS NOT COVERED. Do you allow alcohol consumption on the premises? ☐ Yes ☐ No

Section VII

OPEN HORSE SHOWS AND COMPETITIONS ☐ Check If No Exposure

1	Total Number of show dates:		Gross Annual Receipts:	$	
	Average number of competitors on premises 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	If yes, by whom?			
	If no, name any other National Organization which 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 and 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	Are Grandstands/Bleachers used for seating of spectators? ☐ Yes ☐ No	If yes, what is the total seating capacity?			
4	If any shows involve rodeos, please describe type of events:				
5	Describe any other type of events or operations not mentioned above:				
6	Do you want coverage for use of golf cart(s) used in your equine activities? ☐ Yes ☐ No	If yes, how many carts?			

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

Section IX

PONY RIDES – SADDLE ANIMALS FOR HIRE – TRAIL RIDES ☐ Check if No Exposure

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 animals 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 Pony 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 last 5 years?	☐ Yes	☐ No		
Have you had any losses or claims in the last 5 years?	☐	☐		
If yes, please supply the approximate dates, description of the loss and the amount of any medical payments made for you:				
Are you currently insured?	☐ Yes	☐ No	If yes with which insurance company?	
If no, which was the last Company with which you had coverage?				
What was the expiration date of coverage?				
Section XI				
EQUINE LIMITS OF INSURANCE:				
Requested Limits of Insurance (Please place a check mark for the limit of insurance you want):				
☐ $300,000 each occurrence; $600,000 general aggregate			General aggregate is the maximum paid during any one policy period.	
☐ $500,000 each occurrence; $1,000,000 general aggregate				
☐ $1,000,000 each occurrence; $2,000,000 general aggregate				
Limits of Insurance include $5,000 for Medical Payments Coverage and $100,000 Fire Legal Liability Coverage. Higher limits of insurance for Medical Payments are available and will be quoted upon request. No coverage will be provided for Horse Races.				
Coverage A – Bodily Injury and Property Damage Liability				
Coverage B – Personal and Advertising Injury Liability				

AGENT'S USE ONLY

I ☐ have ☐ have not inspected the premises.	I found the horsemanship to be: ☐ excellent ☐ good ☐ fair ☐ poor	
Producer's Signature:	Date:	

FRAUD WARNING:

FLORIDA: "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."

I UNDERSTAND THAT 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 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.

YOU MUST SIGN AND DATE THIS APPLICATION HERE.

Signature of Applicant	Printed Name of Applicant	Date	Relationship of Applicant to the Named Insured if not the Named Insured