



EQUINE SUPPLEMENTAL APPLICATION

Named Insured Effective Date FEIN
Loss Control Contact Phone Fax
Accounting Contact Phone Fax
Claims Contact Phone Fax
Incumbent Broker Agency Contact Phone
Any changes to the Insured's Normal Anniversary Date? YES NO
If YES, Please Explain

PREMIUM AND PAYROLL HISTORY

Table with 4 columns: Effective Date, Expiration Date, Total Premium, Total Annual Payroll

DESCRIPTION OF OPERATIONS

Exposures (check all that apply):

- Boarding Dressage English Pleasure Eventing Fox Hunt Horse Show Management
Hunter Jumper Polo Private Estate Public Horseback Riding/Rentals Reining Rodeo
Roping Standardbred/Harness Racing Therapeutic Riding Thoroughbred Racehorse
Trail Rides Western Pleasure Other

Breeding: YES NO If YES:

- On Premises Off Premises
Stallions: How Many Artificial Insemination Broodmare Only Live Cover

Breaking: YES NO If YES: Years of experience of employees performing breaking

- Halter Saddle

Facility:

Owned Leased
Number of Stalls Average number of horses
Acres

Trails: YES NO If YES:

- On Premises Off Premises
Maintained by
If maintained by insured, how is trail maintenance performed?

Horse Shows:

 Participate: YES NO If YES:

How many shows a year? _____

Where/what shows: _____

 Host/operate: YES NO If YES:

 At Premises: YES NO If YES:

 Volunteers: YES NO If YES:

How Many? _____ Duties _____

 Vendors: YES NO If YES:

How Many? _____ What Type? _____

Brief description of COI procedures: _____

 Is work comp required on the COI? YES NO

 At other's facility: YES NO
EMPLOYEE INFORMATION

Total Number of Employees: Full Time _____ Part Time _____ Seasonal _____ 1099s/Cash _____

Employee Demographics:

JOB DUTY	W2	1099 or Cash	Subcontractor	Included in estimates (y/n)
Manager/foreman	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	yes <input type="checkbox"/> no <input type="checkbox"/>
Trainers	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	yes <input type="checkbox"/> no <input type="checkbox"/>
Grooms	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	yes <input type="checkbox"/> no <input type="checkbox"/>
Hot Walkers	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	yes <input type="checkbox"/> no <input type="checkbox"/>
Riders	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	yes <input type="checkbox"/> no <input type="checkbox"/>
Maintenance	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	yes <input type="checkbox"/> no <input type="checkbox"/>
Ferrier	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	yes <input type="checkbox"/> no <input type="checkbox"/>
Veterinarian	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	yes <input type="checkbox"/> no <input type="checkbox"/>
Other:	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	yes <input type="checkbox"/> no <input type="checkbox"/>

DRIVING/DELIVERY INFORMATION

 Are there any motor vehicle operations? YES NO

If YES, what is the purpose? _____

 Frequency? Daily Weekly Monthly Other _____

 What is the radius of travel? <50 miles 50-100 miles 100+ miles What is the maximum radius? _____

 Number and type of Vehicles? Passenger _____ Pickup _____ Farm Vehicle (ATV, Gator, Golf Cart) _____

 Number and size of Horse Trailers _____ Do employees ride with horses in the backs of vans/trailers YES NO

 # of Drivers? _____ Are MVRs checked at least annually? YES NO

What is the maximum number of employees per vehicle? _____

SAFETY AND LOSS CONTROL INFORMATIONOwner(s) active in daily operations? YES NO Formal Safety Program? YES NO If YES, details _____Do employees receive safety training? YES NO Is PPE provided? YES NO Is use of PPE enforced? YES NO

Please list PPE provided: _____

Accident Investigation Program? YES NO Return to Work Program? YES NO **EMPLOYEE HOUSING INFORMATION – MUST BE ANSWERED COMPLETELY IF “YES”**Does the Insured provide housing or living quarters for management, foremen, supervisors or other employees? YES NO

How many employees are provided housing? _____

How many employees per unit? _____

What type of housing is provided? Single Family Dwelling Mobile Home Apartment/Condo Other _____Do any of the employees pay rent? YES NO If NO, is the “fair market value” included in the remuneration reported for the employees? YES NO

What is the “fair market value” for the rental of the housing? _____ per month

Is the housing equipped with smoke detectors? YES NO Is housing equipped with fire extinguishers? YES NO Are there multiple points of egress in case of emergency? YES NO