

Named Insured _____ Eff Date _____ FEIN _____

CONTACT(S):	NAME	PHONE:	EMAIL:
Loss Control Contact			
Accounting Contact			
Claims			
Incumbent Broker			

Any changes to the Insured's Normal Anniversary Date? Yes or No
If YES, please explain: _____

PREMIUM AND PAYROLL HISTORY

Effective Date	Expiration Date	Total Premium	Total Annual Payroll

DESCRIPTION OF OPERATIONS: _____

EQUINE EXPOSURES (Check all that apply):

Eligible:	
Boarding _____	Roping _____
Dressage _____	Hunter _____
English Pleasure _____	Jumper _____
Western Pleasure _____	Reining _____
Private Estate _____	Horse Show Management _____
Fox Hunt _____	Therapeutic Riding (Human therapy only)* _____
Breaking - Halter _____	Breeding - Off Premises by Others _____
# Years experience of employees performing Halter Breaking _____	

Ineligible:
Polo _____
Therapy/Rehab of Horses _____
Thoroughbred Racehorse Standardbred/Harness Racing _____
Public Horseback Riding/Rentals _____
Trail Rides _____
Breeding - On Premises _____
Breaking - Saddle _____
Rodeo _____

*Any other operations associated with this risk other than equine therapy? If yes, please explain:

Other - please describe: _____

EQUINE EXPOSURES (cont'd):

Premises - Hay/Grain Growing Operations:	Y	N
Does the Insured growing Hay and/or Grain on their premises?		
If YES, does the insured Harves and/or Bale Hay or Grain?		
Harvest and/or Bailing is contracted to others, does the applicant obtain certificates of insurance?		
Please provide copies of Certificates of Insurance with your submission		

Equine Pleasure Driver Operations (Saddlebreds/Hackneys/Arabians/Morgans/Ponies):	Y	N
Confirm only allow one rider in a wagon/cart at a time and no student involvement in wagon hookup		
Who performs the primary maintenance on the carts? If employees, then applicant is ineligible.		
Confirm carts are used at a limited speed - no faster than a trot.		
Are employee's using or operating carts? If yes, applicant is ineligible.		
Confirm Single wagons or carts only.		

EMPLOYEE INFORMATION:

NOTE: Use of any short-term or temporary employees, applicant is ineligible.

Total Number of Employees:

Full Time Part Time Seasonal 1099s/Cash

Are there any volunteer exposures? Yes or No

If so, how many and how long do they work in a week? _____

EMPLOYEE JOB DUTIES:

What are their job duties? _____

What are their work hours? Do they work a max of 12 hour shifts? Yes or No

(if No, then ineligible)

Be advised this carrier cannot cover volunteers, including non-paid interns.
NO COVERAGE will be extended to volunteers and non-paid interns.

We will need a signed stated from the insured, on their company letterhead, acknowledging that coverage will not be extended to any volunteers:

Signed Statement Attached: Yes or No

EMPLOYEE INFORMATION (cont'd):

EMPLOYEE DEMOGRAPHICS: JOB DUTY	INCLUDED IN ESTIMATE			
	W2	1099 OR CASH	SUBCONTRACTOR	Y N
Manager / Foreman				
Trainers				
Grooms				
Hot Walkers				
Riders				
Maintenance / Groundskeeping				
Farrier				
Veterinarian				
Other				

EMPLOYEE HOUSING INFORMATION -

Does the applicant provide housing or living quarters? Select all that apply: Yes or No

If "Yes", this section must be answered completely:

Housing or living quarters provided - Select all that apply:

Management Foremen Other
 Supervisor Employees

How many employees are provided housing?
 How many employees per unit?

What type of housing is provided? Select all that apply:

Single Family Dwelling Mobile Home
 Multi Family Dwelling Apartment / Condo

Other (please describe): _____

For any employees, is their rent included as part of their salary? Yes or No

For any employees, are they charged rent and is not part of their salary? Yes or No

Is the "fair market value" of the rental included in the remuneration reported for employees? Yes or No

What is the "fair market value" for rental of the housing per month?

Is the housing equipped with smoke detectors? Yes or No Checked yearly? Yes or No
 Is the housing equipped with fire extinguishers? Yes or No Checked yearly? Yes or No

SAFETY AND LOSS CONTROL INFORMATION

Owner(s) active in daily operations? Yes or No

Formal Safety Program? Yes or No

Provide Details _____

Do Employees receive safety training? Yes or No

Is PPE provided? Yes or No

Is use of PPE by employees enforced? Yes or No

Please list PPE provided: _____

Accident Investigation Program in place? Yes or No

Return to Work Program in place? Yes or No

Safety and Barn Rules clearly posted? Yes or No

HORSE TRANSPORTATION INFORMATION:

- Are the horses being transported by any of the following - select all that are applicable:

Truck and Trailer - Owned by the Applicant

Truck and Trailer - Hired by the Applicant

Airplane

Frequency:

Daily

Weekly

Monthly

Other

Intrastate: Radius Driven great les than 800 miles? Yes or No

Radius driven greater than 800 miles? Yes or No

If "Yes", then ineligible

Interstate: Max allowable up to 4 times per year (subject to Radius of less than 800 miles)

Insured Signature _____

Date Signed _____

Agent Signature _____

Date Signed _____