



AGENCY NAME AGRI-RISK SERVICES, INC.		CODE 3422
ADDRESS 7540 West 160th St. Suite 100, Stilwell, KS 66085		
PHONE NUMBER 1-800-821-5558	FAX NUMBER 913-897-1444 or 913-897-0823	
E-MAIL ADDRESS info@agrisk.com		

APPLICATION FOR COMMERCIAL EQUINE LIABILITY
(A Special program Limited to Horse-Related Exposures Only)

THIS IS NOT A BINDER

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.

NEW BUSINESS – DESIRED EFFECTIVE DATE ___ / ___ / ___ RENEWAL – EXPIRATION DATE ___ / ___ / ___

NAME OF APPLICANT	BUSINESS/STABLE NAME
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MAILING ADDRESS / CITY / STATE / ZIP CODE

TELEPHONE NUMBER ()	PERSON TO CONTACT FOR INSPECTION
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NOTICE – WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXCEPTED), EXPLAIN INTEREST OF EACH

LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASES PREMISES		
Address (including zip code)	Number of Acres	Premises
1. _____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease
2. _____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease

APPLICANT IS

Individual Partnership Organization/Corporation Owner Operator Other (specify)

NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises: Name _____

Address _____

Certificateholder Only Additional Insured

Other – Describe Interest: _____

Name and Address _____

Certificateholder Only Additional Insured, If Eligible _____

LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS

\$500,000 CSL/Occ. \$1,000,000 CSL/Occ. \$ CSL/Occ.

\$1,000,000 Agg. \$2,000,000 Agg. Other

INQUIRE ABOUT THE AVAILABILITY OF INCREASED LIMITS ON THE FOLLOWING OPTIONS:

General Aggregate Medical Payments Fire Legal Liability

DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES (IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.) Yes No

APPLICANT X	DATE / /
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GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

1.	DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS	

2.	NUMBER OF YEARS AT THIS LOCATION	NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS
3.	IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS	

4.	DO YOU HAVE WORKERS' COMPENSATION INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: Workers' Compensation and Employer's Liability is not covered under this policy. PAYROLL FOR HORSE OPERATIONS \$
5.	IS THIS YOUR PRINCIPAL OCCUPATION – IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

6.	ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

8.	IS THERE 24-HOUR SUPERVISION OF THE FACILITY – IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
9.	ARE ALL PASTURES TOTALLY FENCED – DESCRIBE TYPE OF ALL FENCING <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

10.	DESCRIBE CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	HOW OFTEN IS FENCING CHECKED
11.	WHO IS RESPONSIBLE FOR FENCE REPAIR <input type="checkbox"/> Owner <input type="checkbox"/> Lessee	RIDING FACILITIES Arena: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Open Fields <input type="checkbox"/> Trails
12.	DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES <input type="checkbox"/> Yes <input type="checkbox"/> No	IN OTHER OUTBUILDINGS/BARNES <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD – IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION <input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	DO YOU POST RULES <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU POST WARNING SIGNS <input type="checkbox"/> Yes <input type="checkbox"/> No
	DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION	
15.	DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES – IF YES, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREED
16.	HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE – IF YES, PROVIDE DETAILS <input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	DO YOU OWN/MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC. - IF YES, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT TYPE
18.	IS THERE A SWIMMING POOL ON THE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, IS IT RESTRICTED TO PRIVATE USE <input type="checkbox"/> Yes <input type="checkbox"/> No
19.	IS HUNTING/FISHING PERMITTED ON THE PROPERTY – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

20.	DO YOU OPERATE A BED AND BREAKFAST – IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION I. SUMMARY OF HORSES – AT PEAK SEASON

ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE

Horses Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured:	Number
1a. Owned horses used for instruction	_____	1. Boarding/pasturing	_____
b. Boarded horses used for instruction to others.....	_____	2. Show training.....	_____
2. Show and/or pleasure.....	_____	3. Racing and/or training to race.....	_____
3. Racing and/or training to race.....	_____	4. Breeding (Mares _____, Stallions _____).....	_____
4. Breeding (Mares _____, Stallions _____).....	_____	5. Foals/weanlings.....	_____
5. Foals/weanlings.....	_____	6. Retired and/or lay-ups	_____
6. Retired and/or lay-ups.....	_____	7. Consignment for sale (Breed _____).....	_____
7. For sale (Breed _____).....	_____	8. Other (Describe: _____).....	_____
8. Other (Describe: _____).....	_____		
All Owned Horses Must be Declared		Total (Lines 1-8) _____	
Total (Lines 1-8) _____		9. Total number of stalls on your premises.....	_____
9. Number of carts, buggies, carriages, etc.....	_____	10. What is the maximum number of horses, owned and non-owned that can be kept on your premises?	_____
Describe Use: _____			

SECTION II. HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING CHECK IF NO EXPOSURE AND INITIAL

1. TOTAL NUMBER OF STALLS	MAXIMUM NUMBER BOARDED	PASTURED	MONTHLY BOARDING RATE	ANNUAL GROSS
			\$	\$
2. TRAINING PLEASURE & SHOW: MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE	ANNUAL GROSS
			\$	\$
3. BREEDING: NUMBER OF NON-OWNED STALLIONS	BREED	MAXIMUM NUMBER OF OUTSIDE MARES	ARE MARES KEPT ON PREMISE 'TIL FOALING	
4. RACE HORSES: WHAT BREEDS	HOW MANY DO YOU TRAIN FOR OTHERS	PAYROLL	WHAT STATES DO YOU RACE IN	
		\$		

ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES
 Yes No

SECTION III. EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS CHECK IF NO EXPOSURE AND INITIAL

1. IS INSTRUCTION PROVIDED BY	If an independent instructor/trainer is used, complete Section IV.	ARE YOU A CERTIFIED INSTRUCTOR
<input type="checkbox"/> You <input type="checkbox"/> An Independent Instructor		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DESCRIBE TYPE OF SAFETY GEAR REQUIRED		
3. DO YOU PROVIDE RIDING FOR THE HANDICAPPED	GROSS ANNUAL RECEIPTS	NON-PROFIT
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
RATIO OF INSTRUCTORS TO STUDENTS	ARE SIDEWALKERS USED	VOLUNTEER COVERAGE REQUESTED
		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE	MAXIMUM NUMBER USED AT ANY ONE TIME	GROSS ANNUAL RECEIPTS
		\$
5. ARE STALLIONS USED FOR INSTRUCTION	IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES	IF SO, ADVISE AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL GROSS RECEIPTS
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
7. 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:		
8. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS – IF SO, GIVE DATES CLOSED		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION III. continued			CHECK IF NO EXPOSURE AND INITIAL <input type="checkbox"/>
9. DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	Injuries to horses and students being transported are not covered.	HOW MANY TIMES PER YEAR	GROSS RECEIPTS \$
10. DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY DAYS	AVERAGE ATTENDANCE	RECEIPTS EARNED \$
11. DO YOU OPERATE A DAY CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERNIGHT CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PROVIDE FOOD <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS FOR CAMP \$
12. DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS _____			

SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS		CHECK IF NO EXPOSURE AND INITIAL <input type="checkbox"/>
1. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES – IF SO, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	DO THEY CARRY THEIR OWN INSURANCE++ <input type="checkbox"/> Yes <input type="checkbox"/> No	
++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.		
PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER) _____		
INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE. ATTACH COPY(IES).		

2. HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS	GROSS RECEIPTS \$	GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES \$
3. HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS	OR TRAINED UNDER YOUR NAME	

SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS			CHECK IF NO EXPOSURE AND INITIAL <input type="checkbox"/>
1. NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES	GROSS RECEIPTS FOR RENTALS \$	GROSS RECEIPTS FOR TRAIL RIDES \$	DO YOU CONDUCT PACK TRIPS <input type="checkbox"/> Yes <input type="checkbox"/> No
2. PONY RIDES/PARTIES: NUMBER OF PONIES	GROSS RECEIPTS \$	DO YOU USE SIDEWALKERS <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION VI. SALES – HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING				CHECK IF NO EXPOSURE AND INITIAL <input type="checkbox"/>
1. DO YOU SELL HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREEDS	HOW MANY PER YEAR	GROSS ANNUAL RECEIPTS \$	
2. IS BUYER ALLOWED TO TEST RIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES <input type="checkbox"/> In arena <input type="checkbox"/> In open field	DO YOU SELL FROM YOUR OWN PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. EXPLAIN ANY OTHER METHOD OF SALES _____				
4. DO YOU SELL FOOD OR HAVE A SNACK BAR <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor liability not covered.	GROSS RECEIPTS \$		
5. DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Used <input type="checkbox"/> New	GROSS RECEIPTS \$			
6. DO YOU SELL HAY OR FEED <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$			
7. DO YOU MIX FEED FOR SALE/CONSUMPTION <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. DO YOU PERFORM ANY TYPE OF FARRIER SERVICES <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury to horse not covered.	ARE SERVICES ON PREMISE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$	If on premises only, this coverage can be added to this policy.

NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage

Agri-Risk Services, Inc.
7540 W. 160th Street, Suite 100
Overland Park, KS 66085

Toll Free: 800-821-5558
Fax: 913-897-1444
Website: www.agririsk.com

Horsemanship Camp Supplement

A. Name of Applicant: _____

1. Years of camp operation experience: _____
2. Do you offer day camps? Yes No Overnight camps? Yes No
3. Camp season dates: _____
4. Length of each session: _____
5. Number of camp sessions during season: _____
6. Ages of campers: From: _____ To: _____
7. Maximum number of campers per session: _____
8. Do you prepare and serve food to campers? Yes No
9. Gross receipts for all camp activity for camp season: _____

B. Activities

1. Besides horse activities, list and describe any other camp activities offered by your camp: _____
2. Is there any time during the day when the campers are unsupervised? Yes No. If so when? _____
3. Is swimming by campers permitted in a pool or lake? Yes No If yes, please explain: _____
4. Any water sports or boats allowed? Yes No If yes, please explain: _____
5. Is there a pool? Yes No If yes, is it fenced? Yes No
Is there a certified lifeguard on duty at all time? Yes No

C. Horse Activities

1. Number of horses available for campers: _____ Number used at one time: _____
2. What is the ratio of instructors to camper? _____
3. What safety equipment is used? _____
4. Are shoes with heels required for all riders? Yes No Safety helmets? Yes No
5. Briefly describe all horse related activities besides riding instruction: _____
6. Will there be any hayrides? Yes No Will there be any trail rides? Yes No
7. If there are trail rides, will any public roads be crossed or ridden alongside? Yes No
If yes please explain: _____

D. Camp Requirements

1. Is a release form or waiver signed by the camper's parent or guardian required? Yes No.
If yes, attach a sample copy of the release or waiver to this application.
2. Do you require campers to carry medical insurance and to provide you with the name of their insurance company and policy number?
 Yes No

Applicants Signature: _____ Date: _____