



# AGRI-RISK SERVICES, INC.

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Lance L. Allen (CA Lic. OB 17542) (FL Lic. A004090)



## Surplus Lines – Equine Exposure Application

<b>Name of Applicant/Mailing Address:</b>  <b>Applicant:</b> _____  <b>Mailing Address</b> _____ _____ _____ _____	<b>Applicant Is:</b>  <input type="checkbox"/> Individual <input type="checkbox"/> Partnership or Joint Venture <input type="checkbox"/> Organization <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input type="checkbox"/> Other  Explain Other: _____						
<b>Telephone:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Day</td><td style="width: 80%;"></td></tr> <tr><td>Evening</td><td></td></tr> <tr><td>Cell</td><td></td></tr> </table> <b>Facsimile:</b> _____	Day		Evening		Cell		<b>Agency:</b>    _____ _____ _____
Day							
Evening							
Cell							
<b>E-Mail:</b> _____ <b>Website:</b> _____  <b>Requested Coverage Date:</b> _____	<b>Phone:</b> _____ <b>Fax:</b> _____ <b>E-Mail:</b> _____ <b>Websites:</b> _____						

**IMPORTANT – YOU MUST READ THIS**

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OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Incomplete applications will not be considered.

<i>Date</i>	<i>Signature of Applicant</i> _____
<i>Date</i>	<i>Signature of Applicant</i> _____

Location of actual operations: (If more than 3 locations say various under #1 below)						
Address:		County:	Acres:	Premises (Check One):		
1.				<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> Other - Explain
2.				<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> Other - Explain
3.				<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> Other - Explain

Names of all partners or officers of corporation: \_\_\_\_\_

**Additional Insureds:**

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

**Section I GENERAL LIABILITY COVERAGE LIMITS - REQUESTED LIMITS OF LIABILITY**  
 (Please Check Only The Limit You Are Applying For):

- \$ 300,000 Occurrence & Aggregate - \$700 Minimum Earned Premium (retained if you cancel the policy).
  - \$ 500,000 Occurrence & Aggregate - \$1000 Min. Earned Premium (retained if you cancel the policy).
  - \$1,000,000 Occurrence & Aggregate - \$1200 Min. Earned Premium (retained if you cancel the policy).
- Coverage H: Bodily Injury and Property Damage Liability**

**Section II PREVIOUS INSURANCE & LOSS INFORMATION**

1. Is applicant a member of:  AHA  AQHA;  APHA;  ARIA;  NRCHA;  NRHA;  USDF;  USEF;  USHJA  Other: \_\_\_\_\_  None
2. Have you had coverage cancelled or refused in the past 5 years?  Yes  No
3. 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: \_\_\_\_\_
4. Are you currently insured?  Yes  No; If yes, with what Company? \_\_\_\_\_ Policy # \_\_\_\_\_  
 If no, who was the last Company you had coverage with? \_\_\_\_\_ Agent \_\_\_\_\_  
 What was the expiration date of coverage? \_\_\_\_\_ What was the prior limit of coverage? \_\_\_\_\_  
 How much was the prior premium? \_\_\_\_\_  
**Please provide a hard copy of Loss Run History for prior 3 years.**

**Section III GENERAL UNDERWRITING AND SAFETY INFORMATION - NOTE-LIQUOR LIABILITY IS NOT COVERED**

1. Give a brief description of all of your equine operations: \_\_\_\_\_
2. Does applicant engage in any other business activity under the name listed on the application?  
 Yes  No Explain: \_\_\_\_\_

3. How many employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_  
 Do you have workers compensation insurance?  Yes  No Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Do you employ or have volunteers younger than 18 years of age?  Yes  No  
 If yes, please explain their duties and selection process: \_\_\_\_\_  
 Are volunteers required to sign a release/waiver of liability (Parent/Legal Guardian must sign for volunteers under 18 years of age)?  Yes  No  
 Do you maintain files on each of your employees that include the following information?  
 Yes  No  Not Applicable Employee work schedule  
 Yes  No  Not Applicable Employee pay records  
 Yes  No  Not Applicable Next of kin addresses  
 Yes  No  Not Applicable Employee phone numbers to reach them during non-working hours  
 Yes  No  Not Applicable Forwarding Addresses
4. Are you the primary manager of your facility?  Yes  No  
 If no, what is the manager's name: \_\_\_\_\_, age: \_\_\_\_\_, years experience: \_\_\_\_\_
5. Are horses stabled at location of operation?  Yes  No. Is there 24 hour supervision of the facility where horses are stabled?  Yes  No. Please explain the supervision: \_\_\_\_\_
6.  Yes  No Are emergency numbers clearly posted?  
 Yes  No Is game hunting permitted on the premises of operation?  
 Yes  No Is there a swimming pool on the premises of operation?  
 Yes  No If yes, is it fenced to prevent unauthorized access?  
 Yes  No If there is a swimming pool on the premises of operation, is it for private use only?  
 Yes  No Has any dog owned by you or kept on the premises of operation caused injury to anyone?  
 List total # of dogs \_\_\_\_\_. What breed(s)? \_\_\_\_\_  
 Yes  No Are applicable State Equine Liability signs clearly posted?
7. Do you lease any part of any building or land to or from someone?  Yes  No If yes, please explain: \_\_\_\_\_
8. Fencing: Is all fencing in good condition?  Yes  No. Type of fencing used: \_\_\_\_\_  
 The fencing is checked:  Daily  Weekly  Monthly  Never  
 Has any animal ever escaped from your premise of operation?  Yes  No. If yes, please explain: \_\_\_\_\_  
 Was the reason for the escape remedied?  Yes  No How? \_\_\_\_\_
9. Describe your regular maintenance schedule for tack and equipment used for your equine operations: \_\_\_\_\_  
 Do you repair damaged tack?  Yes  No. If yes, explain: \_\_\_\_\_  
 Do you clean & sanitize riding helmets after each rider has completed their ride?  Yes  No  
 Describe the training of your employees in use and daily maintenance of equipment? \_\_\_\_\_.
10. Do you allow alcohol consumption on the premises?  Yes  No
11. Do you allow people with extreme physical handicaps (ex. blindness, amputee, cerebral palsy) to ride or participate in the same manner as able-bodied participants?  Yes  No Explain \_\_\_\_\_
12. Do you utilize radios or cell phones for emergency communications?  Yes  No Explain \_\_\_\_\_
13. ADDITIONAL COMMENTS: \_\_\_\_\_

Section IV OWNED HORSES/LEASED HORSES (include all locations)		
Mark Total Number Of Horses For Each Use (Only Mark One Use Per Horse)		
1. Trail Rides: _____	5. Breeding: _____	9. Racing or Race Training: _____  <b>Total of all horses:</b> _____
2. Carriage Rides: _____	6. Pleasure: _____	
3. Pony Rides: _____	7. Other Use (specify use & Number): _____	
4. Showing: _____	8. Used For Giving Lessons To Others: _____	

**Section V GUIDED TRAIL RIDES/OUTFITTERS**  Check If No Exposure – Proceed to VI \_\_\_\_\_ initials

Months of Operation: \_\_\_\_\_ to \_\_\_\_\_

1. Number of years experience operating guided trail rides: \_\_\_\_\_
2. Are all of your trail rides guided?  Yes  No. If no, please explain: \_\_\_\_\_  
 What is the maximum number of riders per guide? \_\_\_\_\_ riders / 1 guide.  
 Yearly gross receipts from guided trail rides on your owned horses \$ \_\_\_\_\_.

3. Do you let riders bring their own horses (not yours) for trail rides on your premises of operation?  Yes  No  
 If yes, does one of your employees go as a guide?  Yes  No. If no, please provide narrative: \_\_\_\_\_  
 What are the yearly gross receipts for riders on their own (not yours) horses? \$ \_\_\_\_\_

4. Do trails cross or run along roads or highways?  Yes  No. If yes, please describe: \_\_\_\_\_

5. Do you match riders with horses based on the rider's experience?  Yes  No  
 Please explain \_\_\_\_\_  
 Do you allow double riders on one horse?  Yes  No Explain \_\_\_\_\_

6. Do you require each and every rider to sign a release/waiver of liability form?  Yes  No  
 Has an attorney confirmed your release/waiver of liability form fits your State's Equine Activity Statutes?  Yes  No  
 Do you require that the legal guardian/parent sign the release/waiver of liability for all children under 18 years of age?  
 Yes  No  
 Do you give each individual signing the release/waiver of liability time to read it and ask questions about it before they sign it?  Yes  No. If yes, please explain your procedure for this: \_\_\_\_\_

Information about states Equine Liability statutes may be available at:  
[http://tarlton.law.utexas.edu/dawson/equine/equ\\_menu.htm](http://tarlton.law.utexas.edu/dawson/equine/equ_menu.htm)

7. Are American Society for Testing and Materials (ASTM) or equivalent helmets required of all riders? (Check boxes that apply)  By Everyone ALL OF THE TIME  Age 18 and under ALL OF THE TIME  Not required  Not available  
 If an adult rider (18 years old or over) refuses to wear a helmet, do you let them ride?  Yes  No  
 If yes, do you require that they sign a helmet waiver of liability?  Yes  No  
 If a rider under 18 years old refuses to wear a helmet, do you allow them to ride?  Yes  No

8. List Name, Age, Experience and any Certification of each guide:

Name	Years of Age / Experience	Lead Guide	Basic First Aid & CPR	Advanced First Aid Training	Certified Guide
	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain what training you give new employees prior to letting them be a guide? \_\_\_\_\_

Do you conduct background checks on guides?  Yes  No. Explain: \_\_\_\_\_

9. Do you operate as an outfitter?  Yes  No  N/A If yes:  Hunting  Fishing  Other: Explain \_\_\_\_\_  
 Give details on the number of participants, route, and the hours/days of the trip: \_\_\_\_\_

Do your clients bring their own weapons?  Yes  No  
 Please mark type of weapons used:  Rifles  Bows and Arrows  Muzzle Loading Rifles  Other \_\_\_\_\_  
 Annual Gross Receipts: \$ \_\_\_\_\_

10. ADDITIONAL COMMENTS: \_\_\_\_\_

**NOTE: WITH THIS APPLICATION, YOU MUST SUBMIT A COPY OF ALL RELEASES/WAIVER OF LIABILITY FORMS THAT YOU REQUIRE YOUR CUSTOMERS TO SIGN**

**Section VI HORSE DRAWN VEHICLE RIDES**  Check If No Exposure – Proceed to VII \_\_\_\_\_ initials

**Months of Operation:** \_\_\_\_\_ to \_\_\_\_\_

1. Number of years experience you have in conducting horse drawn vehicle rides? \_\_\_\_\_

2. Number of horses used for carriage rides: \_\_\_\_\_ Annual gross receipts: \$ \_\_\_\_\_

3. What is the minimum age of a horse that you will use for carriage rides? \_\_\_\_\_  
 Explain the training a horse must receive prior to being used for carriage rides: \_\_\_\_\_

4. Are stallions used to give carriage rides?  Yes  No

5. List make and model of each vehicle used and the maximum number of passengers allowed:

Vehicle Name:	Make & Model:	Maximum Number of Passengers:


- Yes  No Do you give rides at night?
- Yes  No Do your vehicles have lights?
- Yes  No Do your vehicles have reflectors/reflective tape?
- Yes  No Do your vehicles have slow moving emblem warning signs?
- Yes  No Do your vehicles have hydraulic brakes?
- Yes  No Are you licensed by any governmental authority? If yes, please list by whom: \_\_\_\_\_

6. Are your ride operations conducted only on your owned premises?  Yes  No  
 If carriage rides are conducted on non-owned premises, list the locations and conditions of use: \_\_\_\_\_  
 Number of days you participate in special events: \_\_\_\_\_

7. Do any of your ride routes cross or run along public roads or highways?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 Explain safety measures you have to prevent accidents with motor vehicles and pedestrians: \_\_\_\_\_

8. List Name, Age, Experience and any Certification of each driver:

Name:	Years of Age / Experience:	Basic First Aid & CPR		Advanced First Aid Training		Certified Driver	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain what training you give new employees prior to letting them give carriage/sleigh/hay rides? \_\_\_\_\_

9. Do you require each and every vehicle rider to sign a release/waiver of liability form?  Yes  No.  
 Has an attorney confirmed your release/waiver of liability fits your State's Equine Activity Statutes?  Yes  No  
 Do you require that the legal guardian/parent sign the release/waiver of liability for all children under 18 years of age?  
 Yes  No  
 Do you give each individual signing the release/waiver of liability time to read it and ask questions about it before they sign it?  Yes  No. If yes, please explain your procedure for this: \_\_\_\_\_

10. Do you conduct hay or sleigh rides?  Yes  No. If yes, gross annual receipts \$ \_\_\_\_\_

11. Please provide a detailed explanation of your safety program: \_\_\_\_\_

12. Do you allow anyone to sit on top of the animals being used for your horse drawn vehicle rides?  Yes  No  
**Please Note: There is an exclusion for any Bodily Injury to anyone that is riding on or sitting upon an animal that is being used for Horse Drawn Vehicle Rides)**

13. ADDITIONAL COMMENTS: \_\_\_\_\_

**NOTE: WITH THIS APPLICATION, YOU MUST SUBMIT A COPY OF ALL RELEASES/WAIVER OF LIABILITY FORMS THAT YOU REQUIRE YOUR CUSTOMERS TO SIGN**

<b>Section VII PONY RIDES/PETTING ZOOS</b>	<input type="checkbox"/> Check If No Exposure – Proceed to VIII ___ initials
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<b>Months of Operation:</b>	___	<u>to</u>	___
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- 1. Number of years of experience giving pony rides? \_\_\_\_\_
- 2. Maximum number of ponies used at any 1 time: \_\_\_\_\_. Annual gross receipts: \_\_\_\_\_
- 3. Type of pony ride used (check those that apply):  Sweep  Ring  Other. If other, explain type: \_\_\_\_\_
- 4. Are pony rides conducted in an enclosed area?  Yes  No If no, please explain: \_\_\_\_\_
- 5. Check the type of premise and the number of annual days at that type of premise:

Private Residence	Estimated No. of Annual Days:	
City Parks	Estimated No. of Annual Days:	
Fairgrounds	Estimated No. of Annual Days:	
Other – explain: _____	Estimated No. of Annual Days:	

- 6. Are ASTM or equivalent helmets required of all riders during the pony rides?  Yes  No  
 If no, do you require that their legal guardian/parent sign a helmet release?  Yes  No
- 7. Do you fasten children to the saddle or use a safety harness?  Yes  No
- 8. Please provide a detailed explanation of your safety program when giving pony rides: \_\_\_\_\_  
 \_\_\_\_\_

9. Do you operate a petting-zoo?  Yes  No

10. What are your annual receipts from your petting zoo operations? \_\_\_\_\_

11. Describe the type of animals you have and the total numbers for each one:

Animal type	Number:	Animal type	Number:	Animal type	Number:

12. Do you allow guests to feed the animals?  Yes  No

13. Are all animals in cages and pens?  Yes  No

14. Do you provide a hand washing station(s)?  Yes  No If yes, how many? \_\_\_\_\_  
How frequently is the station(s) checked and replenished? \_\_\_\_\_

15. Do you provide a picnic area for guests?  Yes  No. Explain: \_\_\_\_\_

**NOTE: WITH THIS APPLICATION, YOU MUST SUBMIT A COPY OF ALL RELEASES/WAIVER OF LIABILITY FORMS THAT YOU REQUIRE YOUR CUSTOMERS TO SIGN**

<b>Section VIII TACK STORE OR RETAIL SALES</b>						<input type="checkbox"/> Check If No Exposure – Proceed to IX ___ initials
<b>Gross Sales Receipts</b>						
Snacks	Clothing	Tack	Feed	Other Retail	Total	
\$	\$	\$	\$	\$	\$	

1. Do you manufacture or repair any goods sold?  Yes  No. If yes, please describe: \_\_\_\_\_

2. Do you repair riding equipment for others?  Yes  No

3. Do you perform any type of farrier service?  Yes  No; gross annual receipts \$ \_\_\_\_\_

<b>Section IX NON-OWNED HORSES</b>	<input type="checkbox"/> Check If No Exposure – Proceed to X ___ initials
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1. What is the maximum number of horses boarded? \_\_\_\_\_

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 \$ \_\_\_\_\_

8. Do you desire coverage for non-owned horses in your Care, Custody and Control?  
 Yes  No \_\_\_\_\_ (please initial) (See Section XIV)

9. ADDITIONAL COMMENTS: \_\_\_\_\_

<b>Section X RIDING INSTRUCTION PROVIDED BY YOU</b>	<input type="checkbox"/> Check If No Exposure – Proceed to XI ___ initials
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Months of Operation:	_____	to	_____
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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 answered 'yes', a Therapeutic Riding Supplement must be completed and submitted prior to quoting.**
9. Do you require each and every rider to sign a release/waiver of liability form?  Yes  No  
Has an attorney confirmed your release/waiver of liability form fits your State's Equine Activity Statutes?  Yes  No  
Do you require that the legal guardian/parent sign the release/waiver of liability for all children under 18 years of age?  
 Yes  No  
Do you give each individual signing the release/waiver of liability time to read it and ask questions about it before they sign it?  Yes  No. If yes, please explain your procedure for this: \_\_\_\_\_
10. Additional comments: \_\_\_\_\_

**Section XI INDEPENDENT TRAINERS & INSTRUCTORS**  Check If No Exposure - Proceed to XII \_\_\_ initials

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? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give details: _____	
Name: _____	Address: _____
Age: _____	Years experience in current class instructing: _____
Any licenses or certificates for training? <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_
6. ADDITIONAL COMMENTS: \_\_\_\_\_

**Section XII HORSE SALES**  Check If No Exposure – Proceed to XIII \_\_\_ initials

<p>1. Do you sell horses? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>2. If yes, number sold annually: _____</p> <p>3. Do you sell for others? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>4. Do you sell on your premises? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>	<p>5. Gross annual receipts \$ _____</p> <p>6. Consignment Sales? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">How many sales per year?</td> <td style="width:20%;">_____</td> </tr> <tr> <td>Annual Gross sales amount?</td> <td>\$ _____</td> </tr> <tr> <td>Average # People attending:</td> <td>_____</td> </tr> <tr> <td>Location(s):</td> <td>_____</td> </tr> </table>	How many sales per year?	_____	Annual Gross sales amount?	\$ _____	Average # People attending:	_____	Location(s):	_____
How many sales per year?	_____								
Annual Gross sales amount?	\$ _____								
Average # People attending:	_____								
Location(s):	_____								

<b>Section XIII</b>	<b>SPECIAL EVENTS - Spectator coverage only - No coverage for participants</b>
<input type="checkbox"/> <b>Check If No Exposure – Proceed to XIV</b> ___ initials	

#	Event Date	Event Name	Event Type	Event Location-Address	Additional Insured	\$ Gross Receipts	Number of Competitors	No. of Spectators
1					<input type="checkbox"/>	\$		
2					<input type="checkbox"/>	\$		
3					<input type="checkbox"/>	\$		
4					<input type="checkbox"/>	\$		
5					<input type="checkbox"/>	\$		
6					<input type="checkbox"/>	\$		
7					<input type="checkbox"/>	\$		
8					<input type="checkbox"/>	\$		
9					<input type="checkbox"/>	\$		

**Attach additional sheets as needed.**

1. Will bleachers or platforms be involved?  **Yes**  **No**. If yes, provided seating capacity \_\_\_\_\_  
 Number of years hosting events/shows: \_\_\_\_\_; years hosting at this location: \_\_\_\_\_  
 Are shows sanctioned?  **Yes**  **No**; By Who? \_\_\_\_\_  
 Do you secure releases from all entrants?  **Yes**  **No** (If yes, please attach a sample copy)  
 Do you have an Emergency Medical Technician (EMT) present at all events?  **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?  
 If any events involve rodeos, please describe type of events: \_\_\_\_\_
4. Are guests allowed to participate in any rodeo activities?  **Yes**  **No** If yes, please explain: \_\_\_\_\_
5. Describe any other type of events or operations that are not mentioned above: \_\_\_\_\_
6. **ADDITIONAL COMMENTS:** \_\_\_\_\_

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

**Section XIV - Care, Custody & Control - Legal Liability**

**Not Eligible for this Coverage: Veterinarians, Equine Dentists, Commercial Transporters, Rehabilitation Centers & Embryo Transplant Facilities.**

Legal liability provides coverage arising from the applicant's negligence resulting in injury to or death of horses the applicant does not own in their care, custody, and control. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. The coverage for the exposure is excluded in most general liability policies. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.

**Please check one:  ACCEPT or  DECLINE Care, Custody & Control Coverage.  PLEASE QUOTE.**

*Check a box below to indicate choice of Care, Custody & Control coverage.*

*If the applicant requires different limits, please call us.*

<b>Limit Per Horse /</b>	<b>Limit Per Horse /</b>	<b>Limit Per Horse /</b>
<b>Maximum Loss Per Policy Year</b>	<b>Maximum Loss Per Policy Year</b>	<b>Maximum Loss Per Policy Year</b>
<input type="checkbox"/> \$ 5,000 / \$ 25,000	<input type="checkbox"/> \$ 10,000 / \$ 100,000	<input type="checkbox"/> \$ 50,000 / \$ 250,000
<input type="checkbox"/> \$ 5,000 / \$ 50,000	<input type="checkbox"/> \$ 25,000 / \$ 100,000	<input type="checkbox"/> \$ 100,000 / \$ 500,000*
<input type="checkbox"/> \$ 10,000 / \$ 50,000	<input type="checkbox"/> \$ 25,000 / \$ 250,000	<input type="checkbox"/> <b>Other:</b> _____ / _____

**\*Substantiation of Value Form may be required when values are \$100,000 and over.**

1. a. Are horses not owned kept:  in stalls *or*  in pasture? b. Number of pastured acres: \_\_\_\_\_  
 c. Are pastures fenced?  **Yes**  **No** d. Are shelters provided in each pasture?  **Yes**  **No**
2. a. Average value of horses not owned in the applicant's care: \$\_\_\_\_\_   
 b. Number of horses the applicant does not own: \_\_\_\_\_
3. Does the applicant store hay in the same barns as the horses not owned?  **Yes**  **No**
4. Does the applicant require mortality coverage for horses in the applicant's care, custody & control?  **Yes**  **No**
5. a. Does the applicant own, lease/rent or use a vehicle in order to transport horses not owned?  **Yes**  **No**  
 b. Number of vehicles: \_\_\_\_\_ Number of trips per year: \_\_\_\_\_ Radius of operation: \_\_\_\_\_  
 c. Have any drivers had any traffic violations within the past 5 years?  **Yes**  **No**  
 If yes, explain: \_\_\_\_\_  
 d. Type and capacity of box or trailer: \_\_\_\_\_  
 e. Does the applicant have a safety maintenance program for vehicle(s)? *(Submit a copy.)*  **Yes**  **No**  
*Current copy of drivers list must be submitted. (MVRs may be required.)*
6. Does the applicant own, lease or use any facility for rehabilitation or surgical purposes?  **Yes**  **No**  
 If yes, describe: \_\_\_\_\_
7. Distance from fire department: \_\_\_\_\_ Number of miles to regular vet? \_\_\_\_\_
8. Does the applicant use an:  equine swimming pool;  hot walker; *and/or*  tread mill?  **Yes**  **No**
9. Are extension cords used in the barn?  **Yes**  **No**

**Barn Information:**

Additional barns complete on separate page.

	<b>Barn #1</b> Location #: _____	<b>Barn #2</b> Location #: _____
<b>Construction Type:</b>	_____	_____
<b>Year Built*:</b>	_____	_____
<b>Year of Updates:</b> Mark N/A if no heating, plumbing and/or electricity in building.	Heating: _____ <input type="checkbox"/> N/A Roof: _____ Plumbing: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Roof: _____ Plumbing: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A
<b>Does barn have an apartment?</b>	_____ If yes, occupied by: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tenant <input type="checkbox"/> Employee _____ <input type="checkbox"/> Other: _____	_____ If yes, occupied by: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tenant <input type="checkbox"/> Employee _____ <input type="checkbox"/> Other: _____
<b>Heat Type:</b>	<input type="checkbox"/> None <input type="checkbox"/> Wood Stove <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Wood Stove <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Portable Heaters <input type="checkbox"/> Other: _____
<b>Protective Devices:</b>	<input type="checkbox"/> None <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other: _____
<b>Average number of horses applicant does not own in each barn:</b>	_____	_____

*\*Barns older than 30 years with no electric updates within 20 years require a certified electrician's statement that wiring is safe for current usage.*

Please sign and date the application after reading the Fraud Notices.

**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 COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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 KENTUCKY APPLICANTS:** Warning: Any person who knowingly, and with intent to defraud any insurance company or any person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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 OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 thereto commits a fraudulent insurance act, which is a crime and subject the person to criminal and civil penalties.

**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 WHICH 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.**

**How did you hear about us?** (Circle one)

**YAHOO**                      **GOOGLE**                      **MAGAZINE**

**REFERRAL** (Name: \_\_\_\_\_)

**Can we send you information on:**

\_\_\_ **Farmowner's Coverage** (Home, Personal Contents, Barns, Tack, etc.)                      \_\_\_ **Independent Instructor's Liability**

\_\_\_ **Equine Mortality/Theft**                      \_\_\_ **Stable Owner's Liability**

\_\_\_ **Personal Horse Owner's Liability**                      \_\_\_ **Equine Event**

**All applications must be signed and dated**

Date	Signature of Applicant
Date	Signature of Co- Applicant



**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](http://www.agririsk.com)  
Email: [ARSapps@markelcorp.com](mailto:ARSapps@markelcorp.com)**

## **CARRIAGE - SLEIGH - WAGON RIDE RECOMMENDED GUIDELINES**

The following recommended guidelines have been established for this program:

- 1) All vehicles will have slow moving caution symbols and reflectors displayed on them.
- 2) All vehicles will have hydraulic or approved mechanical brakes.  
\*Exceptions may be made on authentic antique vehicles which historically have no brakes.
- 3) Employed drivers will operate all teams or vehicles at all times. The minimum driver age is 24 years unless the individual has exceptional experience. All drivers must have at least two years driving experience.
- 4) A helper is to accompany the driver for all animal drawn wagons with six passengers or more and all tractor or vehicle drawn wagons with twelve passengers or more.
- 5) An out-walker is used for each animal drawn unit in a parade or crowd situation.
- 6) No alcohol is allowed on board the unit.
- 7) Passengers must be seated while the vehicle is in motion.
- 8) Hay wagons are to have sideboards at least two feet above the seating level and have controlled access and egress ways.
- 9) A driver or assistant must be seated in the driver's seat while loading and unloading passengers from the animal drawn wagons to control sudden movements of the animal. All passengers should face the vehicle while being assisted in and out of the vehicle.
- 10) Lights are used on the front and the back of motorized vehicles pulling hay wagons.
- 11) All harnesses are to be in excellent condition and inspected prior to each use.
- 12) All employees will be fully informed of these recommendations and will agree to enforce them.

**By signing below, you are confirming that you have read the recommended guidelines listed above and that you are following them. If there are any exceptions, please list them below.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**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**  
**Email: ARSapps@markelcorp.com**

## **PONY RIDE/PETTING ZOO RECOMMENDED GUIDELINES**

The following recommended guidelines have been established for this program:

- 1) The activity must be under the direct supervision of the Insured.
- 2) All pony rides will be hand led or in an enclosed area.
- 3) Side-walkers utilized for children under the age of four.
- 4) Double riding or bareback riding not allowed.
- 5) All tack must be in excellent condition and inspected prior to each use.
- 6) Children may not be secured/strapped to the horse/pony in any way.
- 7) Petting zoos must contain a hand-washing station:
  - a) Within 100 feet of animals exhibited
  - b) Containing running water—not sanitizing wipes alone.
    - c) Utilizing a clearly visible sign at the entrance of the facility informing patrons of the presence and importance of the hand-washing station.
- 8) All employees will be fully informed of these recommendations and will agree to enforce them.

**By signing below, you are confirming that you have read the recommended guidelines listed above and that you are following them. If there are any exceptions, please list them below.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

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### **GUIDED TRAIL RIDE RECOMMENDED GUIDELINES**

The following recommended guidelines have been established for this program:

- 1) A waiver & release of liability, recognizing the dangers of horseback riding will be signed by and obtained from all riders. If the rider is under legal age, a parent or legal guardian will also sign the form.
- 2) The minimum age for riders is six years.
- 3) All riders will be matched to horses according to aptitude, ability and size. Each rider will properly fit into his/her saddle and stirrups.
- 4) Only one rider per horse is allowed.
- 5) Riders will be carefully screened to ensure that each rider is physically and mentally fit to ride a horse.
- 6) Elementary riding safety will be explained to all riders, including how to control a runaway horse.
- 7) No sick horses or stallions may be ridden.
- 8) All tack must be in excellent condition and inspected prior to each use.
- 9) All riders will be accompanied by a guide with a ratio not to exceed six riders to one guide.
- 10) The gait on a trail ride must not exceed a trot.
- 11) Riders must not dismount on the trail. If a rider drops anything from a horse, the guide is to retrieve the article.
- 12) The minimum age for each guide is 24 years. Younger guides may accompany an older guide. All guides will be employed by the stable and have at least two years horse guiding experience. All guides must have current first aid training from an accredited source (EMT or Red Cross).
- 13) Riding helmets will be made available to all riders. Riders declining helmet use must sign a waiver and release of liability which includes a statement regarding their knowledge of the dangers of riding without a helmet. Everyone under the age of eighteen must wear a helmet.
- 14) There shall be at least one functional set of two-way radios or cellular phones on each ride.
- 15) All employees will be fully informed of these recommendations and will agree to enforce them.

**By signing below, you are confirming that you have read the recommended guidelines listed above and that you are following them. If there are any exceptions, please list them below.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date