



Tack Supplement

Complete this form and return it to Agri-Risk with a completed Commercial Equine Liability or Independents Application.

Policy Number: _____ Date: _____

Applicants Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Tack Deductibles: \$250 \$500 \$1,000

Where is equipment stored when not in use? _____ Is this area: locked or unlocked?

Saddles		
<input type="checkbox"/> No Coverage Requested	Check Applicable Box: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Description	# of Units	Total Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$

Bridles, Headgear, Harnesses		
<input type="checkbox"/> No Coverage Requested	Check Applicable Box: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Description	# of Units	Total Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$

Grooming Accessories		
<input type="checkbox"/> No Coverage Requested	Check Applicable Box: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Description	# of Units	Total Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$

Miscellaneous Tack		
<input type="checkbox"/> No Coverage Requested	Check Applicable Box: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Description	# of Units	Total Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$

This supplement must be approved by Agri-Risk Services, Inc. prior to coverage being bound.
 This supplement becomes part of your application and must be signed and dated.

Applicant's Signature: _____ Date: _____

Broker's Signature: _____ Date: _____

Broker's Name: _____ Agency Phone Number: _____