

**INDEPENDENT EQUINE AGENTS**  
**10234 SHELBYVILLE RD #2A**  
**LOUISVILLE, KY 40223**  
**1-800-346-8880**  
**502-245-9698 FAX**

**LIABILITY SECTION**

**Limits and Coverage Options**

<b>Each Occurrence Limit</b>	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Fire damage Limit (any one fire)	\$ 50,000	\$ 50,000	\$ 50,000
Medical payments (any one person)	\$ 5,000	\$ 5,000	\$ 5,000

List Additional Insured's with relationship descriptions. **(DO NOT include Independent Instructors /Trainers in this section. Employees are Not Qualified.)**

Name:	Address:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
Remark: _____		

Total number of horses owned/leased: by you or your business: _____	Total professional years in this type of an operation: _____
Max. number of horses owned /leased taken off premises (horse shows, etc): _____	Max. number of horses used for Riding lessons/School horses: _____

Give a brief description of operation: \_\_\_\_\_

Briefly list officiating, judging, instructors licenses and/or competition experience: \_\_\_\_\_

If you are not the primary manager, Manager's name \_\_\_\_\_

24-hour supervision of facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency numbers posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety & Barn Rules posted and written out	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Current liability waivers utilized	Yes <input type="checkbox"/>	No <input type="checkbox"/>
State Equine Liability signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoking allowed in barns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shoes with heels required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Helmets are Required:**

By everyone ALL OF THE TIME

18 and under ALL OF THE TIME

Everyone while jumping/speed work

Only 18 and under while jumping

Optional

Describe precautions taken to keep horse(s) from having access to public roads: \_\_\_\_\_

**Coverage will be provided only for exposures marked "Yes".**  
**Remember, any events or activities not described/disclosed are NOT COVERED.**

<b>Breeding</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your average stud fee charged: \$ _____
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Total number of stallions standing stud on your premises: _____	Total number of stallions, which you own or have partial ownership, standing at stud off premises: _____
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Total number of mares covered annually on premises _____	Total number of mares, which you own, covered annually off premises _____
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<b>Boarding</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Average number of horses boarded monthly: _____
<b>Horse Sales</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total number of horses sold annually: _____
<b>Training</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Average number of horses in training monthly: _____
<b>Independent Trainers</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Must be 18 years old.)
1. _____ Years Exp. _____			2. _____ Years Exp. _____
<b>Riding Instruction</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anyone under 21 giving riding instruction Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Day Camp activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, Equestrian Day Camp Supplemental Application must be completed)
Type of Instruction: _____			
Operation's total Riding Instruction, both On and Off Premises, including all Independents' On Premises Instruction			
Total lessons given annually: _____		Average number of weekly lessons given on Client's Own horse(s): _____	
Average cost per lesson: \$ _____		Average number of weekly lessons given on School/Insured's horse(s) _____	
<b>On Premises Riding Clinics</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ Clinic Dates: _____ No. of participants per day: _____
<b>Off Premises Riding Clinics</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ Clinic Dates: _____ No. of participants per day: _____
<b>Independent Instructors</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Must be 18 years old)
1. _____ Years Exp. _____			2. _____ Years Exp. _____
<b>Officiating/Judging</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total show days Judging/Officiating annually: _____
<b>Host Shows /Events</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide a description of the event (such as show, clinic, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.
Hosted Sanctioned Show Days per year: _____		Event/Show date(s): _____	
Sanctioning Organization(s): _____		Description of event activities: _____	
Average number of competitors per Show/Event: _____		Average number of spectators per Show/Event Day: _____	
Maximum number of competitors: _____		Maximum number of spectators: _____	
Hosted Non-Sanctioned Show Days per year: _____		Event/Show date(s): _____	
Description of event activities: _____			
Average number of competitors per Show/Event: _____		Average number of spectators per Show/Event Day: _____	
Maximum number of competitors: _____		Maximum number of spectators: _____	
<b>Note: If dates have not been set, WRITTEN NOTICE of the event must be received in our office prior to the show date. Coverage is not provided for show dates that have not been declared to the company in advance of the event.</b>			
<b>Tack Store/Retail Sales</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Tack manufacture and repair not eligible.)
<b>Pony &amp; Horse Drawn Vehicle Rides</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, the Pony Ride/Horse Drawn Vehicle Rides Supplemental Application must be completed.)

**Do you own dogs?** Yes  No  If yes, how many, what type and for what purposes: \_\_\_\_\_

Any other dogs permitted at your facility or at any events you host? Yes  No  If yes, please explain your policy regarding dogs: \_\_\_\_\_

Has any dog which you own or on your premises bitten or caused injury to anyone. Yes  No  If yes, give details: \_\_\_\_\_

Other animals on premises Yes  No  If yes, describe : \_\_\_\_\_

Hunting on premises? Yes  No  If yes, by:  Owners  Others Do you charge a fee? Yes  No

Swimming pool on premises? Yes  No  Do you have a security fence around your pool? Yes  No

Is alcohol permitted on your premises? Yes  No  If yes, describe: \_\_\_\_\_

Is alcohol sold on your premises? Yes  No  If yes, describe: \_\_\_\_\_

**\*Note: The sale of alcohol is not covered by the policy.**

Is **CARE, CUSTODY & CONTROL (CCC)** coverage desired? Yes  No  If you selected "NO", please sign here to verify that CCC Coverage has been explained to you and you have opted to decline the coverage:

\_\_\_\_\_

Signature

"Transportation Coverage" for transportation of non-owned horses in your care while in the Continental U.S. and Canada is included. **(Excludes Commercial Haulers.)**

Please note the CCC Coverage will only provide a defense up to the point where the insurance company tenders the limits selected.

**Select from the limits below.**

	<b>Maximum limit per horse</b>	<b>Aggregate Limit per year</b>
<input type="checkbox"/> 1)	\$ 5,000.00	\$ 25,000.00
<input type="checkbox"/> 2)	\$ 5,000.00	\$ 50,000.00
<input type="checkbox"/> 3)	\$ 10,000.00	\$ 50,000.00
<input type="checkbox"/> 4)	\$ 10,000.00	\$ 100,000.00
<input type="checkbox"/> 5)	\$ 15,000.00	\$ 100,000.00
<input type="checkbox"/> 6)	\$ 25,000.00	\$ 100,000.00
<input type="checkbox"/> 7)	\$ 25,000.00	\$ 250,000.00
<input type="checkbox"/> 8)	\$ 25,000.00	\$ 300,000.00
<input type="checkbox"/> 9)	\$ 50,000.00	\$ 300,000.00
<input type="checkbox"/> 10)	\$ 100,000.00	\$ 300,000.00
<input type="checkbox"/> 11)	\$ 100,000.00	\$ 500,000.00
<input type="checkbox"/> 12)	\$ 250,000.00	\$ 500,000.00
<input type="checkbox"/> 13)	\$ 500,000.00	\$ 1,000,000.00

Average number of non-owned horses in your Care, Custody & Control (Breeding, Boarding, Training, etc.): \_\_\_\_\_

Maximum number of non-owned horses in your Care, Custody & Control (Breeding, Boarding, Training, etc.): \_\_\_\_\_

Are your horse trailers in good repair and on a proper maintenance program: Yes  No

How often and for what reasons do you transport horses for others: \_\_\_\_\_

**ANNUAL GROSS REVENUES FROM EQUINE ACTIVITIES**

Breeding:	\$ _____	Boarding:	\$ _____	Horse Sales:	\$ _____
Training:	\$ _____	Riding Instruction:	\$ _____	Riding Clinics:	\$ _____
Judging:	\$ _____	Hosting shows:	\$ _____	Tack/Retail Sales:	\$ _____
Pony Rides:	\$ _____	Horse Wagon Rides:	\$ _____	Equestrian Day Camps	\$ _____
Other (           ):	\$ _____	(Explain activity below)			

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.  
**(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)**

**INSURANCE FRAUD WARNING**

- Delaware:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- Kentucky:** Any person who knowingly and with intent to defraud any insurance company, or other person, files a statement of claim containing any materially false information or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
- Michigan:** Any person who knowingly and with intent to injure or defraud any insurer, files any application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
- Minnesota:** 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.
- New York:** All insurance applications and claim forms except auto: 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 shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.
- Ohio:** Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.
- Oklahoma:** 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.
- Pennsylvania:** Any person who knowingly and with intent to injure or defraud any insurer, files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

**NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!**

**I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.**

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage.

**(Must be signed and dated)**

**Applicant's signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_