

The Equestrian Group

P.O. Box 9957 Phoenix, AZ 85068 (602) 992-1570 FAX (602) 992-8327

COMMERCIAL EQUINE LIABILITY

Instructions: Fill out application completely. Please answer all questions or mark the NO EXPOSURE box. There will be no coverage for any item marked NO EXPOSURE. All applications are subject to review and premises subject to inspection by the insurance carrier representative at any time during the period of coverage. Please print all responses. All operations and exposures must be declared. All horse related operations and exposures must be insured. Incomplete or unsigned applications will not be accepted.

APPLICANT NAME _____

OWNERS / OFFICERS _____

MAILING ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ EMAIL _____

LOCATION 1 _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

LOCATION 2 _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

APPLICANT IS: Owner/Occupant Lessor Tenant
 Individual Partnership Corporation

TYPE OF OPERATIONS Boarding Training Breeding Hay / Carriage Rides
 Riding Instruction Pack Trips Pony Rides Guided Trail Rides

Requested effective date: _____ Seasonal? Yes No From _____ To _____

LIMITS OF LIABILITY: \$100,000 CSL \$300,000 CSL \$500,000 CSL \$1,000,000 CSL

Double Aggregate Limit? Yes No

Number of years experience _____ Number of years at this location _____

How many acres owned? _____ Leased? _____ Rented? _____

Number of employees: Full time _____ Part time _____ Annual payroll \$ _____

Shows, exhibitions or special events on premises? Yes No

Grandstands or bleachers? Yes No Construction _____ Seating capacity _____

Does applicant haul non-owned horses? Yes No How many at one time? _____ Radius of operations _____

Max value per animal _____ Avg value per animal _____ How many trips per year? _____

Veterinarian service arranged? Yes No 24 Hour? Yes No

Do you use boarding, breeding, training agreements? Yes No Will you use our forms? Yes No

Worker's compensation carrier _____ Policy number _____ Expire Date _____

Maximum number of horses at premises _____ Number of personal owned horses _____

Association Memberships:

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BOARDING / PASTURING

No Exposure

Average value of boarded horses? _____ Gross Receipts \$ _____

Number of horses boarded at any one time: Maximum _____ Average _____

How many animals? Stalls _____ Pens _____ Pasture _____

Monthly charge per horse? Stalls \$ _____ Pens \$ _____ Pasture \$ _____

Do you provide riding facilities for boarders? Yes No Non Boarders? Yes No

BREEDING

No Exposure

Do you or your staff have a degree in animal husbandry? YES NO Gross Receipts \$ _____

Number of stallions at stud? _____ Highest stud fee charged? _____

Number of owned broodmares? _____ Live Breeding? YES NO Artificial Insemination YES NO

Average number of non-owned mares annually? _____ Average value of mares bred? _____

Do you have a vet on staff or daily vet routine? YES NO

RIDING INSTRUCTION

No Exposure

Type(s) of Instruction: Western English Dressage Gross Receipts \$ _____

Hunter/Jumper Cutting/Reining Other _____ No of lesson horses used at one time _____

No of lessons per week on student owned horses? Max _____ Average _____ Charge per lesson? _____

No of lessons per week on school horses? Max _____ Average _____ Charge per lesson? _____

What safety gear and precautions are used? _____

Are you or your instructors qualified as a judge? YES NO Riding for Handicapped? Yes No

Do you or your instructors have Regional / National riding certification? YES NO

Do you give/host on premises riding clinics? YES NO Do you have students showing A-rated level? YES NO

How many clinic days annually? _____ Average number of participants _____

How many independent riding instructors us your facility? _____ Do they carry their own insurance coverage? YES NO

HORSE TRAINING & SALES

No Exposure

Maximum trained annually: Owned _____ Non-Owned _____ Gross Receipts \$ _____

Is owner given instruction? Yes No Releases signed by owners? Yes No Off Premises Shows? Yes No

Do you sell horses as an agent for others? Yes No Average selling price _____

How many horses sold annually? Owned by you _____ Owned by others _____

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SADDLE ANIMALS FOR HIRE (Explain all NO answers)

No Exposure

Number of riders annually _____ Average Length of Ride _____ HRS Gross Receipts \$ _____

Max number of rental horses available at peak season _____ Do trails cross roads or highways? Yes No

Average number in use at one time: JAN _____ FEB _____ MARCH _____ APRIL _____ MAY _____ JUNE _____
 JULY _____ AUG _____ SEPT _____ OCT _____ NOV _____ DEC _____

Releases signed by all riders? Yes No Safety helmets available? Yes No Two way radios? Yes No

Minimum rider age _____ Breast collars.? Yes No Rider evaluation system? Yes No

Ratio of riders to guides _____ Tapaderos on children's stirrups? Yes No All rides guided? Yes No

Guides 21 years or older? Yes No Percentage of operations on public land _____

OUTFITTERS & GUIDED PACK TRIPS

No Exposure

Total trips annually _____ Total forest service days _____ Gross Receipts \$ _____

Average number of days per trip _____ Minimum rider age _____

How many saddle animals for guests? _____ Number Pack/Guide animals _____ Are all trips guided? Yes No

Minimum guide age _____ Do you supply & prepare food? Yes No

Is all equipment designed, tested and regularly inspected for the specific activity for which it is used? Yes No

Attach an equipment list, Explain circumstances in which specialized equipment (Boats, rafts, guns, skis) will be used.

Do guides have first aid and CPR certification? Yes No Two way radios? Yes No

Are emergency food, clothing & medical supplies maintained? Yes No

Provide description of all operations and activities including experience of guides and instructors. Include copy of operating and safety plans.

HAY RIDES, CARRIAGE RIDES & PONY RIDES

No Exposure

CLASSIFICATION	GROSS RECEIPTS	TOTAL PASSENGERS	TOTAL WAGONS	DRAFT HORSES/PONIES	TOTAL TRIPS
HAY RIDES	\$				
SLEIGH RIDES	\$				
CARRIAGE RIDES	\$				
PONY RIDES	\$				

ANY OFF PREMISES EXPOSURES? Yes No If Yes, explain in full. *Coverage is not provided if wagons drawn by motor vehicle.*

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PONY RIDE SUPPLEMENT

Average charge per pony ride \$ _____ Number rides per year _____

Number of years pony ride business experience _____

Carousel (Merry Go Round) Handheld Ponies Riding Arena Other _____

Are all pony rides conducted in an enclosed area? YES NO

Round Pen Small Arena Small Paddock (less than 1/2 acre)

Maximum number of ponies at any one time? _____ Are safety helmets mandatory? YES NO

Type of off premises location (s) where rides are given? _____

Do you offer pony rides off premises? YES NO Percentage of rides given off premises? _____

Explain off premises activities, locations and type of enclosure used: _____

Do you fasten children to saddle, pony or carousel? YES NO (NO COVERAGE PROVIDED)

ALL PONY RIDES MUST BE GIVEN IN AN ENCLOSED AREA. ROPE OR WIRE ENCLOSURES ARE NOT ACCEPTABLE. ASTM 1163 HELMETS REQUIRED

SHOWS & MISCELLANEOUS ACTIVITIES

No Exposure

Do you manage any events open to non-students or non-boarders? Yes No

Recognized by AHSA Yes No Other _____

Do you secure releases from all entrants? Yes No

Do spectators ever exceed 500? Yes No

1. EVENTS - ADMISSION CHARGED # PARTICIPANTS _____ \$ ADMISSIONS _____ TOTAL EVENT DAYS _____

2. EVENTS - NO ADMISSION # PARTICIPANTS _____ \$ ADMISSIONS _____ TOTAL EVENT DAYS _____

Shows must be reported prior to activity date. Attached proposed schedule of events.

SPECIAL ACTIVITY SUMMARY

DESCRIPTION OF ACTIVITY	ANNUAL # OF EVENTS	AVG # DAYS PER EVENT	TOTAL # OF DAYS	GROSS RECEIPTS

LIST NAMES AND ADDRESSES OF PREMISES OWNERS, SANCTIONING ORGANIZATIONS, REGULATORY OR LICENSING AUTHORITIES REQUIRING FILINGS AND PARTIES REQUIRING PROOF OF INSURANCE AND/OR ADDITIONAL INSURED ENDORSEMENTS. Identify any special permits, concession agreements or private land use areas used and attach copy of any permits or agreements.

COVERAGE HISTORY & LOSS EXPERIENCE
(Quote will not be given without this information)

INSURANCE COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	LIABILITY LIMIT	OCCURRENCE CLAIMS MADE	NUMBER OF CLAIMS

Were you canceled or was insurance denied in the last three years? Yes No If Yes please explain.

Describe all claims or suits brought against you in the last five years. Give dates and explain losses.

WARRANTY

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 part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to The Equestrian Group and it's Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).

APPLICANT

Signature _____ Title _____ Date _____

BROKER _____ TELEPHONE (_____) _____

CARE, CUSTODY & CONTROL

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE CHOICE OF LIMITS

- 1. Limit: \$5,000 Per Horse/\$25,000 Maximum Loss Per Policy Year
- 2. Limit: \$5,000 Per Horse/\$50,000 Maximum Loss Per Policy Year
- 3. Limit: \$10,000 Per Horse/\$50,000 Maximum Loss Per Policy Year
- 4. Limit: \$10,000 Per Horse/\$100,000 Maximum Loss Per Policy Year
- 5. Limit: \$15,000 Per Horse/\$100,000 Maximum Loss Per Policy Year
- 6. Limit: \$25,000 Per Horse/\$100,000 Maximum Loss Per Policy Year
- 7. Limit: \$25,000 Per Horse/\$250,000 Maximum Loss Per Policy Year
- 8. Limit: \$25,000 Per Horse/\$300,000 Maximum Loss Per Policy Year
- 9. Limit: \$50,000 Per Horse/\$300,000 Maximum Loss Per Policy Year
- 10. Limit: \$100,000 Per Horse/\$300,000 Maximum Loss Per Policy Year
- 11. Limit: \$100,000 Per Horse/\$500,000 Maximum Loss Per Policy Year - up to 20 horses -

Mark NO if coverage for local transportation (less than 100 miles) only. NO

Do you transport horses for others? YES NO

Type and capacity of box or trailer? _____

How often do you transport horses? _____

For what reason do you transport horses? _____

What is your total annual revenue from transporting horses? _____

What percentage of your annual income does transportation represent? _____

What types of security is maintained? Please describe: _____

Coverage is not available to professional livestock haulers and any professional services rendered by or under the direction of a licensed equine practitioner.