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No Obligation Professional/General Liability Quote
Fax or Mail this form TODAY for an immediate quote!

Today's Date: _____

1. What is the best way to reach you? Phone ___ Fax ___ Email ___ Snail Mail ___

Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Email Address: _____

Phone (home): _____ Phone (work): _____

Fax: _____ When is the best time to reach you? _____

2. Do you currently belong to any equine associations? Yes _____ No _____

3. If yes, please mark all that apply:

- American Morgan Horse Association Appaloosa Horse Club Arabian Horse Association
- United States Dressage Federation United States Eventing Association United States Polo Association
- United States Team Roping Conference
- American Riding Instructors Association.....(Are you certified by ARIA? Yes _____ No _____)
- Certified Horsemen's Association.....(Are you certified by CHA? Yes _____ No _____)
- United States Equestrian Federation (or an affiliate, please list): _____
- OTHER (please list): _____

4. Circle the activities you are involved in:

- | | | | |
|------------------|--|-------------------|--------------------|
| Judge | Clinician | Steward | Technical Delegate |
| Group Instructor | Trainer | Show Official/Mgr | Prof. Rider/Driver |
| Course Designer | *Therapeutic (additional information will be required)* | | |

5. Circle the average number of students and/or horses you instruct per month?

- | | | | |
|------|-------|-------|-------------|
| 0-15 | 16-29 | 30-50 | 51 and over |
|------|-------|-------|-------------|

6. Gross annual receipts for activities listed in questions 4 and 5: _____

7. Are you currently involved in boarding/breeding horses that you are NOT training? Yes _____ No _____

8. If yes, what are your gross annual receipts listed in question 7?: _____

9. Do you currently have a primary farm/ranch policy? Yes _____ No _____

10. Do you currently have a policy that covers any of the above equine related exposures?
Yes _____ No _____

11. Do you have any assistants or partners? Yes _____ No _____
How many and explain relationship? _____

12. Are you involved in any of the following? (please circle):
Pony Rides Sleigh Rides Trail Rides Day Camps Horse Sales Other: _____

13. When would you like for coverage to begin? _____
(Please note that only future dates can be considered)

All coverages are subject to policy limits, conditions and exclusions. The above information is used for quoting purposes only!

