



* CORPORATE SPONSOR FOR CHA



**PROFESSIONAL/GENERAL LIABILITY
ONLY FOR CERTIFIED HORSEMANSHIP ASSOCIATION (CHA)**

(Please type or print clearly)

THIS APPLICATION IS FOR AN ANNUAL CERTIFICATE. A NEW APPLICATION NEEDS TO BE COMPLETED EACH YEAR.

THIS IS NOT A BINDER.

NOTE: EXPOSURES NOT DECLARED ARE NOT COVERED.

Incomplete and unsigned applications will be returned for completion and no coverage will be bound.

1. Applicant's Name: _____ Business Name: _____
Street Address (mailing) _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax Number: () _____ E-mail: _____

2. Please note the limits you are applying for are:
 \$1,000,000/\$1,000,000 occurrence/aggregate \$1,000,000/\$2,000,000 occurrence/aggregate (Submit for Rate)
 \$250,000/\$500,000 Occurrence/Aggregate (Submit for Rate) \$500,000/\$1,000,000 Occurrence/Aggregate (Submit for Rate)

3. Please circle on average per month the number of horses and or students you instruct:
 0-15 16-29 30-49 50+ (Submit for Rate)

4. Please check the **CHA** level(s) for which you certified and involved:
Standard Instructor Certification mark the level(s) of certification that apply to you and also indicate (E) English and/or (W) Western:
 Assistant Instructor (E / W) Instructor (E) Level (1 2 3 4) Instructor (W) Level (1 2 3 4)
 Master Instructor Clinic Staff

Trail Guide Certification mark the level(s) of certification that apply to you:
 Assistant Guide Trail Guide Overnight Guide
 Wilderness Guide Packing Guide Trail Clinic Staff

Instructors of Riders with Disabilities (IRD) Certification mark the level(s) that apply to you, must be Instructor Level 2 or above:
 IRD Assistant pick one (Side walker or Horse Handler) IRD Assistant Instructor
 IRD Standard indicate level (1 2 3) IRD Clinic Staff

Provide a brief description of your business (attach any brochures or handouts): _____

4b. If you checked "Trainer" or "Instructor" does your operation include Trail Riding? Yes No
If "Yes", is the cost for trail riding included within the cost of a lesson or charged by the hour?
 Included within lesson Hourly rate

5. Gross Annual Receipts: \$ _____ Membership ID _____ Certification Expiration date _____
(Only for the activities listed above) **Copy of membership card required with application**

6. Are you involved in any boarding? Yes No
If yes, pick the category that best describes your business on average per month:
 0-15 horses boarded 16-30 horses boarded 30-49 horses boarded 50+ horses boarded
What are your annual gross receipts for this exposure?
a) From horses as a result of training only \$ _____
b) From boarding contracts only? \$ _____

Do you have coverage for this exposure on a primary farm policy? Yes No (If Yes, coverage will be excluded)
If yes, name of the insuring company _____
Policy number _____ Effective date _____

PLEASE INCLUDE A COPY OF YOUR POLICY OR PROOF OF INSURANCE

For an additional premium the following will be considered by underwriting. If interested in a quote, please complete the applicable supplement which can be obtained from Equisure. If you do not, these activities, or any other activities will not be covered.

7. Please indicate which of the following activities you are currently involved:

- | | |
|---|--|
| <input type="checkbox"/> Pony Rides | <input type="checkbox"/> Horse Drawn Vehicle Rides |
| <input type="checkbox"/> Trail Riding as part of a lesson/instructions | <input type="checkbox"/> Day Camps |
| <input type="checkbox"/> Trail Riding <u>not included</u> as part of a lesson/instruction | <input type="checkbox"/> Other: to be submitted for rating _____ |
| <input type="checkbox"/> Therapeutic Riding/Instructing | <input type="checkbox"/> Commercial Overnight Guests |
| <input type="checkbox"/> Horse Sales or Tack Stores and Retail Sales (not applicable for professional liability coverage) | |
| <input type="checkbox"/> Breeding (not applicable for professional liability coverage) | |
| <input type="checkbox"/> Horse Rental to General Public for a Charge | |

8. Do you sell any products to your customers? Yes No

9. Do you own dogs? Yes No If "Yes", do you have primary liability insurance for any injury such dog may cause, please detail: _____

10. Are dogs permitted at your facility or at any events you host or while you are training? Yes No

If "Yes", please explain your policy regarding dogs: _____

11. Are you aware of a situation where any dog you own or any dog you allow on your premises has bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? Yes No

If "Yes", please detail _____

Please note: This policy will provide no coverage for any claim made or suit brought against any 'insured person' for 'bodily injury' or 'property damage' caused by or contributed to by a bite by any canine owned by, or in the care or custody of any 'insured person'.

12. Do you belong to any other Horse Association? ___Yes ___No If yes, please indicate association(s) _____

13. Have you had a claim in the last 3 years or an incident that could result in a claim against you for your Professional activities?

Yes No (If yes, please give details and dates on a separate page and submit for a rate.)

14. Are golf carts or other off-road (non-licensed) vehicles used? Yes No

If yes, indicate number and type of vehicles: _____

Explain Use: _____

Will anyone under the age of 16 or non-licensed drivers be responsible for and/or driving such vehicles? Yes No

15. What is the main discipline you train? _____

Mandatory Requirement: A SAMPLE COPY OF THE EQUESTRIAN RELEASE/WAIVER FORM USED IN YOUR BUSINESS MUST ACCOMPANY THIS APPLICATION. EQUISURE'S RECEIPT OF SUCH RELEASE/WAIVER FORM AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH RELEASE/WAIVER FOR ITS LEGALITIES OR VALIDITY.

16. Riding instruction is given by: Applicant listed in #1 Applicants' Employees

17. Are there any changes in your operation since last year? (please explain): _____

18. Please indicate your type of operation:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Liability Corp | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship |

19. The care and control limit included in the policy is \$50,000 for any one horse in your care, custody, control, subject to a \$100,000 aggregate.

For an additional premium the limit can be increased to:

- \$100,000 per horse occurrence/\$200,000 annual aggregate (premiums start at \$800.00)
 \$200,000 per horse occurrence/\$400,000 annual aggregate (premiums start at \$1600.00)

REQUEST FOR CERTIFICATE OR ADDITIONAL INSURED(S): Please print the individual or corporation you wish to have considered as an additional insured and circle the relationship for that request. Please note that an additional premium may be charged for some requests and that the premium for additional insured(s) is fully earned. Furthermore, Equisure must be notified of changes, additions, or deletions of additional insureds in writing.

Certificate Request	
Name: _____ Address: _____ Street City: _____ State: _____ Zip: _____	<p style="text-align: center;">Circle one</p> Relationship to Insured Landowner/Landlord Facility Assistant
<p style="text-align: center;">You must choose one. (See below for definitions)</p> A/I _____ Proof of insurance only _____	

Name: _____ Address: _____ Street City: _____ State: _____ Zip: _____	Circle one Relationship to Insured: Landowner/Landlord Facility Assistant You must choose one. (See below for definitions) A/I _____ Proof of insurance only _____
Name: _____ Address: _____ Street City: _____ State: _____ Zip: _____	Circle one Relationship to Insured: Landowner/Landlord Facility Assistant You must choose one. (See below for definitions) A/I _____ Proof of insurance only _____
Name: _____ Address: _____ Street City: _____ State: _____ Zip: _____	Circle one Relationship to Insured: Landowner/Landlord Facility Assistant You must choose one. (See below for definitions) A/I _____ Proof of insurance only _____
Name: _____ Address: _____ Street City: _____ State: _____ Zip: _____	Circle one Relationship to Insured: Landowner/Landlord Facility Assistant You must choose one. (See below for definitions) A/I _____ Proof of insurance only _____

Proof of insurance: A certificate of insurance will be sent to the address indicated. This serves as proof of coverage only, and does not extend coverage to the certificate holder.

Additional Insured (A/I): A certificate of insurance will be issued (example: naming the landowner/facility) and the Additional Insured will become a party to your insurance, sharing in your limits and coverage's. Claims paid for the Additional Insured will reduce your limits.

SUBMISSION OF THIS APPLICATION AND MONEY DOES NOT GUARANTEE ISSUANCE OF A POLICY. ALL APPLICATIONS ARE SUBJECT TO UNDERWRITING APPROVAL.

FRAUD WARNING 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 DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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: Any person who knowingly, and with intent to defraud any insurance company or other 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 LOUISIANA 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 MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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 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. The insurer shall not offer an optional extension period for this policy in New Mexico.

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: 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 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 may be guilty of insurance fraud which may subject such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

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 subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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 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 a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

Applicants Signature: _____ **Date:** _____

I would like to be contacted by an agent about a quote for equine mortality/major medical insurance:

Yes No

Please note that your insurance will be placed under a facility whereby a Profit Commission may be payable to Equisure by the Insurer. Equisure will be paid a commission by the Insurer for the administration of this insurance policy.

12/08



PLEASE SEE REVERSE SIDE OF THIS DOCUMENT

Rating Worksheet for Professional/General Liability

Based on your application, please figure your premium as follows:

Step 1

Revenue

Number of Horses/Students	\$0-49,999	\$50,000-99,999	\$100,000-149,999	\$150,000+
0-15	700.00	1359.00	1999.00	2557.00
16-29	1359.00	1559.00	2199.00	2849.00
30-49	1858.00	1957.00	2419.00	3019.00
50+	2586.00	Submit For Rate	Submit For Rate	Submit For Rate

Premium for Step 1 _____

Step 2

If you answered YES to question number 6 on the application (if you answered NO go to Step #3), add the appropriate premium for the average of horses boarded per month.

0-15 Horses	16-29 Horses	30-49 Horses	50+ Horses
771.00	974.00	1176.00	Submit For Rate

Premium for Step 2 _____

Step 3

Do you have any Assistants/Partners including spouse working in the business? If YES, the premium is \$325.00 per assistant. If you have no assistants, proceed to Step 4.

Premium for Step 3 _____

Step 4

Do you do any Therapeutic Riding/Instructing? If YES, the minimum premium for this coverage is \$309.00.

Premium for Step 4 _____

Step 5

This worksheet does not represent all combinations and premiums for special endorsement of higher limits of insurance.

Add the premiums from each step to get your annual premium:

Premium from Step 1 _____
Premium from Step 2 _____
Premium from Step 3 _____
Premium from Step 4 _____
Total of 1, 2, 3 & 4 _____

*The premiums are based on the application completed. Any additional premiums will be billed to the insured.



PAYMENT OPTIONS
Please indicate just one option

Date: _____ Customer Code: _____ CSR: _____

Applicant's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: () _____ Fax: () _____

1. _____ Charge to my (check one): VISA or MasterCard

_____-_____-_____-_____-_____-_____-_____-_____-_____- Expiration date: __/__/__



3 Digit CID Code _____ For the amount of: \$ _____

X _____
Signature as shown on credit card

2. _____ **Financing-** Equisure will provide financing through outside facilities. By signing this confirmation as the insured you give us authorization to prepare and sign the Premium Finance Agreement on your behalf. A copy of the Premium Finance Agreement will be provided to you.
(Please be advised that interest rates may vary and may exceed 20% APR. A 30% down payment must accompany this form. Major medical premiums must be paid in full and cannot be financed.)

Signature **Date**

3. _____ **Check or Money Order** - enclosed for full premium of: \$ _____

To cover payment for the policy on: **Professional Liability** **Mortality**

4. _____ **Quote Only** – No payment enclosed