



**Equine Professional & General Liability Application
Exclusively for Association Members
COMPLETE BOTH SIDES OF APPLICATION**

THIS APPLICATION IS FOR AN ANNUAL CERTIFICATE. A NEW APPLICATION NEEDS TO BE COMPLETED EACH CERTIFICATE 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: _____ Doing Business As: _____
 Street Address (mailing) _____ City: _____ State: _____ Zip: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Phone: () _____ Fax Number: () _____ E-mail: _____
 Location of operation if different than mailing: Address: _____
 City: _____ State: _____ Zip: _____
 How did you hear about Equisure? (AHA, USEF, other etc.) _____ Website Address _____
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 clients you work with or the number of students/horses you instruct/train:
(Do not count the same individual more than once)
 0-15 16-29 30-49 50+ (Submit for Rate)
4. Please check any of the following activities in which you are involved:
 Judge Show Official/Manager Professional Rider/Driver
 Clinician Trainer Steward
 Course Designer Groom Instructor
 Technical Delegate
5. Indicate the type of therapeutic activities you are involved in:
 Equine Assisted Learning
 Equine Assisted Psychotherapy
 Therapeutic Riding/Instruction
 Other – Please describe: _____
 What is the gross annual receipts for the above therapeutic activities. _____
6. 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
7. Total Gross Annual Receipts: \$ _____ Membership Association Affiliate _____ Number _____
(Only for the activities listed above) (i.e.: AHA, USEF, etc.) (Copy of current membership card **must accompany** this application)
8. 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 _____
9. Are you involved in any breeding? Yes No If yes, would you like a quote for this coverage? Yes No
 a) Are you responsible for non-owned horse(s) during breeding? _____
 b) How long will you have non-owned horse(s) in your care, custody or control? _____

PLEASE INCLUDE A COPY OF YOUR POLICY OR PROOF OF INSURANCE

10. 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)
11. Please indicate your type of operation:
 Corporation Individual Joint Venture
 Limited Liability Corp Partnership Sole Proprietorship
12. Answer the following questions only if you checked Corporation or Limited Liability Corporation:
a) Names of Corporate Officers Position/Title Duties Performed

- b) Are you the manager of your Corp or LLC? ___yes ___no
- c) Names of Members Active/Inactive Active Duties Performed

- d) Does the Corporation or Limited Liability Corporation conduct **any** operations, businesses, activities that are not disclosed on the Professional General Liability Application form even if insurance coverage is not being requested for those operations, businesses, activities? ___Yes ___No. If yes, please describe operations not shown:

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.

13. Please indicate which of the following activities you are currently involved:
 Pony Rides Horse Drawn Vehicle Rides
 Horse Sales Day Camps
 Trail Riding not included as part of a lesson/instruction Other: to be submitted for rating _____
 Commercial Overnight Guests
 Tack Stores and Retail Sales (not applicable for professional liability coverage)
 Horse Rental to General Public for a Charge
14. Do you sell any products to your customers? Yes No If yes, please explain _____
15. 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: _____
- 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'.**
16. Have you had a claim in the last 3 years or an incident that could result in a claim against you for your Professional or Therapeutic activities?
 Yes No If yes, please explain _____
17. Are you certified by ARIA, CHA or other certificate program? Yes No If other, please list: _____
18. 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
Do you wish to receive a quote for this coverage? Yes No
19. Are there any changes in your operation since last year? (please explain): _____
20. What is the main discipline you train? _____
21. Riding instruction is given by: Applicant listed in #1 Applicants' Employees

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.

The following questions apply to your Therapeutic, EAL or EAP activities only.

1. How many years of experience do you have in Therapeutic, EAP or EAL activities? _____
2. Which Therapeutic Riding/Instruction Association are you affiliated/accredited with?
 NARHA EPONA EAGALA Other
3. What is the number of participants per session/at any one time for your Therapeutic, EAP or EAL activities? _____
4. Are there any forms your customers complete specific to these riding or training activities? Yes No If yes, please attach a sample copy.
5. Is there any activity taking place in the ring/arena at the same time as these above activities? Yes No
If yes, please detail: _____
6. Is this part of any school curriculum, recreational center, or in conjunction with a city or county program? Yes No
If yes, please detail: _____
7. Do you work for a mental health or emotional/psychological counseling center? Yes No.
If yes, provide the name of the facility: _____
8. Are you a licensed/certified mental health care professional or licensed clinical professional? Yes No
If yes, are you insured under a professional liability policy covering this work? Yes No
Carrier Name _____
9. Do you work under the direct supervision of a certified/licensed clinical or mental health professional while conducting your "equine" activities? Yes No
If yes, please provide the name of the professional you work with? _____
10. Describe your clientele:
 - a. Do you work with emotionally troubled individuals or those with a chemical dependency? Yes No
If yes, describe: _____
 - b. Do you work with individuals with physical or emotional handicaps? Yes No
If yes, describe: _____
 - c. Do you work with businesses to promote team building or problem solving? Yes No
If yes, describe: _____
 - d. Do you work with couples or individuals for couples, individual or family therapy? Yes No
If yes, describe: _____
11. Do your activities involve any mounted work, or is it strictly un-mounted activities (groundwork only)?
 Mounted Work Un-mounted/Groundwork Only Mounted & Un-mounted Work
12. Is proper safety equipment required for use by all participants? Yes No
13. Do you use volunteers to help with the above activities? Yes No
If yes, how many on average per month? _____
14. Describe the training program for the volunteers/trainees. _____
 - a. Do your volunteers receive any remuneration for their services to you? Yes No
If yes, describe: _____
 - b. Are your volunteers supervised by you at all times? Yes No
If no, describe: _____
 - c. Please describe the duties of your volunteers: _____
15. Has any instructor, employee, trainee, volunteer or therapist had any history of violence or criminal conviction? Yes No
16. Who owns the horses that are being used in your operations? _____
17. Have these horses been specifically trained for this type of activity? Yes No
18. Do you have written emergency procedures? Yes No
If yes, please describe: _____
19. Do you provide transportation for participants? Yes No
If yes, please describe: _____
Do you use your own vehicle or employee vehicle? _____
20. Do you attend premises shows or demonstrations with participants? Yes No
If yes, please describe: _____
21. If you did not have a policy with us last year, please list your prior carrier for your equine related activities:
Carrier Name: _____
Did this carrier offer renewal of your policy? Yes No
If no, why was the policy not renewed? _____

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. A complete address is required on all requests.

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

10/09



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, EAP, or EAL activities? If YES, the minimum premium for this coverage is \$309.00.

Premium for Step 4 _____

Step 5

Do you do any breeding? If YES, the minimum premium for this coverage is \$300.00.

Premium for 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 _____
Premium from Step 5 _____
Total of 1, 2, 3, 4 & 5 _____

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



PAYMENT OPTIONS
Please indicate just one option

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**

Mark this box if you would like to receive your notices, invoices and statements via email only from Premium Financing Specialists, Inc. (PFS). Please print the name and provide an email address for the person to receive PFS eForms.

Name (please print first and last name)

Preferred email address

PFS will continue to utilize the United States Postal Service (USPS) for the purpose of legal notifications required by premium financing statutes. These notices will be emailed and also mailed through the USPS.

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

***We do not accept American Express or Discover.**

10/09