



EQUINE PROFESSIONAL & GENERAL LIABILITY APPLICATION

**THIS APPLICATION IS FOR AN ANNUAL SCHEDULE OF INSURANCE
THIS IS NOT A BINDER. EXPOSURES NOT DECLARED ARE NOT COVERED.**

IMPORTANT!! All submissions must include complete and signed application (signature pg. 3) with premium payment. Incomplete applications will be returned. Coverage is not bound until approved by Company Underwriting. The Company's receipt of premium does not bind coverage.

SECTION 1: APPLICANT INFORMATION

DESIRED EFFECTIVE DATE:

- 1. **Applicant Name:** _____ **Business Name:** _____
- 2. **Physical Address** _____ **City** _____ **State** _____ **Zip Code** _____
- 3. **Mailing Address** _____ **City** _____ **State** _____ **Zip Code** _____
- 4. **Telephone #** _____ **Fax #** _____ **Email** _____ **Website** _____
- 5. **Membership Assoc. Affiliation (i.e., USEF, USHJA, etc.)** _____ **Assoc. Number** _____
(A current copy of your membership card must accompany this application.)
- 6. **Membership/Instructor Certification: Program** _____ **Certificate Level** _____
- 7. **How did you hear about Equisure?** _____

SECTION 2: COVERAGE INFORMATION

1. Limit of Liability – policy includes \$1,000,000/\$1,000,000 Occurrence/Aggregate

- Optional Liability Limits: Increased or decreased limits available (select):
- \$250,000 / \$500,000 Occurrence/Aggregate (submit for rate)
 - \$500,000 / \$1,000,000 Occurrence/Aggregate (submit for rate)
 - \$1,000,000 / \$2,000,000 Occurrence/Aggregate (submit for rate)

2. Care, Custody and Control – policy includes \$50,000 per horse/subject to \$100,000 annual aggregate

- Optional CCC Coverage Limits: Increased limits available (select):
- \$100,000 per horse occurrence/\$200,000 annual aggregate (submit for rate)
 - \$200,000 per horse occurrence/\$400,000 annual aggregate (submit for rate)

SECTION 3: PROFESSIONAL / GENERAL LIABILITY INFORMATION

- 1. **Applicant(s) and Assistant(s) Activities: (select all that apply)**
 - Judge Show Official/Mgr Professional Rider/Driver Course Designer Groom
 - Clinician Horse Trainer Instructor Steward Technical Delegate
 - Therapeutic (supplement required) Trail Riding Other (describe _____)
- 2. **Total Gross Annual Receipts (for all activities listed in #1 for applicant & assistant(s))** \$ _____ (Note: If "none" indicate as \$0.00)
- 3. **If "Trainer" or "Instructor" does your operation include Trail Riding?** Yes No
 - a. If "Yes", is the cost for trail riding Included within Lesson Hourly Rate
- 4. **Average Monthly Number of Clients/Students/Horses applicant and assistant trains/instructs:**
 - 0-15 16-29 30-49 50+ (submit for rate)
- 5. **Applicants Primary Training Discipline** _____
- 6. **Riding Instruction is provided by:** Applicant Assistant(s) Other (describe _____)

SECTION 4: BOARDING / BREEDING

Yes (with or without income) **No Boarding/Breeding**

- 1. **Boarding** Yes No
 - a. **Average # of horses boarded monthly** 0-15 16-29 30-49 50+
 - b. **Gross Annual Receipts (total boarding)** \$ _____ (Note: If "none" indicate as \$0.00)
 - 1) From boarded horses for training? \$ _____



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2) From boarding contracts only (no training)? \$ _____

c. Does applicant have insurance for boarding? Yes Carrier _____ Policy # _____ Eff date _____
 No

2. Breeding Yes No

a. Is applicant responsible for non-owned horse(s) during breeding? Yes No

b. Gross Annual Receipts (breeding) \$ _____ (Note: If "none" indicate as \$0.00)

SECTION 5: EQUINE OPERATIONS INFORMATION

1. Type of Ownership: Corporation Individual Joint Venture
 Limited Liability Corp (LLC) Partnership Sole Proprietorship

2. If Corporation or Limited Liability Corp (LLC)

a. Name of Corporation or LLC _____

b. Is applicant manager of Corporation or LLC? Yes No

c. List Corporation (or LLC) operations, businesses, activities. (Include ANY activities not disclosed on the application)

d. Corporate Members (name)	Title	Active / Inactive
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Any changes in applicants' operation in last 12 months? No Yes (describe) _____

4. Does the applicant manufacture and/or repair any goods sold? No Yes (describe) _____

5. Does applicant permit dogs on premises while instructing or training? Yes No

Note: This policy does not provide coverage for any claim made or suit brought against any 'insured person' for bodily injury or 'property damage' caused by or contributed to a bite by any canine owned by, or in the care or custody of any 'insured' person.

6. Has the applicant had any losses within the past 3 years? No Losses Yes Losses (If yes, on a separate page provide details of any loss(es) or claims including dates, details and amount paid within the past 3 years).

7. **MANDATORY REQUIREMENT:** A 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. Copy attached? Yes No

SECTION 6: ADDITIONAL EQUINE ACTIVITIES AND LIABILITY EXPOSURES

NOTE: Coverage for selected activities requires Underwriting approval. Applicable supplemental questionnaire obtained from Equisure must be completed in order to receive a quote.

1. Additional equine activities (select all that apply or None) None

<input type="checkbox"/> Pony Rides	<input type="checkbox"/> Horse Drawn Vehicle Rides
<input type="checkbox"/> Day Camps	<input type="checkbox"/> Commercial Overnight Guests
<input type="checkbox"/> Horse Rental to General Public for a Charge	<input type="checkbox"/> Trail Riding <i>not included</i> as part of lesson/instructions
<input type="checkbox"/> Horse Sales	<input type="checkbox"/> Other (describe _____)

2. Does applicant lease/own any off-road (non-licensed) vehicles? Yes No

If Yes, do you wish to receive a quote for this coverage? Yes No

If Yes, indicate number and type of vehicles: _____

Explain use of the vehicles: _____

NOTE: This policy does not provide coverage for any claim made or suit brought against any 'insured person' for bodily injury or property damage caused by an unlicensed operator or any operator 16 years old or younger.

By applying for this insurance, you are also applying for membership in the Association Resource Group Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.) and organized in Colorado. Your membership will be effective once your completed application and membership fee have been approved and payment received.



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FRAUD WARNING NOTICES

STANDARD: Any person, who knowingly and with intent to defraud any insurance company or other person, files an applications 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.

Authorized Signature

Date

Print Name



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CERTIFICATE of INSURANCE REQUEST FORM

This is not a binder. Please type or print clearly.

Applicant Name _____

Eq. Customer Code: _____

Mailing Address: _____

Email _____ Tel # _____ Fax # _____

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires specific wording.

CERTIFICATE HOLDER (Select One) PROOF OF INSURANCE ADDITIONAL INSURED (AI)
(Check all that apply) Assistant Landowner Facility Owner Sponsor Equipment Lessor

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

CERTIFICATE HOLDER (Select One) PROOF OF INSURANCE ADDITIONAL INSURED (AI)
(Check all that apply) Assistant Landowner Facility Owner Sponsor Equipment Lessor

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

CERTIFICATE HOLDER (Select One) PROOF OF INSURANCE ADDITIONAL INSURED (AI)
(Check all that apply) Assistant Landowner Facility Owner Sponsor Equipment Lessor

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

Name _____
(Please print)

Signature: _____ Date: _____



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RATING WORKSHEET
RATING WORKSHEET FOR ANNUAL POLICY PREMIUM*

[Refer to Section 3 of application to complete Step 1 and Step 2]

STEP 1: GROSS ANNUAL RECEIPTS (GAR) – Total GAR for Applicant and all Assistants

Table with 5 columns: Number of Horses/Students, GAR \$0-49,999, \$50,000-\$99,999, \$100,000-149,999, \$150,000+. Rows include categories 0-15, 16-29, 30-49, and 50+.

(Example: 20 students, GAR \$55,000 = \$1559.00)

STEP 1 Premium: \$ _____

STEP 2: ASSISTANTS/PARTNERS

of Assistants/Partners (including spouse working in the business) _____ X \$325.00 per assistant

STEP 2 Premium: \$ _____

[Refer to Section 4 and 6 of application to complete Step 3 and Step 4]

STEP 3: BOARDING (with or without income) / BREEDING

Table with 4 columns: 0-15 Horses, 16-29 Horses, 30-49 Horses, 50+ Horses. Values include \$771.00, \$974.00, \$1176.00, and Submit For Rate.

a. Boarding (use STEP 3 chart above) \$ _____

b. Breeding (minimum premium \$300.00) \$ _____

STEP 3 Premium (3a + 3b) \$ _____

STEP 4: ADDITIONAL EQUINE ACTIVITIES

Supplement Application Required

- Therapeutic/EAL Activities \$ _____
Pony Rides \$ _____
Day Camps \$ _____
Horse Sales \$ _____
Other: _____ \$ _____

STEP 4 Premium \$ _____

STEP #5: TOTAL ANNUAL POLICY PREMIUM*

TOTAL (Add STEPS 1+ 2 + 3 + 4) \$ _____

*NOTE: This is a premium indication ONLY based upon information provided by applicant. This worksheet does not represent all combinations and premiums for special endorsement of higher limits of insurance..



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PAYMENT OPTIONS FORM

Please select only one payment option. Return form with completed application. Print legible.

INSURANCE (*select*) **Professional/General Liability** **Mortality**

Applicant's Name* _____

Address* _____ **City *** _____ **State*** _____ **Zip*** _____

Phone* () _____ **Fax** () _____

Email* _____ ** required*

Select option and complete payment information below.

- OPTION 1: Request Quote Only (No payment enclosed)**
- OPTION 2: Full Payment**
- OPTION 3: Premium Financing (Minimum 30 % Down Payment with Premium Balance Due Financed¹)**

Credit Card (*check one*): VISA or MasterCard **Amount Authorized \$** _____

Name on Credit Card _____

Credit Card # _____ - _____ - _____

Credit Card Expiration date: __/__/__ 3 Digit CID Code _____

Signature as shown on Credit Card _____



We do not accept American Express or Discover

Check or Money Order (made payable to: *Equisure, Inc.*) - enclosed for financing down payment or full premium of: \$ _____

Premium Financing is provided through Premium Finance Specialist Corp (IPFS)² and is *not* financed by Equisure, Inc. By signing this confirmation as the named insured you authorize a representative of Equisure, Inc. to prepare and sign the Premium Finance Agreement on your behalf and agree to all provisions of the Premium Finance Agreement. 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*). **Minimum 30% down payment (credit card, check or money order) required for financing.**

Signature

Date

Yes, I would like to receive my finance notices, finance invoices and finance statements via email from Premium Financing Specialists, Inc. (IPFS). Please print the name and provide an email address to receive PFS eForms. [*Note: PFS will continue to utilize the US 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.*]

Name (please print first and last name)

Email address

¹ Optional Endorsement and Mortality Major Medical premiums must be paid in full and cannot be financed.

² Premium Finance Specialist Corp, A Division of IPFS Corporation of California (IPFS)

Eq. Customer Code: _____