EQUINE PROFESSIONAL & GENERAL LIABILITY APPLICATION PROUD SPONSORS OF

EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - Renewal

THIS APPLICATION IS USED TO APPLY FOR INSURANCE AND IS NOT A BINDER. EXPOSURES NOT DECLARED ARE *NOT* COVERED. All submissions must include a complete and signed application. 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

1. **Applicant Name:**_____**Business/LLC/Corporation Name:** _____

   I am applying for insurance: ☐ **I am the authorized representative for the business/facility listed above**
   ☐ **I am the instructor**

2. **Mailing Address**_____**City**_____ **State**_____**Zip Code** _____

3. **Physical Address**_____**City** _____ **State** _____ **Zip Code** _____

4. **Telephone #** _____ **Email** _____ **Website**_____

5. **Applicant Is:** ☐ Corporation ☐ Individual ☐ Joint Venture
   ☐ Limited Liability Corp (LLC) ☐ Partnership ☐ Sole Proprietorship

6. **If application is a Corporation or Limited Liability Corp (LLC)**
   a. Please list the names(s) of officers, partners: Their Duties:

   _____ _____

   _____ _____

   Note: Non-Equine activities are excluded under this policy

7. **Please list all EAAT Riding/Instruction Association(s) or Groups you are affiliated/accredited with?** _____

   _____

   Certification: Program_____**Certificate/Certification Level** _____

   (CHA and PATH members must attach a valid membership card)

8. **Are you over the age of 18?** ☐ **Yes** ☐ **No**
9. **Is this a non-profit group?** ☐ **Yes** ☐ **No**
10. **Do you have Directors and Officers Liability insurance for this group?** ☐ **Yes** ☐ **No**
11. **Do you offer instruction all year?** ☐ **Yes** ☐ **No** **If no, please provide the dates of your program**_____

SECTION 2: COVERAGE AND LIMITS OF INSURANCE

1. **Limit of Liability –** ☐ **Yes** ☐ **No** I wish to maintain **same limits** as expiring policy
   ☐ **Yes** ☐ **No** Please have someone contact me, I choose to change the **policy limits** on my renewal

2. **Care, Custody and Control Limits for Non-Owned horses used in your business:**
   ☐ **Yes** ☐ **No** I wish to maintain **same limits** as expiring policy
   ☐ **Yes** ☐ **No** Please have someone contact me, I choose to change my care, custody & control **policy limits**

3. **Has the applicant had *any* losses/claims within the past 3 years?** ☐ **No** Losses/Claims ☐ **Yes** Losses/Claims *(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).*

SECTION 3: PROFESSIONAL / GENERAL LIABILITY UNDERWRITING INFORMATION

(The applicant is required to keep records of the information we need for premium computation, at our discretion we may ask for copies to verify the risk information you have provided.)

1. **Please check all equestrian activities that apply to the applicant individual/business (s) or facility applying for insurance coverage:**

   ☐ Judge ☐ Show Official/Manager ☐ Professional Rider/Driver ☐ Clinician
   ☐ Horse Trainer ☐ Steward ☐ Course Designer ☐ Groom
   ☐ Riding Instructor ☐ Technical Delegate ☐ Therapeutic/EAAT Instructor
   ☐ Other_____

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2. **Total Monthly Number of Clients + Students/Participants + Horses (in training) for applicant and any assistant's trainers/instructors (a student having weekly lessons only counts once per month):**

   ☐ **0 – 15** ☐ **16 – 29** ☐ **30 – 49** ☐ **50+ (***Submit for Rate)*

3. **Tell us about your program by providing a percentage of your operation for each activity, it must total 100%**

   A. Equine Facilitated Therapy including Psychotherapy and Hippotherapy _____%

   (Equine Assisted/Facilitated Psychotherapy, PT, OT, SLP)

   Mark the activities with an "x" that apply for this Service:

   ___**Mounted Riding** ___**Driving** ___**Vaulting** ___**Ground**

   B. Equine Facilitated Learning _____%

   Mark the activities with an "x" that apply for this Service:

   ___**Mounted Riding** ___**Driving** ___**Vaulting** ___**Ground**

   C. Therapeutic Services Including Developing Equestrian Skills _____%

   Mark the activities with an "x" that apply for this Service:

   ___**Mounted Riding** ___**Driving** ___**Vaulting** ___**Ground**

   D. Other therapeutic : Give details_____ _____%

   Mark the activities with an "x" that apply for this Service:

   ___**Mounted Riding** ___**Driving** ___**Vaulting** ___**Ground**

   Percentage from above must total = 100%

4. **Total Gross Annual Receipts (GAR) including Donations (before expenses) for all equestrian exposures, including EAAT Activities and Traditional Instruction/Training listed in question #1 above (excluding GAR for boarding).**

   ☐ $0-50,000 ☐ $100,001-150,000
   ☐ $50,001-$100,000 ☐ 150,001: $ _____ {Must provide actual Income if over $150,001}

5. **The equine activities declared on this application are provided by:**

   ☐ Applicant Only ☐ Assistants (employees) ☐ Other: Explain_____

6. **Do you use Paid Assistants and/or Staff to help with any of your equestrian activities?** ☐ **Yes** ☐ **No**

   *****If Yes, declare all Assistant/Staff information on Certificate Request Page.-See Page 6*****

   a. Are your Assistants/Staff 16 or older? ☐ **Yes** ☐ **No**

7. **Do you use Volunteers and/or Working Students for any of your Equine Activities?** ☐ **Yes** ☐ **No**

   IF Yes, how many volunteers and/or working students on average per month?

   ☐ 1-6 ☐ 7-12 ☐ 13-18 ☐ 19-24 ☐ 25+

8. **Do volunteers or working students receive any remuneration for their services to you?** ☐ **Yes** ☐ **No If yes, explain**

   _____

   Please Note: Injury to an employee/assistant(s), working students or volunteer(s) while acting on behalf of the applicant is excluded.

9. **Do you have workers compensation insurance?** ☐ **Yes** ☐ **No**

   [Please Note: Workers' Compensation related claims are excluded from this policy. Check with your State for the laws pertaining to Workers' Compensation Insurance requirements.]

10. **Is proper safety equipment required for use by all participants?** ☐ **Yes** ☐ **No**

11. **Are you or any of your assistants/staff/contractors licensed/certified mental health care professional(s) or licensed clinical professionals?** ☐ **Yes** ☐ **No (If *yes, please provide a copy of your professional/malpractice liability declaration insurance page covering this work. Must provide a copy.*)**

Eq. Code_____

Note: No coverage is provided under the policy to which you are applying, for the professional/malpractice liability of licensed clinical work.

Note: No coverage is provided under the policy to which you are applying, for the transportation of participants or volunteers. No auto liability is provided by this policy.

12. **Boarding: To have coverage for *any* overnight exposure to non-owned horses in your Care, Custody and Control you must complete this question:**
    ☐ **Yes** I am responsible for non-owned horses in my care **overnight.** .
    OR
    ☐ **No** I am **not** responsible for non-owned horses in my care **overnight**.
    a. **If Yes, Average # of Non-owned horses boarded monthly:** ☐ 1 -15 ☐ 16 – 25 ☐ 26-35 ☐ 36-46 ☐ 47-55 ☐ 56+
    b. **If Yes, Provide Gross Annual Receipts for All Boarding** $_____ *(Note: If "none" indicate as $0.00)*
        1) From boarded horses for training? $_____
        2) From boarding contracts only (no training)? $_____
        3) What is the Maximum value of any Non-Owned Horse $_____
    c. **Does applicant have other insurance for boarding?** ☐ **Yes** ☐ **No**
        a. If Yes, Provide: Carrier _____ Policy # _____ Effective Date_____
        b. Do you wish to include boarding coverage on this policy? ☐ **Yes** ☐ **No**

13. **Breeding** ☐ **Yes** ☐ **No**
    a. **Is applicant responsible for non-owned horse(s) during breeding?** ☐ **Yes** ☐ **No**
    b. **Gross Annual Receipts for Breeding: $_____***(Note: If "none" indicate as $0.00)*

14. **Does your equestrian operation ever include Trail Riding?** ☐ **Yes** ☐ **No**
    a. **If "Yes", is the cost for trail riding** ☐ Included within Lesson **OR** ☐ Hourly Rate
    b. **Who are Trail Rides provided to:** ☐ Regular Students **OR** ☐ Open to Public

15. **Any changes in applicants' operation in last 12 months?** ☐ **Yes** ☐ **No (IF Yes, describe)** _____

16. **Does the applicant supply food, manufacture and/or repair any goods sold?** ☐ **Yes** ☐ **No**
    IF Yes, describe_____*(Please Note: If yes, no products liability will be provided by this policy)*

17. **Do you obtain a release signed by your students, boarders, student and volunteers relieving you of claims for bodily injury & property damage?** ☐ **Yes** ☐ **No**
    a. **Have you made any changes in your release since last year?**
    ☐ **Yes** ☐ **No** **If yes, a copy must accompany this application.**

MANDATORY REQUIREMENT: 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. *Note: Liability Release should release the applicant and/or the business name of the applicant from liability.*

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.

SECTION 4: ADDITIONAL EQUINE ACTIVITIES AND LIABILITY EXPOSURES

NOTE: Coverage for selected activities requires Underwriting approval.

1. **Additional equine activities (*select all that apply or None*) - Applicable *supplemental questionnaire obtained from Equisure must be completed in order to receive a quote*.**
    a. ☐ **None**
    ☐ Pony Rides ☐ Horse Drawn Vehicle Rides
    ☐ Day Camps ☐ Horse Sales
    ☐ Other (describe _____
    b. **Do you wish to obtain a quote for the above activities?** ☐ **Yes** ☐ **No** (If Yes, a supplemental application is required, or you can download the supplemental application(s) from our website: www.equisure-inc.com, and forward along with this application. If No, these equine activities will be excluded from coverage.)

Note: This policy does not provide coverage for the above activities until properly endorsed. The above activities will be excluded from the policy until receipt of supplemental application, underwriter approval, and receipt of additional premium.

Eq. Code_____

2. **Does applicant lease/own any ATV, Golf Cart or other off-road (non-licensed) vehicles for use in equestrian activities listed on this application?** ☐ Yes ☐ No

   If Yes, do you wish to receive a quote for Liability coverage only? *[Physical damage is not available]* ☐ Yes ☐ No

   If Yes, indicate number and type of vehicles: _____

   Explain use of the vehicles: _____

   Note: If purchased liability coverage only applies during the declared equine activities.

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.

If you would like information about other coverage's that might be available to you and/or your Students please contact your Equisure Sales or Customer Service Agent or circle the option you wish to learn more about.

- ☐ **Farm Insurance**
- ☐ **Equine Mortality/Major Medical Insurance**
- ☐ **Directors Officers Liability**
- ☐ **Cyber Liability**
- ☐ **Crime/Fidelity Coverage**
- ☐ **Horse Show/Event Liability**
- ☐ **Equine Personal Liability Coverage**

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.

Eq. Code_____

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.

SIGN HERE

______________________________ **Authorized Signature** Print & sign in blue or black ink ______________ **Date**

______________________________ **Print Name**

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.

CHECKLIST

1. **Be sure to complete ALL questions of this application.**
2. **Sign and print your name on page 5**
3. **Complete the certificate request form, if needed, on page 6**
4. **Attach your release or waiver if changed.**
5. **Include State Affidavit if Applicable**
6.

Please Note—if your Physical Address is in one of the following states additional information will be required prior to policy issuance:

AR, CA, CT, DE, FL, MA, NC, NJ, NY, OH, RI, WV or WY

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To cut down on our paper consumption, we now offer electronic policy delivery. Please check one of the boxes below. (If a box is not checked, we will deliver your policy via the US Postal Service.)

☐ **- I prefer to receive my policy documents via e-mail.**

OR

☐ **- I prefer to receive my policy documents via hard copy in the mail.**

Eq. Code______________
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CERTIFICATE of INSURANCE REQUEST FORM

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

ALL CERTIFICATES REQUESTED BELOW WILL BE EMAILED/MAILED TO THE APPLICANT ON THIS PAGE FOR DISTRIBUTION UNLESS SPECIAL ARRANGEMENTS HAVE BEEN AGREED UPON.

Applicant Name:_____ **Email address:**_____

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 Definitions

- ***Additional Insured's,*** if added will provide insurance rights to the other party (the additional insured) if involved in a covered claim.
- ***Proof of insurance*** will provide a certificate proving you have insurance but does not provide certificate holder with any coverage. **Please note we must have complete mailing addresses for either request.**

☐ ***CHECK HERE IF YOU WOULD LIKE THE SAME CERTIFICATES AS EXPIRING***

CERTIFICATE HOLDER (*Select One*) ☐PROOF OF INSURANCE **OR** ☐ADDITIONAL INSURED (AI)

Check all that apply: ☐ ASSISTANT/STAFF ☐ LANDOWNER ☐ FACILITY OWNER ☐ SPONSOR ☐ EQUIPMENT LESSOR

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

CERTIFICATE HOLDER (*Select One*) ☐PROOF OF INSURANCE **OR** ☐ADDITIONAL INSURED (AI)

Check all that apply: ☐ ASSISTANT/STAFF ☐ LANDOWNER ☐ FACILITY OWNER ☐ SPONSOR ☐ EQUIPMENT LESSOR

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

CERTIFICATE HOLDER (*Select One*) ☐PROOF OF INSURANCE **OR** ☐ADDITIONAL INSURED (AI)

Check all that apply: ☐ ASSISTANT/STAFF ☐ LANDOWNER ☐ FACILITY OWNER ☐ SPONSOR ☐ EQUIPMENT LESSOR

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Eq. Code_____

EQUINE PROFESSIONAL & GENERAL LIABILITY APPLICATION PROUD SPONSORS OF

EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - Renewal

***RATING WORKSHEET FOR ANNUAL POLICY PREMIUM: Liability Limits $1,000,000 Occurrence/$1,000,000 aggregate.**

- **All other limit requests please Submit for Rate**

STEP 1: TOTAL INCOME (*BEFORE EXPENSES*) Refer to Section 3

Number of Horses/Students	GAR $0-50,000	$50,001-$100,000	$100,001-150,000	$150,001-$200,000	Over $200,000
0-15	$ 1034.00	$ 1668.00	$ 2308.00	$ 2866.00	Submit for Rate
16-29	$ 1668.00	$ 1868.00	$ 2508.00	$ 3158.00	Submit for Rate
30-49	$ 2167.00	$ 2266.00	$ 2908.00	$ 3742.00	Submit for Rate
50+	$ 2895.00	$ 3062.00	$ 3708.00	$ 4910.00	Submit for Rate

(*Example: 20 students, Total Income $55,000 = $1868.00)*

STEP 1 INCOME Premium: $_____

STEP 2: ASSISTANTS/PARTNERS

I want coverage for Assistants/Partners (including spouse and LLC/Corporation members working in the business)

____ **Yes** **$325.00 x _____ # of assistants/partners**

____ **No,** I **do not** want coverage for assistants/partners **STEP 2 ASSISTANT Premium: $_____**

STEP 3: VOLUNTEER/WORKING STUDENT PROGRAM

I want coverage for Volunteers/Working Students

____ **Yes**

1-6 per Month	Included
7-12 per Month	$125.00 additional premium
13-18 per Month	$250.00 additional premium
19-24 per Month	$375.00 additional premium
25+ per Month	Submit for Rate

____ **No,** I **do not** want coverage for volunteers/working students **STEP 3 VOLUNTEER Premium: $_____**

STEP 4: BOARDING (with or without income) –Refer to Section 3

I want coverage for overnight Boarding

____ **Yes** ____ **No,** I **do not** want coverage for overnight boarding

1-15 Horses OR GAR up to $100,000	16-25 Horses OR GAR $100,001 to $150,000	26-35 Horses OR GAR $150,001 to $200,000	36-45 Horses OR GAR $200,001 to $250,000	46 -55 Horses OR GAR $250,0001 to $300,000
$ 771.00	$ 974.00	$ 1365.00	$1911.00	$2675.00

Over 56 Horses OR GAR over $300,000 Submit for Rate

STEP 4 BOARDING Premium: $_____

STEP 5: BREEDING (with or without income) –Refer to Section 3

a. **I want coverage for Breeding**

____ **Yes** $300.00- If receipts are over $50,000 Submit for Rate
Professional Liability does not apply

____ **No,** I **do not** want coverage for breeding **STEP 5 BREEDING Premium: $_____**

STEP 6: ADDITIONAL EQUINE ACTIVITIES-

Supplement Application Required in order to quote

a. Pony Rides: Submit supplemental application for Rate. ____ **Yes** ____ **No,** I **do not** want coverage for pony rides

b. Day Camps: Submit supplemental application for Rate. ____ **Yes** ____ **No,** I **do not** want coverage for day camps

c. Horse Sales: Submit supplemental application for Rate. ____ **Yes** ____ **No,** I **do not** want coverage for horse sales

d. Other:_____: Provide details/brochure for rate. ____ **Yes** ____ **No,** I **do not** want coverage for other

STEP 7: TOTAL ANNUAL POLICY PREMIUM*

TOTAL (Add STEPS 1 – 5) $ _____

****NOTE: This is a premium indication ONLY based upon information provided by the applicant. This worksheet does not represent all combinations, changes in limits of insurance, claims history or pending claims.***

Eq. Code_____

PAYMENT OPTIONS FORM

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

Applicant's Name* _____

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

Phone* ( ) _____ **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 Financed[1])**

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

Name on Credit Card _____

Credit Card # _____ - _____ - _____ - _____

Credit Card Expiration date: _____/_____

Signature as shown on Credit Card _____

Please print & sign in blue or black ink

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 IPFS Corporation (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.**

SIGN HERE

_____ _____

Signature **Date**

☐ **Yes, I would like to receive my finance notices, finance invoices and finance statements via email from IPFS Corporation (IPFS). Please print the name and provide an email address to receive IPFS eForms.** [***Note:*** *IPFS 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] IPFS Corporation, IPFS Corporation of the South, IPFS Corporation of California (IPFS)

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