



**EQUINE INSTRUCTOR/TRAINER PROFESSIONAL LIABILITY**

**EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - NEW OR REWRITE BUSINESS**

THIS APPLICATION IS USED TO APPLY FOR INSURANCE AND IS NOT A BINDER. EXPOSURES NOT DECLARED ARE NOT COVERED.

**IMPORTANT!! All submissions must include 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**

**DESIRED EFFECTIVE DATE:** \_\_\_\_\_

1.1. Applicant Name: \_\_\_\_\_ Business/LLC/Corporation Name: \_\_\_\_\_

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

1.2. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1.3. Physical Address(if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1.4. Telephone # \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

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

1.6. If applicant is a Corporation or Limited Liability Corp (LLC)

1.7. Please list the name(s) of officers, partners: Their Duties:

\_\_\_\_\_  
\_\_\_\_\_

*Note: Non-Equine activities are excluded from coverage consideration under this policy*

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

Certification: Program \_\_\_\_\_ Certificate/Certification Level \_\_\_\_\_

1.9. Are you over the age of 18?  Yes  No

1.10. How did you hear about Equisure? \_\_\_\_\_

1.11. Is this a non-profit group?  Yes  No

1.12. Do you have Directors and Officers Liability insurance for this group?  Yes  No

1.13. Do you offer instruction all year?  Yes  No If no, please provide the dates of your program \_\_\_\_\_

**SECTION 2: COVERAGE INFORMATION**

2.1. Limits of Liability: Please choose only one option

Initial One Option:  I choose the standard policy limits of \$1,000,000/\$1,000,000 occurrence/aggregate  
 I choose to decrease the policy limits to \$250,000/\$500,000 occurrence/aggregate  
 I choose to decrease the policy limits to \$500,000/\$1,000,000 occurrence/aggregate  
 I choose to increase the policy limits to \$1,000,000/\$2,000,000 occurrence/aggregate  
 I choose to increase the policy limits to \$1,000,000/\$3,000,000 occurrence/aggregate

2.2. Care, Custody & Control Limits for any Non-Owned Horses used in your business:

Please choose only one option. This coverage is automatically included and an option must be selected.

Initial One Option:  I choose the standard policy limits of \$50,000/\$100,000 automatically included  
 I choose to increase the policy limits to \$100,000/\$200,000 occurrence/aggregate  
 I choose to increase the policy limits to \$200,000/\$400,000 occurrence/aggregate

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

2.4. Have you previously had insurance?  Yes  No If yes, please list the prior insurance 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?

\_\_\_\_\_



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**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.)**

- 3.1. How many years of experience do you have managing a Therapeutic/EAAT program? \_\_\_\_\_
  - 3.2. How many years of experience as an equestrian instructor? \_\_\_\_\_
  - 3.3. Give a brief description of all horse related activities. \_\_\_\_\_
  - 3.4. 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
    - Trainer                       Steward                       Course Designer                       Clinician                       Riding/Instructor
    - Technical Delegate                       Therapeutic/EAAT Instructor                       Groom                       Other \_\_\_\_\_
  - 3.5. 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 as one student per month):
    - 0-15                       16-29                       30-49                       50+ (*submit for rate*)
  - 3.6. Tell us about your program by providing a percentage of your operation for each activity, it must total 100%
  - 3.7. 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
  - 3.7.1. Equine Facilitated Learning \_\_\_\_\_ %  
 Mark the activities with an "x" that apply for this Service:
    - Mounted Riding     Driving     Vaulting     Ground
  - 3.7.2. Therapeutic Services Including Developing Equestrian Skills \_\_\_\_\_ %  
 Mark the activities with an "x" that apply for this Service:
    - Mounted Riding     Driving     Vaulting     Ground
  - 3.7.3. 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%
- 3.8. Total Gross Annual Receipts (GAR) including Donations (before expenses) for all equestrian exposures, including EAAT Activities and Traditional Instruction/Training listed in question #4 above (excluding GAR for boarding).
  - \$0-\$50,000                       \$100,001-\$150,000
  - \$50,000-\$100,000                       \$150,001-\$\_\_\_\_\_ (must provide actual income if over \$150,001)
- 3.9. The equine activities declared on this application are provided by:
  - Applicant Only                       Assistants (employees)                       Other: Explain \_\_\_\_\_
- 3.10. Do you use 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\*\*\***
- 3.11. Are your Assistants/Staff over age 16?  Yes  No
- 3.12. 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+



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3.13. 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.*

3.14. 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.]*

3.15. Is proper safety equipment required for use by all participants?  Yes  No

3.16. 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)

**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.**

3.17. 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.

No I am not responsible for non-owned horses in my care overnight.

3.18. If Yes, Average # of Non-owned horses boarded monthly:  1-15  16-25  26-35  36-46  47-55  56+

3.19. If Yes, Provide Gross Annual Receipts for All Boarding \$ \_\_\_\_\_ (Note: If "none" indicate as \$0.00)

3.19.1. From boarded horses for training? \$ \_\_\_\_\_

3.19.2. From boarding contracts only (no training)? \$ \_\_\_\_\_

3.19.3. What is the Maximum value of any Non-Owned/Boarded Horse \$ \_\_\_\_\_

3.20. Does applicant have other insurance for boarding?  Yes  No

If Yes, Provide: Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_

3.20.1. Do you wish to include boarding coverage on this policy?  Yes  No

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

3.21.1. Gross Annual Receipts for Breeding: \$ \_\_\_\_\_ (Note: if "none" indicate as \$0.00)

3.22. Does your equestrian operation ever include Trail Riding?  Yes  No

3.22.1. If "Yes", is the cost for trail riding  Included within Lesson OR  Hourly Rate

3.22.2. Who are Trail Rides provided to:  Regular Students OR  Open to Public

3.23. 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)

3.24. Do you obtain a release signed by boarders, student and volunteers relieving you of claims for bodily injury & property damage?

Yes  No **If yes, a copy must accompany this application**

**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. Note: Liability Release should release the applicant and/or the business name of the applicant from liability. Copy Attached?  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.*



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**SECTION 4: ADDITIONAL EQUINE ACTIVITIES AND LIABILITY EXPOSURES**

*NOTE: Coverage for selected activities requires Underwriting approval.*

4.1. Additional equine activities (select all that apply or None) - Applicable supplemental questionnaire obtained from Equisure must be completed in order to receive a quote.

- NONE                       Pony Rides                       Horse Drawn Vehicle Rides                       Day Camps
- Horse Sales                       Other (describe) \_\_\_\_\_

**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](http://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.*

4.2. 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                       Crime/Fidelity Coverage                       Equine Mortality/Major Medical Insurance
- Horse Show/Event Liability                       Directors Officers Liability                       Equine Personal Liability Coverage
- Cyber Liability

**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.



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**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

*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 provide answers to ALL questions on 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
5. Include State Affidavit if Applicable (see below)

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



To cut down on our paper consumption, we now offer electronic policy delivery. Please check only 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.



**EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - NEW OR REWRITE BUSINESS**

**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.**

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

*Check all that apply*

**ASSISTANT**  **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**  **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**  **LANDOWNER**  **FACILITY OWNER**  **SPONSOR**  **EQUIPMENT LESSOR**

**Certificate Holder Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Attn:** \_\_\_\_\_