



EQUINE INSTRUCTOR/TRAINER PROFESSIONAL LIABILITY APPLICATION (NEW OR REWRITE BUSINESS)

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 DESIRED EFFECTIVE DATE:

- 1.1. Applicant Name:
1.2. Business/LLC/Corporation Name:
1.3. Mailing Address City State Zip Code
1.4. Physical Address City State Zip Code
1.5. Telephone # Email Website
1.6. Applicant Is: Corporation or Limited Liability Corp (LLC) Joint Venture Individual Partnership Sole Proprietorship
If applicant is a Corporation or Limited Liability Corp (LLC): Name of officers, partners Active in Equestrian Activities listed in section 3 or 4 of this application Their Duties:
1.7. Is Applicant a member of USPA CHA Certificate Level
1.8. Is Applicant 18 or older? Yes No
1.9. How did you hear about Equisure?

SECTION 2: COVERAGE INFORMATION

- 2.1. Limits of Liability: Please choose only one option. Other limits may be available upon written request.
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 or Control Limits for any Non-Owned Horses used in your business: Please choose an option to increase limits.
Standard policy limits of \$50,000 for any one non-owned horse, \$100,000 aggregate automatically included
I choose to increase the policy limits to \$100,000 for any one non-owned horse subject to \$200,000 aggregate
I choose to increase the policy limits to \$150,000 for any one non-owned horse subject to \$300,000 aggregate
I choose to increase the policy limits to \$200,000 for any one non-owned horse subject to \$400,000 aggregate

SECTION 3: UNDERWRITING INFORMATION

- 3.1. Applicant(s) and Assistant(s) Equine Activities: (indicate Yes for all that apply or No. If left blank it will be considered No)
Judge Professional Rider/Driver Clinician
Show Official/Manager Course Designer Groom
Riding Instructor Steward Technical Delegate
Horse Trainer (without overnight boarding) Horse Trainer (with overnight boarding)
Trail Riding to regular weekly or monthly students (includes arena instruction)
Other (describe )
3.2. If yes to clinician in 3.1, how many clinic days per year?
3.3. Estimated average number of year's experience performing the equine activities noted in 3.1?
3.4. Average Number of Clients/Students/Horses applicant and assistant trains/instructs per Month (be sure to include any clinic participants): 0-15 16-29 30-49 50-100 101+ (submit for rate)
3.5. Total Gross Annual Receipts (GAR) including Donations (the money earned over the last year, before expenses): for all equine activities listed in 3.1 for applicant & assistant(s): Please exclude boarding receipts & anything not listed in 3.1.
\$0-50,000 \$50,001-\$100,000 \$100,001-150,000
\$150,001-\$200,000 \$ {Must provide actual GAR if over \$200,001}



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3.6. Applicants Primary Training Discipline \_\_\_\_\_

3.7. Do you use assistants/staff to help with any of your equestrian activities? Yes No
a. If Yes, how many? Are your assistants/staff 16 or older? Yes No
b. If Yes, list names and addresses below

3.8. Do you use Volunteers and/or Working Students for any of your Equine Activities? Yes No
3.8.a. If Yes, how many volunteers and/or working students on average per month?
1 - 6 7 - 12 13 - 18 19 - 24 25 - 50 50+
3.8.b. If Yes, do volunteers and/or working students receive any remuneration for their services to you? If yes, explain

\*\*\* Please Note: Injury to an assistant/employee, working student or volunteer while acting on behalf of the applicant is excluded.\*\*\*

3.9. 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.

3.10. Boarding: 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.

3.10.a. If Yes, Average # of non-owned horses boarded monthly: 1-15 16-25 26-35 36-45
46-55 56-99 100+

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

3.10.c. Are you responsible for non-owned horses overnight at shows? Yes No If yes, # of non-owned horses.

3.10.d. What is the Maximum value of any Non-Owned/Boarded Horse in your care, custody, control? \$

3.10.e. Does applicant have other insurance for boarding? Yes No
If Yes, Provide: Carrier Policy # Effective Date

3.10.f. Do you wish to include board coverage on this policy? Yes No

3.11. Breeding Yes No
3.11.a. If Yes, is applicant responsible for non-owned horse(s) during breeding? Yes No
3.11.b. If Yes, Gross Annual Receipts for Breeding: \$ (Note: If "none" indicate as \$0.00)

3.12. 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)

3.13. Do you obtain a release signed by your students, clients, boarders and volunteers relieving you of claims for bodily injury & property damage? Yes No

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

SECTION 4: ADDITIONAL EQUINE ACTIVITIES AND LIABILITY EXPOSURES

4.1. Additional Equine Activities (indicate Yes for all that apply or No) - Applicable supplemental questionnaire obtained from Equisure must be completed in order to receive a quote. Coverage for selected activities requires Underwriting approval.

- Pony Rides Horse Drawn Vehicle Rides
Day Camps Equine Assisted Activities Therapy (EAAT)
Horse Sales
Trail Riding to client impromptu or scheduled not your regular student (short lesson or video)
Other (describe)

Do you wish to obtain a quote for the above activities? Yes No
If Yes, a supplemental application is required in order to receive a quote. You can call our office for the supplemental application or you can download the supplemental application from our website: www.Equisure-inc.com, and forward along with this application.
If No, these equine activities will be excluded from coverage.



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Note: This policy does not provide coverage for any activities listed in 4.1 until properly endorsed. Any activities not declared will be excluded from the policy until receipt of supplemental application, underwriter approval, and receipt of additional premium.

4.2. Does applicant lease or own any ATV or Golf Carts for use in equestrian activities listed on this application? Yes No

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

4.2.b. 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 listed on the schedule.

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.

SECTION 5: INSURANCE HISTORY

5.1. Does applicant have current or prior equine liability insurance? Yes No

If yes, Insurance Company:

If yes, Liability Coverage Limits: Annual Premium: Exp. Date

5.2. If no prior equine insurance, please explain:

5.3. Has the applicant had any losses/claims within the past 3 years? No Losses/Claims Yes Losses/Claims (If yes please provide details of any loss(es) or claims including dates, details and amount paid on a separate piece of paper). A Loss History report may be required from your prior carrier.

SECTION 6: PERSONAL EQUINE LIABILITY OPTION Yes No

This is an optional endorsement to the business policy, designed to protect you against claims arising out of bodily injury or property damage caused by your horse during personal use (trail riding, showing, pasturing). For owners with 4 or less horses.

Declared Private Owned Horses (OWNED or LEASED 100% BY THE APPLICANT)

Application must be submitted for a rate if you own/lease more than four horses.

Table with 6 columns: HORSE NAME, SEX, USE, AGE, REGISTRATION/COLOR/MARKINGS, BREED

CHANGES MADE TO THE DECLARED OWNED/LEASED HORSES DURING THE POLICY TERM NEED TO BE MADE IN WRITING.

PONY RIDES: Check if NO exposure

Only equine operations providing Pony Rides as an incidental part of their overall equine operations will be considered for coverage. All Pony Rides must utilize Safety Helmets to be eligible for coverage consideration. Operations which fasten or tie children to the saddle or pony are not eligible for coverage consideration. All pony rides must be given in an enclosed area to be eligible for coverage consideration. Rope or Wire enclosures are not permitted.

- 1. Maximum Number of Ponies used at any one time: Estimated number of riders:
2. Minimum age of riders: Are the parents present during the ride? Yes No
3. Do you operate your Pony Ride operations under another name? Yes No
4. Do you offer Pony Ride operations in cooperation with other organizations? Yes No
5. How many years' experience giving Pony Rides?
6. Ride is; check all that apply In a Ring Handled (Side-walkers) Pony Carousel (Merry go round) Other
7. Length of Pony Ride is:
Are the riders required to wear any safety gear? Yes No
Are any belts, ties, or other restraints (saddle) used? Yes No If YES, please detail:
8. Are all Pony Rides conducted in an enclosed area? Yes No If NO, please detail:



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- 9. Type of enclosure is:  Round Pen  Small Arena  Paddock (less than 1/2 acre)  Other \_\_\_\_\_
- 10. Please describe enclosure/fencing: \_\_\_\_\_
- 11. Do you offer *other* activities to Pony Ride participants?  Yes  No  
If YES, please detail: \_\_\_\_\_
- 12. Do you secure a signed release from all riders (parents or guardian?  Yes  No (EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENT FOR ITS LEGALITIES OR VALIDITY.)
- 13. Do you supervise all pony rides?  Yes  No If NO, please detail: \_\_\_\_\_
- 14. Is a riding instructor always present?  Yes  No If NO, please detail: \_\_\_\_\_
- 15. What are the annual gross receipts for this activity? \$ \_\_\_\_\_ Average charge per Pony Ride: \$ \_\_\_\_\_
- 16. Estimated # of pony ride days per year? \_\_\_\_\_

**DAY CAMPS:** Check if NO exposure

Operations must utilize Liability Waivers signed by Parent/Legal Guardian to be eligible for coverage consideration. Operations which fasten or tie children to the saddle, pony, or carousel are not eligible for coverage consideration. Note: If dates have not been set, written notice of Day Camp must be received in our office prior to the commencement of the Day Camp. Coverage is not provided for Day Camps that have not been declared to the Company in advance of the Day Camp.

- 1. Do you operate your Equestrian Day Camp operation under another name?  Yes  No  
If YES, please detail: \_\_\_\_\_
- 2. Do you offer your Equestrian Day Camp operations in cooperation with other organizations?  Yes  No  
If YES, provide details: \_\_\_\_\_
- 3. How many years' experience with Day Camps: \_\_\_\_\_ Average Cost per camper per session: \$ \_\_\_\_\_
- 4. What are the gross annual receipts expected from Day Camps? \$ \_\_\_\_\_
- 5. Expected Dates of Day Camps for the year: \_\_\_\_\_
- 6. What are the age groups of those attending? \_\_\_\_\_ Are Helmets required? \_\_\_\_\_
- 7. Are any belts, ties, or other restraints used?  Yes  No  
If YES, provide details: \_\_\_\_\_
- 8. List all Equestrian Day Camp Activities: \_\_\_\_\_
- 9. Minimum age of Campers: \_\_\_\_\_
- 10. Are all Day Campers regular students in your riding lesson program?  Yes  No If NO provide approximately how many are NOT your regular students: \_\_\_\_\_
- 11. Number of campers per session/Camp? \_\_\_\_\_ Number of Days per Camp? \_\_\_\_\_ Number of camps per year? \_\_\_\_\_
- 12. Purpose of camp? \_\_\_\_\_
- 13. What is the number of counselors per students? \_\_\_\_\_ Minimum age of trainers? \_\_\_\_\_
- 14. What type of training do the counselors receive? \_\_\_\_\_
- 15. How long have your counselors worked for your operation? Average: \_\_\_\_\_ Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_
- 16. Names of all counselors: \_\_\_\_\_
- 17. Are all rides conducted in an enclosed arena? check all that apply  Round Pen  Small Arena  
 Small Paddock (less than 1/2 acre)  Other describe: \_\_\_\_\_  
Describe enclosure fencing: \_\_\_\_\_
- 18. Is liquor served at any time during the camp?  Yes  No If YES, provide details: \_\_\_\_\_
- 19. Is this an Overnight Camp?  Yes  No What are the Camp hours? \_\_\_\_\_

**We require proof of current Molestation Policy**

If Overnight please provide the following:  
 Number of Chaperones: \_\_\_\_\_ Age range of Chaperones: \_\_\_\_\_  
 Name & Ages of Chaperones: \_\_\_\_\_  
 Describe all overnight and any off-premises activities: \_\_\_\_\_

- 20. What type of background checks are performed on counselors/employees? \_\_\_\_\_
- 21. Do you serve or prepare meals for participants?  Yes  No  
If YES please detail \_\_\_\_\_
- 22. Do you get signed waivers/hold harmless release agreements?  Yes  No If YES copy is required.



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- 23. Are any camp services provided by non-employees?
24. Do you permit early drop off and/or late pick up of campers?
25. Do campers have access to trampolines, climbing apparatus, or other equipment?
26. Do you have off premises activities?
27. List activities conducted other than Equine related (i.e. Swimming Pool):

Please note, we do not offer liability arising from the use of swimming pools.

- 28. Are any campers physically or emotionally handicapped?
29. Is any camp counselor/employee/supervisor under investigation for, or has a previous record of child abuse?
30. Are campers under adult supervision at all times?
31. Are all buildings and equipment maintained in a safe, clean condition and in good repair, and Indoor/Outdoor environments safe, clean and spacious?
32. Do you provide transportation for campers for any reason?

IF YES, WE REQUIRE A CERTIFICATE OF INSURANCE FROM YOUR AUTO INSURANCE CARRIER AND COMPLETE DRIVER INFORMATION ON ALL DRIVERS.

GUIDED TRAIL RIDES: Check if NO Exposure

- 1. Average number of horses used for any one trail ride: Maximum number of horses used on any one trail ride:
2. Do any rides occur overnight?
3. Describe the housing accommodations which you provide for the campers provide:
4. Who are the chaperones for overnight rides?
5. Describe all overnight activities:
6. Is liquor served at any time during an overnight ride?
7. Do you Serve or prepare meals for riders?
8. Wrangler/Guide/Instructor ratio to riders:
9. What type of training do the Wrangler/Guide/Instructors receive?
10. How long have your Wrangler/Guide/Instructors worked for your operation?
11. What is age range of Wranglers/Guides/Instructors?
12. When is a second Wrangler/Guide/Instructor used?
13. Age of riders - Youngest Oldest
14. Does Wrangler/Guide/Instructor hand lead any horses during the ride?
15. Is double riding allowed at any time?
16. Is a signed waiver/release used for all riders?

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- 17. Are trail rides for: Lesson program for regular students General Public for an hourly fee



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- 18. Is cantering, loping, or galloping allowed?
19. Length of rides:
20. Who maintains the trails?
21. Other than trail riding, what other activities do you offer participants?
22. What other activities do you provide to ride participants?
23. Approximately how many trail ride days per year?
24. Gross Annual receipts estimated for trail rides: \$

HORSE DRAWN VEHICLE RIDES:

Check if NO Exposure

Horse Drawn Vehicle Rides given primarily on metropolitan roads, used as a taxi service and hired hourly by general public are not eligible for coverage consideration.

- 1. Do you operate you Horse Drawn Vehicle Rides under another name?
2. Number of year's you have provided Horse Drawn Vehicle Rides?
3. Indicate the type of ride(s):
4. Who is involved in the rides?
5. How many wagons, sleds or carriages are used?
6. Sleigh, or carriage is drawn by:
7. Type of wagon/sleigh used:
8. Age of wagon/sleigh?
9. Are nighttime rides given?
10. Are rides given on, or cross over, public roads?
11. Are rides given on city and/or metropolitan roads?
12. Average number of days rides are given per week?
13. Do you have any rides off premises?
14. Do you ever drive in parades?

- 15. What other events do you provide rides for?
16. Do you offer other activities to ride passengers?
17. Is liquor served or allowed during a ride?
18. Average number of ride days provided annually?
19. What are the gross annual receipts for this activity? \$
20. Do you get signed waivers/hold harmless release agreements?

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HORSE SALES:

Check if NO Exposure

A sample copy of your Bill of Sale used in horse sales transactions and a copy of your Hold Harmless agreement must accompany this form prior to receiving a quote.

- 1. What are your Annual Gross Receipts for this exposure? \$
2. Give the estimated number of horses sold annually:



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3. Is the buyer allowed to test ride?  Yes  No  
If YES, provide type of test:  Open field  Arena  Other: \_\_\_\_\_
4. Is supervision provided during the test ride?  Yes  No  
If NO, please detail: \_\_\_\_\_
5. Are waivers signed for all test rides?  Yes  No If NO, it is MANDATORY that releases be signed by all test riders.
6. Do you sell horses for others (agent/broker)?  Yes  No If YES, it is MANDATORY that you use a Hold Harmless Agreement or coverage will be declined.
7. Provide the number of horses sold that are: Owned by you: \_\_\_\_\_ Owned by others: \_\_\_\_\_
8. Do you give any representations, guarantees or warranties?  Yes  No  
If YES, please detail: \_\_\_\_\_
9. What are the average values of the horses you sell? \$ \_\_\_\_\_ Maximum Value: \$ \_\_\_\_\_

**PETTING ZOOS:** Check if NO Exposure

**LIST ANIMAL TYPES AND NUMBER IN THE ZOO:**

<u>DOMESTIC/LIVESTOCK/WILDLIFE ANIMALS</u>	<u>NUMBER OF ANIMALS</u>	<u>WILD/EXOTIC ANIMALS</u>	<u>NUMBER OF ANIMALS</u>
<u>OTHER ANIMALS</u>	<u>NUMBER OF ANIMALS</u>	<u>OTHER ANIMALS</u>	<u>NUMBER OF ANIMALS</u>

1. Total gross annual receipts – for petting zoo only (total amount of money received before subtracting taxes, costs or expenses) \$ \_\_\_\_\_
2. Do you transport any animals to other locations for petting zoo purposes?  Yes  No  
If Yes, please describe and detail which animals. \_\_\_\_\_
3. Are all animals in pens or behind fences, separating them from visitors at all times?  Yes  No  
If No, which animals are allowed full contact with visitors? \_\_\_\_\_
4. Are visitors allowed to feed the animals?  Yes  No  
If Yes, which animals are visitor allowed to feed? \_\_\_\_\_
5. Are visitors required to sign liability waivers specific to the petting zoo  Yes  No If Yes, please attach waiver.
6. Do you post information on safety & health precaution son site?  Yes  No  
If Yes, please detail. \_\_\_\_\_
7. Do you provide hand washing stations with running water and soap?  Yes  No  
If Yes, how many? \_\_\_\_\_ How frequently are stations checked and replenished? \_\_\_\_\_  
If No, please describe hand sanitation policy. \_\_\_\_\_
8. Do you provide hand sanitizer?  Yes  No
9. Do you allow outside food or drink into the petting zoo?  Yes  No
10. Do you provide concessions of any kind?  Yes  No  
If Yes, provide total Gross Annual Receipts. \$ \_\_\_\_\_
11. Are photos taken with animals by you or staff members for an additional fee?  Yes  No  
If Yes, which animals can photos be taken with? \_\_\_\_\_  
If Yes, provide total Gross Annual Receipts – for photos only. \$ \_\_\_\_\_
12. Do you allow strollers, pacifiers, baby bottles, spill-proof cups, or toys into the animal area?  Yes  No
13. Please detail the cleaning and disinfecting procedures of the petting zoo including frequency. \_\_\_\_\_
14. Do you allow visitors to ride any animals?  Yes  No If Yes, please complete Riding Information below.

**RIDING INFORMATION**

1. Please list all animals' visitors can ride. \_\_\_\_\_
2. Total Gross Annual Receipts – from rides only (total amount of money received before subtracting taxes, costs or expenses) \$ \_\_\_\_\_



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- 3. How many days in one calendar year are rides given?
4. What is the minimum age of riders?
5. Is it mandatory that parents be present during the entire ride?
6. Are riders required to wear any safety gear?
7. Are riders required to sign liability waivers?
8. Are all rides supervised by facility personnel?
9. Are all rides at the designated petting zoo location only?
If No, detail where rides take place.

DISCLAIMERS

- I. The applicant is required to keep records of the information we need for premium computation.
II. 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.

TERMS AND CONDITIONS

I acknowledge that this application is applicable to Equine Instructor/Trainer Professional Liability only. I understand that no other coverage is included and that any additional coverage must be purchased separately. I acknowledge that I have read and agree to the following Terms and Conditions.

- I. All quotes provided are good faith estimates only and are based on information provided to us by the customer, and by the insurance companies quoting.
II. The insured expressly grants the agency the authority to cancel any or all policies in order to recover monies due because of non-payment of premium on any policy.
III. It is imperative that all claims be reported promptly to the agency or the insurance company in writing.
IV. The agency endeavors to explain coverages and available options but makes no claim or warranty that all possible coverages or options have been offered.
V. All coverages are afforded by a written binder or by a company issued policy.
VI. The insurance policy is the contract between you and the insurance company.
VII. Some policies have territorial limits of which you should make yourself aware if you do business or have business travel outside the territorial limits of the United States.
VIII. Acceptance of this application by signature and by payment of premium constitutes acceptance of, understanding of, and agreement to these terms and conditions.

I would like information about the following available coverages.

- Yes No Club Liability Yes No Crime Yes No Cyber Liability
Yes No Directors & Officers Liability Yes No Personal Equine Liability Yes No Animal Mortality
Yes No Special Event Liability Yes No Other (describe)



To cut down on our paper consumption, we now offer electronic policy delivery. Please select one of the options below.

- I prefer to receive my policy documents via e-mail. Email:
- I prefer to receive my policy documents via hard copy in the mail.

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.





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**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



## **EQUINE INSTRUCTOR/TRAINER PROFESSIONAL LIABILITY APPLICATION (NEW OR REWRITE BUSINESS)**

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 above**
- 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, KS, MA, NC, NJ, NY, OH, RI, WV or WY**



EQUINE INSTRUCTOR/TRAINER PROFESSIONAL LIABILITY APPLICATION  
(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/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: \_\_\_\_\_



**EQUINE INSTRUCTOR/TRAINER PROFESSIONAL LIABILITY APPLICATION  
(NEW OR REWRITE BUSINESS)**

**\*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: GROSS ANNUAL RECEIPTS (GAR) for Applicant and all Assistants**

*[Refer to Section 3 of application to complete] (Example: 20 students, GAR \$55,000 = \$1559.00)*

Number of Clients/ Students	GAR \$0-50,000	\$50,001-\$100,000	\$100,001-150,000
0-15	\$ 750.00	\$ 1359.00	\$ 1999.00
16-29	\$ 1359.00	\$ 1559.00	\$ 2199.00
30-49	\$ 1858.00	\$ 1957.00	\$ 2599.00
50-100	\$ 2586.00	\$ 2753.00	\$ 2899.00

**Horses over 100 or  
GAR over \$150,000  
SUBMIT FOR RATE**

**STEP 1  
GAR PREMIUM: \$ \_\_\_\_\_**

**STEP 2: CLINICS**

I want coverage for Clinics  Yes  No, I do not want coverage for clinics

1-6 days per year – no charge    7-25 days per year - \$125.00 additional premium

26-100 days per year - \$250 additional premium    101+ days - SUBMIT

**STEP 2 CLINICS PREMIUM: \$ \_\_\_\_\_**

**STEP 3: ASSISTANTS/PARTNERS/STAFF**

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 3 ASSISTANT PREMIUM: \$ \_\_\_\_\_**

**STEP 4: VOLUNTEER/WORKING STUDENT PROGRAM**

I want coverage for Volunteers/Working Students

Yes                    1-6 per Month    \$125.00 additional annual premium    19-24 per month    \$500 additional annual premium

7-12 per Month    \$250.00 additional annual premium    25-50 per month    \$775 additional annual premium

13-18 per Month    \$375.00 additional annual premium    50+ per month    SUBMIT FOR RATE

No, I do not want coverage for volunteers/working students

**STEP 4 ASSISTANT PREMIUM: \$ \_\_\_\_\_**

**STEP 5: BOARDING (with or without income)**

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
\$ 771.00	\$ 974.00	\$ 1365.00	\$1911.00

**Horses over 45 or  
GAR over \$250,000  
SUBMIT FOR RATE**

**STEP 5 BOARDING Premium: \$ \_\_\_\_\_**

**STEP 6: BREEDING (with or without income)**

I want coverage for Breeding *Professional Liability does not apply*

Yes    \$300.00- If receipts are over \$50,000 Submit for Rate

No, I do not want coverage for breeding

**STEP 6 BREEDING Premium: \$ \_\_\_\_\_**

**STEP 7: 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 8: PERSONAL EQUINE LIABILITY \*\* Section 6 above *must* be completed when adding this option.\*\***

Yes, I want coverage for Personal Equine Liability    \$110 additional annual premium

No, I do not want coverage for Personal Equine Liability

**STEP 8 PERSONAL EQUINE Premium: \$ \_\_\_\_\_**

**STEP 9: TOTAL ANNUAL POLICY PREMIUM\***

**TOTAL (add steps 1-8) \$ \_\_\_\_\_**

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



EQUINE INSTRUCTOR/TRAINER PROFESSIONAL LIABILITY APPLICATION  
(NEW OR REWRITE BUSINESS)

PAYMENT OPTIONS FORM

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

Applicant Name \* \_\_\_\_\_ Client Code \_\_\_\_\_

Business/Club Name \_\_\_\_\_

Address\* \_\_\_\_\_ City \* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Phone\* \_\_\_\_\_ Fax \_\_\_\_\_

Email\* \_\_\_\_\_ \* required

\_\_\_ Request Quote Only (No payment enclosed)

\_\_\_ Full Payment Credit Card (\*\*complete authorization form on next page\*\*)

\_\_\_ Full Payment Check or Money Order (made payable to: *Equisure, Inc.*) \$ \_\_\_\_\_

\_\_\_ Premium Financing - Minimum 30% down payment (credit card, check or money order made payable to *Equisure, Inc.*) required for financing.

Premium Down Payment: \_\_\_ Credit Card (\*\*complete authorization form on next page\*\*)

\_\_\_ Check or Money Order (made payable to: *Equisure, Inc.*) \$ \_\_\_\_\_

The remaining balance, after the 30% down payment to Equisure, Inc., will be billed and paid to IPFS Corporation (IPFS)<sup>2</sup> and is not financed by Equisure, Inc.

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

FINANCE AUTHORIZATION

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).



\_\_\_\_\_  
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

\_\_\_\_\_  
Email address



**EQUINE INSTRUCTOR/TRAINER PROFESSIONAL LIABILITY APPLICATION  
(NEW OR REWRITE BUSINESS)**

**CREDIT CARD AUTHORIZATION FORM**

*Return form with completed application if paying with a credit card. Print legible.*

\_\_\_ VISA or \_\_\_ MasterCard **Amount Authorized \$** \_\_\_\_\_

*We do not accept American Express or Discover*

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Credit Card Expiration date: \_\_\_\_\_

Signature as shown on Credit Card \_\_\_\_\_