

# Equine Instructor/Trainer Professional Liability Application New or Rewrite Business

## DISCLAIMER

**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.**

**APPLICANT MUST BE AT LEAST 18 YEARS OF AGE.**

**Coverage is not bound until approved by Company Underwriting. The Company's receipt of premium does not bind coverage.**

## Section 1 Applicant Information

1.1 Applicant Full Name: \_\_\_\_\_ Desired Effective Date \_\_\_\_\_

1.2 Applicant Business Name: \_\_\_\_\_

1.3 Applicant Business Type: ☐ Corporation ☐ Individual ☐ Joint Venture ☐ LLC ☐ Partnership ☐ Sole Proprietorship

1.4 If Corporation or LLC, complete below table *[additional premium may apply, and non-equine activities are **excluded**]*

Name of officers, partners	Active in Equine Activities? If admin duties only, answer No.		Their Duties
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

1.5 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1.6 Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1.7 Phone Number: \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

1.8 Does applicant have a CHA certification? ☐ Yes ☐ No If yes, specify level: \_\_\_\_\_

1.9 How did you hear about Equisure? \_\_\_\_\_

1.10 Average number of years' experience performing equine activities. \_\_\_\_\_

1.11 Does applicant obtain a signed and dated release/waiver of liability from all clients? ☐ Yes (*a copy is required*) ☐ No  
If no, please explain \_\_\_\_\_

1.12 Is application an Equisure renewal? ☐ Yes ☐ No If no, does applicant currently or previously carry equine business liability insurance? ☐ Yes ☐ No **If yes, complete table below**  
If no insurance, please explain \_\_\_\_\_

Insurance Company	Coverage Limits	Annual Premium	Expiration Date	Losses in past 5 years?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*\* If applicant has history of a loss/losses, describe all claims/losses with dates, details, & amount(s) paid if needed, provided a separate page with details, or submit carrier loss runs. \*\*

**Please note all losses here:** \_\_\_\_\_

## Section 2 Limit Options

2.1 Limits of Liability: Choose **only 1** option below. Other limits may be available if requested in writing.

Base Option	Increased Limit Options	Decreased Limit Options
<input type="checkbox"/> \$1,000,000/\$1,000,000 (Occurrence/Aggregate)	<input type="checkbox"/> \$1,000,000/\$2,000,000 (Occurrence/Aggregate)	<input type="checkbox"/> \$250,000/\$500,000 (Occurrence/Aggregate)
	<input type="checkbox"/> \$1,000,000/\$3,000,000 (Occurrence/Aggregate)	<input type="checkbox"/> \$500,000/\$1,000,000 (Occurrence/Aggregate)

**Minimum nonrefundable earned premium of \$250 applies to all above limits**

2.2 What is the highest value of any one **non-owned** horse the applicant has in their care, custody, and control? \$ \_\_\_\_\_

2.3 Care, Custody, or Control Limits: Choose **only 1** option below if you wish to increase limits

Included	Increase Limit Options
\$50,000/\$100,000 (For Any 1 Horse/Aggregate)	___ \$100,000/\$200,000 (For any 1 Horse /Aggregate)
	___ \$150,000/\$300,000 (For any 1 Horse /Aggregate)
Farriers limited to \$5,000/\$10,000 (For any 1 Horse /Aggregate)	___ \$200,000/\$400,000 (For any 1 Horse /Aggregate)

Care, custody, and control limits provide legal liability coverage for non-owned horses of the insured, used in their business should the applicant be found negligent after the injury or death of an equine.

<b>Section 3</b>	<b>Assistants, Volunteers, Working Students and Wranglers</b>	<b>Check if NO Exposure</b> ___
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**Volunteers/Working Students** – A person who freely offers to take part in equine activities without remuneration. Must be groundwork only, not teaching lessons or viewed as the expert/representative or giving any advice to other students or volunteers. Approved groundwork activities for volunteers might include cleaning stalls, tacking, grooming, side walking, feeding, turn out, and lunging. Volunteers must sign a release waiver release provided by the named insured.

**Assistants or Wranglers**– A person specifically named and 16 years of age or older, with or without remuneration, including corporate officers, members of a partnership, spouse of the insured or anyone else with the responsibilities herein. They must use the lesson plans of the named insured. Payment for lessons or any horse activity would be made payable to the named insured not the assistant. Approved duties might include but are not limited to: riding a horse in training, giving lessons, leading or guiding a trail ride.

3.1 Does applicant use assistant(s) and/or staff for any equine activities? \_\_\_ Yes \_\_\_ No If yes, **how many?** \_\_\_\_\_

3.2 List all assistants/staff below? (use separate page if needed)

Full Name	Mailing Address	Age

3.3 Does applicant use volunteers and/or working students, not declared above, for any equine activities? \_\_\_ Yes \_\_\_ No

If yes, how many on average per month? \_\_\_ 1-6 \_\_\_ 7-12 \_\_\_ 13-18 \_\_\_ 19-24 \_\_\_ 25-50 \_\_\_ 50+

What remuneration or compensation do they receive in exchange for services \_\_\_\_\_

3.4 Do you have Workers Compensation Insurance? \_\_\_ Yes \_\_\_ No \*\*\* Workers' Compensation related claims are excluded.

3.5 Do you obtain a signed and dated release/waiver from working students and volunteers? \_\_\_ Yes \_\_\_ No

<b>Section 4</b>	<b>Instructing/Training/Professional Activities Information</b>	<b>Check if NO exposure</b> ___
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**Training of horses, instructing of students, clinician instruction, show officiating and other professional activities.**

4.1 Equine Activities: for applicant & assistants. MARK ALL THAT APPLY

Clinician	___ Yes ___ No	If yes, how many clinic days per year?	_____
Course Designer	___ Yes ___ No	Show Official/Manger	___ Yes ___ No
Technical Delegate	___ Yes ___ No	Professional Rider/Driver	___ Yes ___ No
Groom	___ Yes ___ No	Riding Instructor	___ Yes ___ No
Judge	___ Yes ___ No	Horse Trainer with overnight boarding	___ Yes ___ No
Steward	___ Yes ___ No	Horse Trainer without overnight boarding	___ Yes ___ No
Trail Riding to regular/recurring weekly or monthly students ___ Yes ___ No			
Schooling shows, no outside participants ___ Yes ___ No If yes, how many _____			
Other (describe) _____			

4.2 Describe applicant's primary training/teaching discipline \_\_\_\_\_

4.3 Average number of Clients, Students, and/or Horses the applicant (& assistants/staff) instructs or trains per month, including clinic participants, and competitors judged and/or served.

\_\_\_ 0-15 \_\_\_ 16-29 \_\_\_ 30-49 \_\_\_ 50-100 \_\_\_ 101-150 \_\_\_ 151+

4.4 Total Gross Annual Receipts from the above activities (*income prior to expenses, including donations*). \*\*\* Only for activities listed in 4.1, *exclude any boarding revenue and revenue from any activity NOT listed above in 4.1*

\_\_\_ \$0-50,000 \_\_\_ \$50,001-100,000 \_\_\_ \$100,001-150,000 \_\_\_ \$150,001-200,000

\_\_\_ Over \$200,001 \_\_\_\_\_ list exact GAR

<b>Section 5</b>	<b>Boarding Information</b>	<b>Check if NO exposure</b> ___
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**Long-Term Care/Custody/Control, aka 'Boarding,' of non-owned horse(s), usually 24/7 and overnight, including care of client horses at shows/competitions.**

5.1 Is applicant responsible for the care of non-owned horses overnight? \_\_\_ Yes \_\_\_ No

If yes, average number boarded monthly \_\_\_ 1-15 \_\_\_ 16-25 \_\_\_ 26-35 \_\_\_ 36-45 \_\_\_ 46-55 \_\_\_ 56-99 \_\_\_ 100+

If yes, provide GAR for boarding only \$ \_\_\_\_\_

5.2 Are you responsible for non-owned horses overnight at shows? \_\_\_ Yes \_\_\_ No

5.3 What is the Maximum value of any non-owned horse in your care, custody, or control? \$ \_\_\_\_\_

5.4 Does the applicant have other insurance for boarding? \_\_\_ Yes \_\_\_ No If yes, complete table below:

Insurance Company	Policy Number	Effective Date

5.5 Does the applicant wish to include boarding coverage on this policy? \_\_\_ Yes \_\_\_ No

5.6 Do you obtain a waiver of liability from boarders? \_\_\_ Yes \_\_\_ No \*\*\* Please submit a copy of the boarding release/waiver. *Equisure does not evaluate releases/waivers/hold harmless agreements for legality or validity.*

<b>Section 6</b>	<b>Equine Breeding and/or Goods Sold</b>	<b>Check if NO exposure</b> ___
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**Applicant is responsible for the breeding of non-owned horses in their care, custody, and control. Professional liability will not be included.**

6.1 Is the applicant responsible for breeding of non-owned horses? \_\_\_ Yes \_\_\_ No

If yes, provide GAR for breeding only \$ \_\_\_\_\_

6.2 Does the applicant supply food, manufacture and/or repair any goods to be sold? \_\_\_ Yes \_\_\_ No

If yes, describe \_\_\_\_\_ \*\*\* Products liability may be excluded.

<b>Section 7</b>	<b>Personal Equine Liability</b>	<b>Check if NO exposure</b> ___
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**Coverage for the applicant's owned horses due to claims arising out of third-party bodily injury or property damage during personal use and ownership of owned horses. List up to 4 horses below, if the applicant owns more than 4 horses, a separate policy will be necessary.**

7.1 Does the applicant wish to add the personal equine liability endorsement? \_\_\_ Yes \_\_\_ No If yes, complete table below:

Horse Name	Sex	Use	Age	Registration/Markings	Breed
1. _____					

2.					
3.					
4.					

<b>Section 8</b>	<b>Pony Rides</b>	<b>Check if NO exposure</b> <input type="checkbox"/>
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**Not premises specific; where horses or ponies are led, in a round pen or otherwise, for special events, birthday parties, etc. Restraining or tying participants to ponies, saddles, or carousels is not permitted.**

- 8.1 Total Gross Annual Receipts (GAR) for pony rides only \$ \_\_\_\_\_
- 8.2 Estimated # of pony rides per year. \_\_\_\_\_ and average charge per pony ride. \$ \_\_\_\_\_
- 8.3 Years of experience giving pony rides. \_\_\_\_\_
- 8.4 Describe your operation by marking all that apply: ☐ In Ring ☐ Handled (side walkers) ☐ Carousel (merry go around)  
☐ In enclosed area, explain \_\_\_\_\_ ☐ Other, explain \_\_\_\_\_
- 8.5 Are all pony rides supervised by the applicant or their assistants? ☐ Yes ☐ No
- 8.6 Minimum age of riders \_\_\_\_\_ Are parents present during rides? ☐ Yes ☐ No
- 8.7 What safety gear is required for participants? \_\_\_\_\_
- 8.8 Do you require a signed release/waiver from participants and or all parents/guardians of participants? ☐ Yes ☐ No

<b>Section 9</b>	<b>Day Camps</b>	<b>Check if NO exposure</b> <input type="checkbox"/>
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**Equestrian camps with the primary focus on horsemanship. A 1-day event or multi day event, lasting longer than a regular lesson and not typically offered every month of the year. Participants may be a group of people that are not regular students of the insured.**

- 9.1 Gross annual receipts from day camps only: \_\_\_\_\_ Average cost per camper per session: \_\_\_\_\_  
Expected dates of camps: \_\_\_\_\_ Number of camps per year: \_\_\_\_\_
- 9.2 Are day camps operated in cooperating with another organization? ☐ Yes ☐ No  
If yes, detail \_\_\_\_\_
- 9.3 Years' experience with day camps? \_\_\_\_\_
- 9.4 List ALL day camp activities: \_\_\_\_\_
- 9.5 Number of participants per session? \_\_\_\_\_ Number of days per session? \_\_\_\_\_
- 9.6 Will camps offered overnight? ☐ Yes ☐ No Camp hours? \_\_\_\_\_  
If yes, number of chaperones \_\_\_\_\_ Age range of chaperones \_\_\_\_\_ *We require proof of Molestation Policy*  
Full names & ages of chaperones \_\_\_\_\_  
Describe all overnight & off-premises activities \_\_\_\_\_
- 9.7 Are any counselors/employees/supervisors previously or currently under investigation for child abuse? ☐ Yes ☐ No
- 9.8 Minimum age of participants \_\_\_\_\_ Age groups of participants \_\_\_\_\_
- 9.9 Any camp services provided by non-employees? ☐ Yes ☐ No  
If yes, detail \_\_\_\_\_
- 9.10 Counselor to student ratio: \_\_\_\_\_ Minimum age of counselors \_\_\_\_\_
- 9.11 Detail counselor training \_\_\_\_\_
- 9.12 Full names of all assistants/counselors \_\_\_\_\_  
Describe background checks for counselors/employees \_\_\_\_\_
- 9.13 Are all rides given in an enclosed arena? ☐ Yes ☐ No Describe fencing \_\_\_\_\_
- 9.14 Rides are given in, mark all that apply: ☐ Round pen ☐ Small arena ☐ Small paddock (less than ½ acre)  
☐ Other, describe \_\_\_\_\_

- 9.15 Are participants always under adult supervision? ☐ Yes ☐ No
- 9.16 Is liquor served during the camp? ☐ Yes ☐ No
- 9.17 Are participants provided meals? ☐ Yes ☐ No If yes, detail \_\_\_\_\_
- 9.18 Do you require a signed release/waiver from all participants and/or parents/guardians of participants? ☐ Yes ☐ No

\*\*\* Equisure does not evaluate releases/waivers/hold harmless agreements for legality or validity.

<b>Section 10</b>	<b>Guided Trail Rides</b>	<b>Check if NO exposure <input type="checkbox"/></b>
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**Includes rides led by insured, wrangler, or any other party for recreation. Rides open to the public for any length of time, including hourly, long distance or multi-day trips.**

- 10.1 Gross annual receipts from guided trail rides only: \_\_\_\_\_
- 10.2 Trail rides participants are ☐ Regular, recurring students (in your lesson program) ☐ General Public (for an hourly fee)
- 10.3 Guided trail rides are operated ☐ Daily ☐ Monthly ☐ Seasonally ☐ Annually  
If daily, \_\_\_\_\_ # of days If monthly, \_\_\_\_\_ # of months If seasonally, what months \_\_\_\_\_
- 10.4 Length of rides: ☐ 1 hour ☐ 1.5 hours ☐ 2 hours ☐ Over 2 hours  
If over 2 hours, provide specifics of ride \_\_\_\_\_
- 10.5 Average # of horses used \_\_\_\_\_ Maximum # of horses used \_\_\_\_\_
- 10.6 Age of riders allowed Youngest \_\_\_\_\_ Oldest \_\_\_\_\_
- 10.7 Do rides occur overnight? ☐ Yes ☐ No If yes, detail \_\_\_\_\_
- 10.8 Wrangler/Guide/Instructor to riders ratio: \_\_\_\_\_
- 10.9 Detail training for Wrangler/Guide/Instructor \_\_\_\_\_
- 10.10 Average length of employment for Wrangler/Guide/Instructor Minimum \_\_\_\_\_ Maximum \_\_\_\_\_
- 10.11 What is the age range of Wrangler/Guide/Instructor \_\_\_\_\_
- 10.12 Are any horses hand lead during the ride? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
- 10.13 Is double riding allowed? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
- 10.14 Is cantering, loping, or galloping allowed? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
- 10.15 Who owns the trail property? \_\_\_\_\_ Who maintains the trail? \_\_\_\_\_
- 10.16 Are other activities offered? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
- 10.17 Do you require a signed release/waiver from all participants? ☐ Yes ☐ No

\*\*\* Equisure does not evaluate releases/waivers/hold harmless agreements for legality or validity.

<b>Section 11</b>	<b>Horse Drawn Vehicle Rides</b>	<b>Check if NO exposure <input type="checkbox"/></b>
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**Rides on carts or wagons pulled by one horse or a team of horse OR tractor rides for hayrides. Rides given primarily on metropolitan roads, used as taxi service, or hired hourly by the public are not eligible for coverage.**

- 11.1 Gross annual receipts from horse drawn vehicle rides: \_\_\_\_\_
- 11.2 Average number of rides annually \_\_\_\_\_ Average number of days rides given per week \_\_\_\_\_
- 11.3 Are operations run under a different name? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
- 11.4 Indicate type of rides ☐ Wagon/Carriage ☐ Sleigh ☐ Hay ☐ Haunted Hay ☐ Tractor Drawn ☐ Other  
If other, detail \_\_\_\_\_
- 11.5 Describe your carriage operations (parades, weddings, public tours) List and describe \_\_\_\_\_
- 11.6 Number of years providing horse drawn vehicle rides an experience: \_\_\_\_\_
- 11.7 Who conducts/assists rides: ☐ Applicant/Owner ☐ Spouse ☐ Children (under 16) ☐ Employees ☐ Other  
If other, detail \_\_\_\_\_
- 11.8 # of vehicles used \_\_\_\_\_ Maximum # of passengers \_\_\_\_\_ Maximum # of horses per vehicle \_\_\_\_\_
- 11.9 Type of wagon/sleigh used \_\_\_\_\_ Age of equipment \_\_\_\_\_ Who maintains \_\_\_\_\_

- 11.10 Sleigh or carriage drawn by ☐ Horse ☐ Horse team ☐ Other, detail \_\_\_\_\_
- 11.11 Are rides given at nighttime? ☐ Yes ☐ No  
If yes, check all equipment ☐ Lights ☐ Reflectors ☐ Hydraulic brakes ☐ Slow moving emblems  
☐ Ladder ☐ Mobile steps ☐ Other, detail \_\_\_\_\_
- 11.12 Are rides on or cross public roads? ☐ Yes ☐ No On or cross city/metropolitan roads? ☐ Yes ☐ No
- 11.13 Is liquor served/allowed during rides? ☐ Yes ☐ No If yes, detail \_\_\_\_\_
- 11.14 Do you ever drive in parades? ☐ Yes ☐ No If yes, number of parade days annually \_\_\_\_\_  
If yes, parade name: \_\_\_\_\_ Dates \_\_\_\_\_
- 11.15 Are other activities offered? ☐ Yes ☐ No If yes, detail \_\_\_\_\_
- 11.16 Do you require a signed release/waiver from all participants? ☐ Yes ☐ No

\*\*\* Equisure does not evaluate releases/waivers/hold harmless agreements for legality or validity.

<b>Section 12</b>	<b>Horse Sales &amp; Leasing</b>	<b>Check if NO exposure <input type="checkbox"/></b>
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**Providing advice on the purchase of a horse or selling of a horse, owned by you, or not owned by you, whether in your care, custody, control or not. The applicant receives any kind of remuneration, or acts as an agent/broker, including short term leasing where ownership is transferred to another party.**

- 12.1 Gross annual receipts from horse sales: \_\_\_\_\_ Gross annual receipts for horse leasing: \_\_\_\_\_  
Gross annual receipts for advice or acting as a broker \_\_\_\_\_
- 12.2 Estimated number of horses sold annually: \_\_\_\_\_ Number of horses leased to others in the last 12 months \_\_\_\_\_  
Number of horses sold, owned by you \_\_\_\_\_ Number of horses sold, owned by others \_\_\_\_\_
- 12.3 Average value of horses sold/leased to others \_\_\_\_\_ Maximum value \_\_\_\_\_
- 12.4 Are buyers allowed to test ride? ☐ Yes ☐ No  
If yes, type of test ☐ Open field ☐ Arena ☐ Other, detail \_\_\_\_\_  
If yes, is test supervised? ☐ Yes ☐ No If no, explain \_\_\_\_\_  
If yes, is a signed waiver required? ☐ Yes ☐ No
- 12.5 Do you sell horses as an agent/broker? ☐ Yes ☐ No  
Do you require a hold harmless agreement? ☐ Yes ☐ No
- 12.6 Do you give any representations/guarantees/warranties? ☐ Yes ☐ No  
If yes, detail \_\_\_\_\_

<b>Section 13</b>	<b>Petting Zoos</b>	<b>Check if NO exposure <input type="checkbox"/></b>
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**A petting zoo features a combination of domestic animals and other species that are docile enough to touch and view. This does not include reptiles or dogs.**

<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>

- 13.1 Gross annual receipts from petting zoos: \_\_\_\_\_
- 13.2 Do you transport to various locations? ☐ Yes ☐ No If yes, detail \_\_\_\_\_
- 13.3 Are animals always separated from visitors? ☐ Yes ☐ No If no, detail \_\_\_\_\_
- 13.4 Are visitors allowed to feed animals? ☐ Yes ☐ No If yes, detail \_\_\_\_\_
- 13.5 Is safety & health information posted on site? ☐ Yes ☐ No If yes, detail \_\_\_\_\_
- 13.6 Are hand washing stations with running water & soap available? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_  
If no, detail hand sanitation policy \_\_\_\_\_
- Do you provide hand sanitizer? ☐ Yes ☐ No
- 13.7 Is outside food allowed? ☐ Yes ☐ No
- 13.8 Do you provide concessions? ☐ Yes ☐ No If yes, gross annual receipts \_\_\_\_\_
- 13.9 Are photos available for an additional fee? ☐ Yes ☐ No If yes, gross annual receipts \_\_\_\_\_
- 13.10 Are strollers, pacifiers, baby bottles, cups, or toys allowed in the animal area? ☐ Yes ☐ No
- 13.11 Do you allow visitors to ride any animals? ☐ Yes ☐ No  
If yes, list all animals available for rides \_\_\_\_\_  
If yes, gross annual receipts \_\_\_\_\_
- 13.12 Do you require a signed liability waiver to access the petting zoo? ☐ Yes ☐ No If yes, attach waiver

## Section 14 Other Available Coverages

Would you like information on any of the following available coverages?

Club Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cyber Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Directors & Officers Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Animal Mortality	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Event Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: describe _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

## DISCLAIMERS

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.

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. All quotes are subject to underwriting rules and requirements, such as loss history. Various cancellation penalties and minimum earned premiums may apply.
- II. The insured expressly grants the agency the authority to cancel any or all policies 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 coverages or options have been offered. It is the buyer's sole responsibility to judge the suitability of the insurance program for their purposes and to understand the limits, perils insured against, exclusions, and limitations of the policies they buy.



- V. All coverages are afforded by a written binder or by a company issued policy. No coverage is in force until written confirmation is received from the agency or the insurance company. The insurance company must issue all additions, deletions, or other changes to be valid.
- VI. The insurance policy is the contract between you and the insurance company. Read your policy and bring to your agent's attention any aspect that you do not understand, or any desired changes to limits or coverages.
- 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.

Acceptance of this application by signature and by payment of premium constitutes acceptance of, understanding of, and agreement to these terms and conditions.

#### **FRAUD WARNING DISCLOSURE**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND 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 KANSAS APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR WILLFULLY 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 OKLAHOMA APPLICANTS:** WARNING: 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 VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

**NOTICE TO NEW YORK 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 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 AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS NOT PROPERLY REPORTED UNDER THE TERMS AND CONDITIONS OF THE APPLICABLE POLICIES.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

**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

### SIGNATURE



Authorized Signature

Date

Printed Name

#### Completion Check List

1. All questions are answered
2. Signed, printed name, & dated above
3. Completed certificate request form, if needed
4. Attached all release/waivers
5. Included State Affidavit if physical address is in required state

Next page

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

<b>CERTIFICATE OF INSURANCE REQUEST FORM</b>
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*All certificates will be sent to applicant for distribution.*

Applicant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

- **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.**

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

#1

Certificate holder name: \_\_\_\_\_ Attn: \_\_\_\_\_

Full mailing address: \_\_\_\_\_

Certificate is for: ☐ Proof of Insurance or ☐ Additional Insured

Certificate holder is: ☐ Assistant/Staff ☐ Landowner ☐ Facility owner ☐ Sponsor ☐ Equipment Lessor

#2

Certificate holder name: \_\_\_\_\_ Attn: \_\_\_\_\_

Full mailing address: \_\_\_\_\_

Certificate is for: ☐ Proof of Insurance or ☐ Additional Insured

Certificate holder is: ☐ Assistant/Staff ☐ Landowner ☐ Facility owner ☐ Sponsor ☐ Equipment Lessor

#3

Certificate holder name: \_\_\_\_\_ Attn: \_\_\_\_\_

Full mailing address: \_\_\_\_\_

Certificate is for: ☐ Proof of Insurance or ☐ Additional Insured

Certificate holder is: ☐ Assistant/Staff ☐ Landowner ☐ Facility owner ☐ Sponsor ☐ Equipment Lessor

*Refer to your contract when selecting the appropriate certificate type. Detail below any contact or specific wording required.*

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**RATING WORKSHEET**

Annual policy premium for liability limits \$1,000,000 occurrence/\$1,000,000 aggregate only.

**STEP 1: GROSS ANNUAL RECEIPTS (GAR) for Applicant and all Assistants***[Refer to question 3.5 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

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

STEP 1 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. Policy is subject to premium audit.**