



**SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES**

CHECK IF NO EXPOSURE AND INITIAL

1.	<b>RIDES</b> <input type="checkbox"/> HAY <input type="checkbox"/> SLEIGH <input type="checkbox"/> CARRIAGE	<b>NUMBER OF PASSENGERS</b>	<b>GROSS RECEIPTS</b> \$	<b>NUMBER OF WAGONS</b>	<b>NUMBER OF HORSES</b>	<b>NUMBER OF MOTOR VEH</b>	<b>NUMBER OF TRIPS</b>	<b>ON OR OFF PREMISES</b>
2.	<b>SHOWS</b> Independent vendors are not covered.  SHOWS ON PREMISES RODEOS ON PREMISES	DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No			ARE THESE SHOWS RECOGNIZED BY THE US EQUESTRIAN ASSOC. (USEA) <input type="checkbox"/> Yes <input type="checkbox"/> No			
		<b>NUMBER OF PARTICIPANTS</b>	<b>GROSS RECEIPTS (ALL SHOWS)</b> \$	<b>MAXIMUM # OF SPECTATORS PER DAY</b>	<b>TOTAL NUMBER OF SHOW DAYS</b>	<b>SHOW DATES</b>		
3.	DO YOU SECURE RELEASES FROM ALL ENTRANTS – ATTACH SAMPLE <input type="checkbox"/> Yes <input type="checkbox"/> No				DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY <input type="checkbox"/> Yes			
4.	DO YOU HAVE BLEACHERS OR GRANDSTANDS <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSTRUCTION		YEAR BUILT		SEATING CAPACITY – NUMBER		
5.	DO YOU MANAGE ANY HUNTS OR RACING EVENT <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT TYPE		DO YOU OWN/USE/LEASE ANY HOUNDS FOR HUNTS <input type="checkbox"/> Yes <input type="checkbox"/> No		HOW MANY HOUNDS		
6.	IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS							
7.	DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN							
8.	<b>ALL OPERATIONS MUST BE DECLARED &amp; DESCRIBED FULLY - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION</b>							

**NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.**

**PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)**

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES

1.	HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE
2.	HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN

**STANDARD FRAUD WARNING:** 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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

**FLORIDA:** 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.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.

**VIRGINIA:** 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.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to be best of his/her knowledge true.

APPLICANT'S SIGNATURE <b>X</b>	DATE / /	AGENT'S SIGNATURE <b>X</b>	DATE / /
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SECTION III. continued			CHECK IF NO EXPOSURE AND INITIAL <input type="checkbox"/>	
9.	DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	Injuries to horses and students being transported are not covered.	HOW MANY TIMES PER YEAR	GROSS RECEIPTS \$
10.	DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY DAYS	AVERAGE ATTENDANCE	RECEIPTS EARNED \$
11.	DO YOU OPERATE A DAY CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERNIGHT CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PROVIDE FOOD <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS FOR CAMP \$
12.	DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS			
SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS			CHECK IF NO EXPOSURE AND INITIAL <input type="checkbox"/>	
1.	DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW MANY	DO THEY CARRY THEIR OWN INSURANCE ++ <input type="checkbox"/> Yes <input type="checkbox"/> No		
++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.				
PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)				
INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE - ATTACH COPY(IES).				
2.	HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS	GROSS RECEIPTS \$	GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES \$	
3.	HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS	TRAINED UNDER YOUR NAME		
SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS			CHECK IF NO EXPOSURE AND INITIAL <input type="checkbox"/>	
1.	NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES	GROSS RECEIPTS FOR RENTALS \$	GROSS RECEIPTS FOR TRAIL RIDES \$	DO YOU CONDUCT PACK TRIPS <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	PONY RIDES/PARTIES: NUMBER OF PONIES	GROSS RECEIPTS \$	DO YOU USE SIDEWALKERS <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	DO YOU RENT OR LEASE HORSES/PONIES TO CAMPS/RESORTS OR INDIVIDUALS <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW MANY - PLEASE EXPLAIN			
SECTION VI. SALES - HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING			CHECK IF NO EXPOSURE AND INITIAL <input type="checkbox"/>	
1.	DO YOU SELL HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREEDS	HOW MANY PER YEAR	GROSS ANNUAL RECEIPTS \$
2.	IS BUYER ALLOWED TO TEST RIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES <input type="checkbox"/> In arena <input type="checkbox"/> In open field	DO YOU SELL FROM YOUR OWN PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	EXPLAIN ANY OTHER METHOD OF SALES			
4.	DO YOU SELL FOOD OR HAVE A SNACK BAR <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor liability not covered.	GROSS RECEIPTS \$	
5.	DO YOU SELL TACK AND/OR CLOTHING <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, USED OR NEW <input type="checkbox"/> Used <input type="checkbox"/> New	GROSS RECEIPTS \$		
6.	DO YOU SELL HAY OR FEED <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$		
7.	DO YOU MIX FEED FOR SALE/CONSUMPTION <input type="checkbox"/> Yes <input type="checkbox"/> No			
8.	DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No			
9.	DO YOU PERFORM ANY TYPE OF FARRIER SERVICES <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury to horse not covered.	ARE SERVICES ON PREMISE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$
If on premises only, this coverage can be added to this policy.				
<b>NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage</b>				

**SECTION I. SUMMARY OF HORSES – AT PEAK SEASON**

**ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE**

Horses Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured:	Number
1a. Owned horses used for instruction .....	_____	1. Boarding/pasturing .....	_____
b. Boarded horses used for instruction to others .....	_____	2. Show training .....	_____
2. Show and/or pleasure .....	_____	3. Racing and/or training to race .....	_____
3. Racing and/or training to race .....	_____	4. Breeding (Mares _____, Stallions _____) .....	_____
4. Breeding (Mares _____, Stallions _____) .....	_____	5. Foals/weanlings .....	_____
5. Foals/weanlings .....	_____	6. Retired and/or lay-ups .....	_____
6. Retired and/or lay-ups .....	_____	7. Consignment for sale (Breed _____) .....	_____
7. For sale (Breed _____) .....	_____	8. Other (Describe: _____) .....	_____
8. Other (Describe: _____) .....	_____		
<b>All Owned Horses Must be Declared</b>		<b>Total (Lines 1-8)</b>	_____
<b>Total (Lines 1-8)</b>	_____	9. Total number of stalls on your premises .....	_____
9. Number of carts, buggies, carriages, etc. ....	_____	10. .... What is the maximum number of horses, owned and non-owned that can be kept on your premises? .....	_____
Describe Use: _____			

**SECTION II. HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING CHECK IF NO EXPOSURE AND INITIAL**

1.	TOTAL NUMBER OF STALLS	MAXIMUM NUMBER BOARDED	PASTURED	MONTHLY BOARDING RATE \$	ANNUAL GROSS \$
2.	TRAINING PLEASURE & SHOW: MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE \$	ANNUAL GROSS \$
3.	BREEDING: NUMBER OF NON-OWNED STALLIONS	BREED	MAXIMUM NUMBER OF OUTSIDE MARES	ARE MARES KEPT ON PREMISE 'TIL FOALING <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	RACE HORSES: WHAT BREEDS	HOW MANY DO YOU TRAIN FOR OTHERS	PAYROLL \$	WHAT STATES DO YOU RACE IN	

**ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES  Yes  No**

**SECTION III. EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS CHECK IF NO EXPOSURE AND INITIAL**

1.	IS INSTRUCTION PROVIDED BY: <input type="checkbox"/> You or <input type="checkbox"/> An Independent Instructor	If an independent instructor/trainer is used, complete Section IV.	ARE YOU A CERTIFIED INSTRUCTOR: <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	DESCRIBE TYPE OF SAFETY GEAR REQUIRED		
3.	DO YOU PROVIDE RIDING FOR THE HANDICAPPED <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS ANNUAL RECEIPTS \$	NON-PROFIT <input type="checkbox"/> Yes <input type="checkbox"/> No
	RATIO OF INSTRUCTORS TO STUDENTS	ARE SIDEWALKERS USED	NUMBER OF HORSES AVAILABLE FOR HANDICAPPED
			VOLUNTEER COVERAGE REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE	MAXIMUM NUMBER USED AT ANY ONE TIME	GROSS ANNUAL RECEIPTS \$
5.	ARE STALLIONS USED FOR INSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, INDICATE THE LEVEL OF THE RIDER AND AGE	
6a.	DO YOU GIVE INSTR.ON YOUR EQUINE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL GROSS RECEIPTS \$
6b.	DO YOU GIVE INSTR. STUDENTS THEIR OWN HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL GROSS RECEIPTS \$
7.	DO YOU TEACH <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other:		
8.	IS THERE ANY PERIOD(S) OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE DATES CLOSED		

## GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

1.	DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS	
2.	NUMBER OF YEARS AT THIS LOCATION	NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS
3.	IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS	
4.	DO YOU HAVE WORKERS' COMP. INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	<small><b>Note:</b> Workers' Compensation and/or Employer's Liability is <b>not covered</b> under this policy.</small> PAYROLL FOR HORSE OPERATIONS \$
5.	IS THIS YOUR PRINCIPAL OCCUPATION <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN	
6.	ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN:	
7.	DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN:	
8.	IS THERE 24-HOUR SUPERVISION OF THE FACILITY <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE DESCRIBE	
9.	ARE ALL PASTURES TOTALLY FENCED <input type="checkbox"/> Yes <input type="checkbox"/> No DESCRIBE TYPE OF ALL FENCING	
10.	DESCRIBE CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	HOW OFTEN IS FENCING CHECKED
11.	WHO IS RESPONSIBLE FOR FENCE REPAIR <input type="checkbox"/> Owner <input type="checkbox"/> Lessee	RIDING FACILITIES Arena: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Open Fields <input type="checkbox"/>
12.	DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN STABLES <input type="checkbox"/> Yes <input type="checkbox"/> No	IN OTHER OUTBUILDINGS/BARNES <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION</b>	
14.	DO YOU POST RULES <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU POST WARNING SIGNS <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW MANY	DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION
16.	DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW MANY	
17.	HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PROVIDE DETAILS:	WHAT BREED
18.	DO YOU OWN/MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC. <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW MANY	WHAT TYPE
19.	IS THERE A SWIMMING POOL ON THE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, IS IT RESTRICTED TO PRIVATE USE <input type="checkbox"/> Yes <input type="checkbox"/> No
20.	IS HUNTING/FISHING PERMITTED ON THE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN	
21.	DO YOU OPERATE A BED AND BREAKFAST <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE DESCRIBE	

# APPLICATION FOR COMMERCIAL EQUINE LIABILITY

(A Special program Limited to Horse-Related Exposures Only)

**THIS IS NOT A BINDER**

<b>BUXTON EQUINE</b>	Voice: <b>561-585-0900</b> ; FAX: <b>561-586-0870</b>
PO Box 6823, Lake Worth, FL 33466-6823	Email: <b>bill@buxtonequine.com</b>

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.**

NEW BUSINESS – DESIRED EFFECTIVE DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

RENEWAL – EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

APPLICANT NAME:	BUSINESS/STABLE NAME:
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ADDRESS:	CITY:	ST:	ZIP:	-
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TELE #: ( ) ( )	EMAIL @ .	CONTACT FOR INSPECTION	TELE. #: ( ) ( )
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**NOTICE** – WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXCEPTED), EXPLAIN INTEREST OF EACH

LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASES PREMISES:

1. Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ -

Number of Acres: \_\_\_\_\_ Premises:  Owned  Leased

2. Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ -

Number of Acres: \_\_\_\_\_ Premises:  Owned  Leased

APPLICANT IS:  Individual  Partnership  Organization/Corporation  Owner Operator  Other (specify)

NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION:

CERTIFICATES OF INSURANCE REQUESTED FOR:

Owner of Premises Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ -

:  Certificateholder Only  Additional Insured  Other – Describe Interest:

Owner of Premises Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ -

:  Certificateholder Only  Additional Insured  Other – Describe Interest:

LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS

\$ 500,000/1,000,000  \$1,000,000/2,000,000  \$ Other

**INQUIRE ABOUT AVAILABILITY OF INCREASED LIMITS FOR:**

General Aggregate  Medical Payments  Fire Legal Liability

DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES (IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.)

Yes  No

APPLICANT <b>X</b>	DATE / /
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