



Farm And Ranch Equine Liability Questionnaire

Named Insured: _____

DBA: _____

Mailing Address: _____

Location of Actual Operations (Address 1): _____

(2) _____ County _____ State _____

Does Insured: Own Lease Premises. Insured is: Individual Corporation Partnership

Name of All Partners or Officers of Corporation: _____

Additional Insured/Owner of Premises: _____

Address: _____

Limit of liability desired:

Commercial General Liability \$300,000 CSL \$500,000 CSL \$1,000,000 CSL

Type or breed of horses owned: _____

SUMMARY OF HORSES AT PEAK SEASON

If horse is used for more than one activity, count only its primary use.

	Number Owned	Number Non-Owned
Boarding/Pasturing	_____	_____
Breeding Only (Stallions <input type="checkbox"/> Mares <input type="checkbox"/>)	_____	_____
Racing and/or Race Training	_____	_____
Training - Other Than Race Horses	_____	_____
Pleasure	_____	_____
Show	_____	_____
Trail Rides/Pack Trips/Rentals	_____	_____
Pony Rides	_____	_____
Horses owned by applicant & used for instruction	_____	_____
Boarded horses used by applicant for instruction to others	_____	_____
Horses used by independent instructors to others	_____	_____
Foals/Weanlings	_____	_____
Other (Specify) _____	_____	_____
TOTAL	_____	_____
Number of wagons/sleds/carts/carriages/buggies, etc? _____		
Describe use: _____		

II. GENERAL INFORMATION

- 1. Do you raise hay/grain for horses? Yes No
Explain any farming operations _____
- 2. Number of years experience in this type of operation: _____ .
Number of years at this location:_____. If less than 5 years, please give brief description of experience and background in horse business:

- 3. Do you have Workers' Compensation insurance? Yes No Payroll _____
Company _____ Policy No. _____ Period _____
- 4. Are there any other business enterprises in which you are engaged? Yes No
If yes, please describe: _____
- 5. Is there 24 hour supervision of the facility? Yes No
If no, describe supervision: _____
- 6. Do you conduct pack trips, hunting or fishing trips? Yes No
- 7. Do you offer hay, sleigh or carriage rides? Yes No
- 8. Do you obtain release relieving you from claims for bodily injury and property damage? Yes No
IMPORTANT: ATTACH COPY

III. EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS

- Check if "NO" Exposure
- 1. Do you have riding for the handicapped? Yes No Receipts: _____
of horses:_____ Sidewalkers: Yes No
- 2. Maximum number of horses available for instruction at peak:
(Do not include students on their own horses)_____. Gross receipts: _____
- 3. Do you give instruction to students on their own horses? Yes No
How many students per year? _____ Gross receipts: _____
- 4. Do you teach: English Western Jumping Vaulting Polo
 Other (Explain) _____
- 5. Any safety gear required? Yes No
Describe:

- 6. Do you hold clinics for non-students? Yes No How many? _____
Average attendance _____ Receipts: _____

**IV. BOARDING (STALL RENTALS/PADDOCKS)
PASTURING - BREEDING - RACING - TRAINING
(Including Horses Trained)**

Check if "NO" Exposure

1. Total # Stalls _____ Maximum number boarded _____ Pastured (not included in boarded total) _____
Gross receipts _____ Payroll _____
2. Do you provide riding facilities for your boarders? Yes No Describe: _____

3. Do you allow non-boarders to use your facilities? Yes No Explain _____
_____ Receipts _____
4. **TRAINING:** (Not Race Horses) Maximum number of horses trained at any one time:
Owned _____ Non-Owned _____ Gross receipts _____ Payroll _____
5. **BREEDING:** Is Breeding done on or off premises? Explain _____

How many stallions owned? _____ Non-Owned? _____
Mares owned? _____ Non-Owned? _____ Gross receipts _____
6. Do Independent Contractors give lessons, training, board, etc., use ranch for operations? Yes No
Do they have own insurance? Yes No
IMPORTANT: Provide Certificate of Insurance
7. **RACE HORSES:** How many do you own? _____ How many do you train? _____
What breeds? _____ What states do you race in? _____
Payroll _____

V. SADDLE ANIMALS FOR HIRE - PONY RIDES

Check if "NO" Exposure

1. Total number of animals available for rental or trail rides at peak season: _____
2. Estimated maximum number of animals used on any one day: _____ For each month:
Jan. _____ Feb. _____ Mar. _____ Apr. _____ May _____ June _____
July _____ Aug. _____ Sept. _____ Oct. _____ Nov. _____ Dec. _____
3. Pony rides: Number of ponies _____ Type of ride: Sweep Ring Carts handled.
If yes, number of Carts _____ Other rides (Explain) _____

4. Do you have trail rides with riders using their own horses? Yes No
How often? _____
5. Are all riding trails on your own premises? Yes No
6. Do trails cross or run by road or highways? Yes No Describe: _____

7. Do you secure a signed release from all riders? Yes No
IMPORTANT: Need copy prior to binding.
8. Minimum age of riders will be _____. Are parents used as sidewalkers? Yes No
9. Do you rent or lease horses or ponies to camps/resorts or individuals? Yes No
How many rented? _____ To whom rented? _____ Rental term _____ Gross Receipts _____

VI. SALES: HORSE, FOOD, CLOTHING, TACK, FEED, HORSE SHOING

Check if "NO" Exposure

1. If you sell horses: Types & Breeds _____

How many per year? _____ Gross Receipts _____

Is buyer allowed to test ride? Yes No If yes, in Open Field or Arena? _____

Do you sell from your own premises? Yes No

Explain any other method of sales:

2. Do you have food or snack bar? Yes No

Describe:

(Liquor liability not covered.) Area used _____ sq ft. Gross Receipts _____

3. Do you sell tack and/or clothing? Yes No Area used _____ sq ft.

Gross Receipts _____

Do you repair riding equipment for others? Yes No

4. Do you do any horse shoeing? Yes No Gross Receipts _____

VII. HORSE SHOWS AND MISCELLANEOUS ACTIVITIES

Check if "NO" Exposure

1. Do you manage any horse shows which are open to non-students or boarders? Yes No

Are these events recognized by the American Horse Show Association? Yes No

	# PARTICIPANTS	\$ RECEIPTS	TOTAL # OF SHOWS
2. a. Shows - On Premises			
b. Rodeos - On Premises			

3. Do you have bleachers or grandstands? Yes No Construction _____

Seating capacity _____ Indoor _____ Outdoor _____

Does number of spectators ever exceed 500? Yes No

If Yes, explain seating & safety measures

Maximum number of spectators (per day): _____

4. Do you manage any hunts or racing events? Yes No

If Yes, what type of event?

VIII. PACK TRIPS

Check if "NO" Exposure

1. Do you conduct pack trips? Yes No
2. Give exact dates of operation _____
3. How many saddle animals for guests? _____ How many pack/guide animals? _____
4. Do you conduct fishing trips? Yes No Hunting trips? Yes No
(Hunting and fishing accidents are not covered.)
5. What is the average length of trips (time & distance)? _____
6. Do you supply guides on all trips? Yes No
7. What is the minimum age of pack guides? Lead _____ Others _____
8. Do you supply and prepare food? Yes No
9. Do you take releases from all riders or parents/guardians of minors? Yes No
10. Do you provide guest accommodations? Yes No
11. How many guests accommodated annually? _____ Annual receipts _____
12. Apart from the operations mentioned on this application, are there any other operations conducted on the same premises? Yes No

Describe:

Gross Receipts: _____

IX. WAGON RIDES AND MISCELLANEOUS ACTIVITIES

Check if "NO" Exposure

1. Describe operation:

2. Total Wagons _____ Number of Horses _____ Total Trips _____

3. Number of employees assigned to each ride _____

4. Any off premises exposures? Yes No

If yes, explain in full:

(Coverage is not provided if wagons drawn by motor vehicle.)

MUST BE ANSWERED IN FULL

(Quote will not be given without this information)

Apart from the operations mentioned on this application, are there any other businesses conducted on the same premises? Yes No

Describe, including gross receipts:

Present or Previous Insurance Carrier Information: If insured has never carried insurance, state "NONE".

COMPANY	POLICY #	POLICY PERIOD	PREMIUM	# CLAIMS	LOSS/RESERVES

If any losses in the past five years, give approximate dates and explanation of loss (If NO, state "none")

Were you cancelled or was insurance denied in last five years? Yes No

(If yes, explain)

REPRESENTATION

If insurance is provided under a policy issued on the basis of this application, the insurance is issued on reliance of the applicant's representation in answer to the questions above. If, at the time a certificate/policy is issued, **ANY** of the above representations are incorrect, the coverage afforded under the certificate/policy may be cancelled.

DATED

SIGNED: Quote cannot be provided without applicant's signature.

ORIGINAL APPLICATION MUST BE RETURNED