

Commercial Equine Liability Application
 (a special program limited to horse-related exposure only)

Named Insured _____

DBA _____

Mailing address _____

City _____

State _____ Zip _____

Township/Range _____

County _____

Telephone _____

Location(s) of actual operations _____

Insured: owns premises leases premises

Insured is - individual corporation partnership

If partnership or corporation, names of all partners or officers of corporation _____

Please give brief description of operation

LIMITS OF LIABILITY

All limits are subject to company acceptance and approval. Check only one (1) set of desired limits
 Bodily Injury and Property Damage = Combined
 Single Limits (CSL)

- 100,000 CSL
- 300,000 CSL
- 500,000 CSL
- 1,000,000 CSL

Desired effective date _____

Non-owned horses, while in your care, custody, and control, are not covered for injury or death by this policy.

SUMMARY OF HORSES AT PEAK SEASON

(If this section is not answered fully, application will be returned. If horse is used for more than one activity, count only its primary use.)

Use	Owned	Non-Owned
Boarding/pasturing		
Breeding only (stallions: _____ mares: _____)		
Racing and/or race training		
Training - other than race horses		
Pleasure and/or show		
Pony hides		
Horses owned by applicant and used for instruction		
Boarded horses used by applicant for instruction to others		
Horses used by independent instructors for lessons		
Foals/weanlings		
Other (specify)		
Totals		

Number of wagons/sleds/carts/carriages/buggies, etc. _____

Describe use _____

GENERAL INFORMATION

Do you raise hay/grain for horses? yes no

Explain any farming operations _____

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.

Square feet, barns and stables _____

Square feet, indoor arena _____

Square feet, outdoor arena _____

Do you have farm liability insurance? yes no

Insurance company _____

Limits _____

Do you have workers compensation insurance? yes no

Payroll \$ _____

Are you engaged in any other business enterprises? yes no

If yes, please describe _____

Is the facility supervised 24 hours a day? yes no

If no, describe supervision _____

Do you conduct pack trips, hunting trips, or fishing trips? yes no

Do you offer hay, sleigh, or carriage rides? yes no

Note: This policy does not cover dwellings-occupancy, farm/ranching operations, including farm machinery or other operations that are not horse exposure.

EQUESTRIAN SCHOOLS -RIDING INSTRUCTION - CLINICS

Check if no exposures

Do you have riding for the handicapped? yes no

Receipts W/S _____ Number of horses _____

Do you have sidewalkers? yes no

Maximum number of horses available for instruction at peak (do not include students on their own horses) _____

Gross Receipts \$ _____

Are stallions used for instruction? yes no

If yes, level of riders _____

Do you give *instruction to students on their own horses? yes no

Are all instructors certified by a riding institute? yes no

Is there any period of the year during which you do not give instruction? yes no

If yes, give dates closed _____

Riding styles taught: English Western Jumping Vaulting Polo other (explain)

Is a release signed by all students, or, if a minor, by their parent or guardian? (attach sample) yes no

Is safety gear required? yes no

Describe _____

	Yes	No	Number	Attendance	Gross Receipts
Do you hold clinics for non-students?					
is instruction given on your premises by independent instructors?					
Are horses provided for lessons by independent instructors?					
How many students do you provide instruction on your horses?					
How many students on their own horses do you have each year?					

If independent instructors operate under your name, they can be added as additional insureds at an additional charge, but coverage is limited to on-premises lessons. On a separate sheet, provide the names of any independents to be added to the policy and describe their qualifications.

Injuries to horses and students being transported are not covered.

**BOARDING (STALL RENTALS/PADDOCKS)
PASTURING - BREEDING - RACING - TRAINING**
Check if No Exposure

Total number of stalls _____

Maximum number boarded _____

Pastured (not included in boarded) _____

Gross receipts \$ _____

Do you provide riding facilities for your boarders?
 yes no

Describe _____

Do you allow non-boarders to use your facilities?
 yes no

Explain _____

Gross receipts \$ _____

Maximum number of horses (not race horses) trained at any one time:

Owned _____ Non-owned _____

Gross receipt \$ _____

Does an independent trainer train your horses?
 yes no

If independent trainers operate under your name, they can be added as additional insureds at an additional charge, but coverage is limited to training on premises only. On a separate sheet, provide the names of any independents to be added to the policy and describe their qualifications.

Independent trainers gross receipts \$ _____

Do you obtain releases relieving you from claims for bodily injury and property damage from boarders?
(attach sample) yes no

Breeding is done on premises off premises.

Explain _____

How many stallions are owned? _____

non-owned? _____

How many mares owned? _____

non-owned? _____

Gross receipts \$ _____

How many race horses do you own? _____

How many do you train? _____

What breeds? _____

What states do you race in? _____

Gross receipts _____

Injuries to horses and students being transported are not covered.

Check if No Exposure

Number of ponies _____ Size of ponies _____

Type of ride: sweep ring
carts (number _____) hand lead

Other rides (explain) _____

Minimum age of riders _____

Are parents used as sidewalkers? yes no

Do you rent or lease horses or ponies to camps/resorts or individuals? yes no

How many rented? _____

Rental term _____

Gross receipt \$ _____

To whom rented? _____

SALES: HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING

Check if No Exposure

How many horses sold per year? _____

Types and breeds _____

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 _____

Do you sell food or have a snack bar? yes no

If yes, describe _____

Area used _____ square feet

Gross receipts \$ _____

(Liquor liability is not covered.)

Do you sell tack and/or clothing? yes no

If yes, describe

Area used _____ square feet

Gross receipts \$ _____

Do you repair hiding equipment for others? yes no

Gross receipts \$ _____

Do you do any horseshoeing? yes no

Gross receipts \$ _____

Injury to horses is not covered. Coverage is available for incidental on-premises exposure only. (Excluded from coverage are any and all activities involving sale of horses and other livestock, repair of track, and sale of feed if mixed or prepared by the insured.)

HORSE SHOWS AND MISCELLANEOUS ACTIVITIES

(MUST BE ANSWERED IN FULL)

check if no exposure

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

Function	Number of Participants	Receipts	Total Show Days
Shows on premises			
Rodeo on premises			

Do you have bleachers or grandstands? yes no

Type of construction _____

Seating capacity: 'indoor' _____

outdoor _____

Do you secure releases from all entrants? (attach sample) yes no

Does number of spectators ever exceed 500? yes no

If yes, explain seating and safety measures

Maximum number of spectators per day _____

Do you manage any hunts or racing events? yes no

If yes, what type of event? _____

Coverage is not provided for injury to participant in horse races, rodeos, rodeo-type events, vaulting, and polo matches/practices.

Apart from the operations mentioned on this application, are any other businesses conducted on the same premises? yes no

If yes, describe, including gross receipts

Have any of the applicants ever carried insurance before? yes no

If losses occurred in the past five (5) years, give approximate dates and explanation of loss. (If no loss, state none.) _____

Was your insurance cancelled or denied in the last five (5) years? yes no

If yes, state reason(s) _____

Present or Previous Insurance Carrier Information (If insured has never carried insurance, state "none".)

Company	Policy Number	Policy Period	Premium	Number of claims	Losses and Reserves

Additional insured/owner of premises _____

Additional insured/owner of premises _____

Mailing address _____

Mailing address _____

City _____

City _____

State _____ Zip _____

State _____ ZIP _____

Telephone _____

Telephone _____

Agent: _____

Address: _____

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