



## HORSE APPLICATION SUPPLEMENT

1. Proposed First Named Insured & Other Named Insured(s):

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2. Mailing Address                      Street                      City                      County                      State                      ZIP Code

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3. Location Address                      Street                      City                      County                      State                      ZIP Code

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4. Telephone:                                      Fax:

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- Website:

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5. Contact person/phone #:                      Inspection:

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- Accounting/Records:

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6. Business Type:     Individual                       Partnership                       Corporation                       LLC                       Trust
- Other (specify):

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7. Operating as:     For Profit                       Nonprofit                       Other:

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8. Interest of Named Insured in premises:     Owner                       General Lessee                       Tenant
- Other:

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9. Part occupied by Named Insured:                       Entire                       Portion (          %)                       Other (Lessor's Risk Only)

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10. Effective Date Desired: From:                      To:                      Term Desired:

**PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary**                       **See Loss Runs Attached**

Missouri Applicants: **DO NOT** answer this question.  
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?  
 No     Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Policy Dates	Carrier	Policy Number	Premium	Coverage	Check if Claims-Made	Description of Loss
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

**UNDERWRITING INFORMATION**

1. Number years experience with horses:  
 Describe your equine education, competition experience, officiating, judging, and instructor's licenses:

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2. If you are not the primary manager, indicate Manager's Name:  
 Age:                                      Years Experience:

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	<b>Yes</b>	<b>No</b>
3. Are operations seasonal?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details (dates of operation, details regarding off-season, etc.):		
4. Advise if any of the following are provided:		
a. 24-hour supervision of the facility	<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency numbers posted	<input type="checkbox"/>	<input type="checkbox"/>
c. Safety & Barn Rules posted and written out	<input type="checkbox"/>	<input type="checkbox"/>
d. No Smoking signs posted	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
e. Smoke Alarms	<input type="checkbox"/>	<input type="checkbox"/>
f. Is smoking allowed in barns?	<input type="checkbox"/>	<input type="checkbox"/>
g. State Equine Activity signs posted	<input type="checkbox"/>	<input type="checkbox"/>
h. Current liability waivers utilized – If yes, provide copies.	<input type="checkbox"/>	<input type="checkbox"/>
i. Are fire drills conducted?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you own any horse drawn vehicles (i.e. carriages, wagons, hay rides, and sleigh rides)? If yes, provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you use any horses for driving, pulling or work? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you own any dogs? If yes, explain your policy regarding dogs: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any other animals on premises? If yes, advise type, number and purpose: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Provide details of fencing and confirm in good condition: _____		
10. Annual Gross Revenues from Equine Activities:		
Arena Rentals                    \$	Officiating	\$
Boarding                            \$	Pony Rides	\$
Breeding                           \$	Racing	\$
Horse Sales                        \$	Tack/Retail Sales	\$
Hosting Shows                    \$	Training	\$
Leasing Out Horses              \$	Other:	\$
Total Annual Gross Revenue: \$ _____		

**EQUINE ACTIVITIES**

**Arena Rental**

1. Do you rent your facility to others (arena, etc.)?     Yes     No  
 If yes, list types of event, how often, to whom and provide a copy of the written guidelines for use of the facility and any rental agreements/user guides: \_\_\_\_\_

**Boarding**

1. Total number of horses boarded monthly:	Maximum: _____	Minimum: _____
2. Average number of horses on:	Full Board: _____	Pasture Board: _____
3. Monthly charge per horse:	Full Board: \$ _____	Pasture Board: \$ _____
4. Total number of stalls on premises: _____		

**Breeding**

1. Average stud fee: \$ \_\_\_\_\_

2. Total number of stallions at stand stud (Live and A.I.) on premises: \_\_\_\_\_

3. Total number of stallions that you own or have partial ownership, standing at stud (Live and A.I.) off premises: \_\_\_\_\_

4. Total number of mares covered annually on premises: \_\_\_\_\_

5. Total number of mares, which you own, covered annually off premises: \_\_\_\_\_

**Horse Sales**

1. Number of horses you sell annually:	Owned by you: _____	Owned by others: _____	Total: _____
2. Average value of horses sold:	Owned by you: \$ _____	Owned by others: \$ _____	

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**Hosting Shows/Events**

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*Complete S62-CG, Special Events Application.*

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**Owned/Leased Horses**

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1. Do you lease horses to others?  Yes  No
  2. Total number of horses you: 

Own:	Lease from others:
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  3. Maximum number of horses you: 

Own or lease from others taken off premises:
Lease to others on premises:
Lease to others off premises:
  4. Are any of the horses used for riding instruction/school horses?  Yes  No  
If yes, describe:
  5. Are pony rides offered?  Yes  No  
*If yes, complete S62-CG, Special Events Application.*
  6. Do you own race horses?  Yes  No  
If yes, indicate breed, type of racing activity, and a description of your race horse participation:
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**Tack Store/Retail Store**

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1. Types of items sold:
  2. Locations where items are sold:
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**Training of Horses**

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1. Average number of horses in training monthly, including Independent Trainers' on Premises Training:
  2. Average number of training rides weekly on horses not in full training:
  3. If Independent Trainers are hired, provide names and years of experience:
  4. Do you operate a riding academy or related exposure (camps, etc.)?  Yes  No  
If yes, provide details:
  5. Describe all business operations conducted by you:
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**FRAUD STATEMENTS**

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**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.

**LOUISIANA and MAINE:** 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.

Refer to the Core Application for all Fraud Statements.

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**IMPORTANT NOTICE****DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address

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