



EQUINE LIABILITY APPLICATION

Application Date:	
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Company Use Only	
Customer#/SubID:	
Producer#:	

Agency	
Name/Address:	Equidae Insurance, Inc. 608 Virginia Street East, Suite 302 Charleston, WV 25301
Phone#:	(304) 346-1198

Entity Type: Individual Corporation LLC Partnership _____
 Billing: Direct Bill Agency Bill Pay Plan: _____

Quote needed by:	
Requested Effective Date:	

Bill To: Insured
 Mortgagee

APPLICANT INFORMATION

Name Insured:			
<input type="checkbox"/> Additional Named Insured Supplemental Attached (Required for multiple Named Insureds)			
Mailing Address:			
County:	Phone#:	FEIN#:	
Web Address:		Email:	
Inspection Contact Name:		Phone#:	

- Coverages to be quoted: Package Monoline Liability Equine Care, Custody, Control
 Umbrella Monoline Property Scheduled Personal Property
 Auto Watercraft Employee Benefits Liability

A State specific ACORD Auto Application is required in order to quote Auto. ACORD Watercraft Application required for Watercraft. Employee Benefits Liability Supplemental Questionnaire required for EBL Coverage.

GENERAL UNDERWRITING QUESTIONS

Loss History: None (List all losses for the past 5 years that affect coverage lines requested above.)

Date	Coverage Line	Description	Paid	Open/Closed

Prior Carrier Information:

Coverage Line	Company	# of Years	Expiring Premium
Property:			
Liability:			
Care, Custody, Control:			
Umbrella:			

1. Are you age 18 or over? Yes No
2. Have you been declined, canceled or non-renewed in the past 3 years? Yes No
If yes, explain: _____
3. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? Yes No
4. During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any other arson-related crime in connection with this or any other property? Yes No
5. How many years experience/in the business with horses? _____

LOCATION SCHEDULE <input type="checkbox"/> Additional Locations Supplemental Attached					PC = Protection Class		
	Street Address	City/State	County	Zip	PC	Owned	Acres
1.							
2.							
3.							
4.							

If no Property Coverage is desired, please skip to the General Liability Section on page 3.

- Is **Loss of Farm Income Coverage** needed? Yes No If Yes, Limit? _____
- Is **Extra Expense Coverage** needed? Yes No If Yes, Limit? _____
If yes, explain: _____
- Are there any vacant or unoccupied structures on your property? Yes No
If yes, please describe structure and explain oversight/security and plans for occupancy or sale: _____
- Do any buildings on any of your property have a Wood-Burning Stove? Yes No
If Yes, request a **Wood-Burning Stove Questionnaire** for each building with a Wood Stove

MORTGAGEES <input type="checkbox"/> Additional Mortgagees Supplemental Attached			
Mortgagee Name/Address	Loan#	Loc#	Buildings

SCHEDULED PERSONAL PROPERTY <input type="checkbox"/> Additional Scheduled Personal Property Supplemental Attached			
An appraisal or sales receipt with photos must accompany all items with an individual value of \$10,000 or more			
Loc#	Category: Jewelry/Fine Arts/Etc	Item Description	Limit

FARM PERSONAL PROPERTY <input type="checkbox"/> Additional Schedule Farm Personal Property Supplemental Attached				
Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000 Other: _____				
Cause of Loss: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special <input type="checkbox"/> Equine Coverage Extension Endorsement				
<input type="checkbox"/> Replacement Cost on Scheduled Tack <input type="checkbox"/> Replacement Cost on Scheduled Office Contents				
	Location	Year/Make/Model or Description	Serial#	Limit
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

LOSS PAYEE SCHEDULE <input type="checkbox"/> Additional Loss Payee Supplemental Attached		
(For Item#, use the number corresponding to that particular Farm Personal Property item above.)		
Name	Address	Item#

GENERAL LIABILITY UNDERWRITING QUESTIONS

Company Use Only:

Limits:

\$100,000 / 200,000 \$300,000 / 600,000 \$500,000 / 1,000,000 \$1,000,000 / 2,000,000

1. List all Equine Operations: _____
Are you engaged in any other farm business, profession, or trade including, but not limited to, hay sales and custom farming? Yes No If yes, please provide details: _____

2. Is the applicant involved in any of the following activities? (Please check applicable activities)
 Entertainment/Amusements involving Animal Farms/Agrotourism/Agritainment
 Dude Ranch Polo/Horse Ball
 Therapeutic or Riding for the Handicapped Pony Rides/Petting Zoos
 Hunting/Fishing on premises (non-residents) Hay/Carriage/Sleigh Rides
 Motorcycles, ATVs (other than resident) Public Horse Rentals/Trail Rides
 Vaulting Fox Hunting
 Holding Races on Premises Parades
 Gymkana/Mounted Games Rodeos
 Mounted Shooting Equine Assisted Therapy
 Equine Sports Therapy (including massage)
Please explain any checked activities: _____

3. Are dogs owned? Yes No How many? _____ Breed: _____
Any past claims? If yes, explain: _____

- If yes, please describe structure and explain oversight/security and plans for occupancy or sale: _____

- Are clients' dogs allowed at the facility? Yes No Leashes Required? Yes No
4. If liability coverage desired for any owned snowmobiles/ATVs/GolfCarts, please provide the following:
 ATVs: _____ # of wheels: _____ Use of vehicles: Farm
 Age of Drivers: _____ Off Premises
 _____ Recreational/Hunting
5. Is Unlicensed Farm Vehicle Liability Coverage needed? Yes No How many vehicles? _____
6. Do any non-Boarders, Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc. use your facility? Yes No
If yes, please explain: _____
Do you lease any part of the building/land to someone else? Yes No
If yes, please explain: _____
7. Are all fences/gates in good condition? Yes No
Type of Fencing: _____
8. Is there a pool, aqua treadmill, hyperbaric chamber or similar item on your property? Yes No
Please provide details: _____
9. Is there an airstrip on the premises? Yes No
10. Do you lease horses to or from others? Yes No
11. Do you judge shows? Yes No Receipts: _____
12. Do you have any operations or horses in any country outside of the U.S.? Yes No

ADDITIONAL INSUREDS <input type="checkbox"/> Supplemental Additional Insureds Schedule Attached	
Name/Address	Relationship to Insured

If you are requesting a quote for Monoline Liability and would like to schedule any locations, please request an additional Location Supplemental.

PERSONAL LIABILITY Yes No

1. Please list all individuals for who Personal Liability is desired. Make sure to list any children over the age of 18. (Married couples may be listed together):

RIDING INSTRUCTION (Teaching the Rider) Not Applicable

1. Riding Instruction provided by: You Independent Instructor Employee
2. How many Independent Instructors are giving instruction? _____
3. Describe the experience/qualifications of you and your employees: _____
 Are you/employee a certified instructor? Yes No By whom? _____
4. Number of students per week given lessons by you or your employee: _____
5. Number of students per week given lessons by an independent contractor: _____
6. What is the minimum age of the students? _____
7. What is the maximum number of students per instructor per lesson? _____
8. School Horses: Receipts _____ # of horses used at one time _____, Student Horses: Receipts _____

DAY CAMPS

1. Do you hold day camps? Yes No

If yes, please complete the separate Day Camp Supplemental on page 8.

HORSE TRAINING (Training of Horses) Not Applicable

1. What type of training is given? _____
2. Total payroll related to Training? _____
3. What is the average number of horses trained per year? _____

BOARDING OF NON-OWNED HORSES Not Applicable

1. What is the total # of non-owned horses including non-owned broodmares? _____
2. Is temporary overnight boarding provided? Yes No Describe: _____
3. Is board self-board or full-care? Self Full
4. Annual Payroll: _____

BREEDING Not Applicable

1. Breeding Payroll: _____ # of Owned Broodmares: _____
 # of Owned Stallions: _____ # of Non-Owned Stallions: _____
2. Do you offer foaling services? Yes No

OWNED HORSES Not Applicable

Only include Owned horses not otherwise accounted for in Breeding/Training sections

1. What is the total number of equines you own or lease for your own use? _____
2. Of those, how many are used for the following activities: Sales Prep _____ Showing _____
Pleasure Riding _____ Instruction _____
Retired _____
3. Do you own or use Carts, Buggies, Wagons for public events or road use? Yes No How many: _____

SALES BY YOU Not Applicable

1. Are you in the business of selling horses? Yes No
How many horses do you sell per year? Owned by you: _____ Owned by Others: _____
What are the annual Net Receipts for Horse Sales? _____
What is the method of sale? (private treaty, auction, consignments) _____
2. Do you sell tack or clothing? New Used Reconditioned Tack None
Receipts: _____
3. Do you offer repair of tack or riding equipment? Yes No
4. Do you/employee perform any type of farrier services? Yes No

CLINICS Not Applicable

1. Do you hold/sponsor clinics for non-students on your premises? Yes No
Off Premises: Yes No Details: _____
2. Types of clinics: _____
3. Number of clinics: _____ Number of days per clinic: _____
4. Average attendance: _____
5. Who teaches the clinics? _____
6. Do you require outside clinicians to provide proof of insurance? Yes No

HORSE SHOWS Not Applicable

1. Do you manage/sponsor any horse shows on your premises? Yes No
Off Premises? Yes No
2. Number of spectators per day: _____ Number of participants per day: _____
3. Dates of shows: _____
4. Types of shows: _____
5. Waiver Athletic Sports Participants Exclusion Yes No
(The Athletic Sports Participation Exclusion is automatically applied to foxhunting, cross country jumping, polo, vaulting, barrel racing and rodeo type events.)
6. Do you have bleachers or grandstands? Yes No Construction: _____
Height: _____ Seating Capacity: _____ Owned Rented
7. Do you sell feed, grain, hay or shavings to participants? Yes No Receipts: _____
8. Do you provide RV or camper hookups during these shows? Yes No
Number of hookups: _____ Receipts: _____
9. Do you directly provide concessions during these shows? Yes No Receipts: _____
If yes, explain: _____
10. Do you have vendors on the premises during these shows? Yes No
If yes, explain items sold: _____
11. Describe any entertainment/activities managed by you at the event (other than equine-related): _____

RISK MANAGEMENT CONTROLS (Required for General Liability and Care, Custody, Control)

Review <http://horse-insurance.com/law.html> for state requirements

	YES	NO	N/A
Certificate of Insurance on file for Independent Contractors (Riding Instruction/Training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance shows WC coverage for Independent Trainers (Racehorse Training only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance obtained from all Vendors (Horse Shows/Clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release/Hold Harmless agreement in use (Riding Instruction/Training/Boarding/Breeding/Shows)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boarding Contract in Place (Boarding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lease Agreement in Place (Owned Horses Leased to Others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Equine Liability Signs Posted (All Exposures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Hour Supervision of facility (All Exposures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EQUINE CARE, CUSTODY, CONTROL SECTION

COVERAGE IS NOT DESIRED

Limits:

- | | |
|---|--|
| <input type="checkbox"/> \$5,000 per horse / \$25,000 aggregate | <input type="checkbox"/> \$25,000 per horse / \$250,000 aggregate |
| <input type="checkbox"/> \$5,000 per horse / \$50,000 aggregate | <input type="checkbox"/> \$50,000 per horse / \$250,000 aggregate |
| <input type="checkbox"/> \$10,000 per horse / \$50,000 aggregate | <input type="checkbox"/> \$100,000 per horse / \$300,000 aggregate |
| <input type="checkbox"/> \$10,000 per horse / \$100,000 aggregate | <input type="checkbox"/> \$200,000 per horse / \$500,000 aggregate |

1. What is the maximum number of non-owned horses you have at any one location at any time? _____
2. Are you for hire to transport non-owned horses not normally in your care? Yes No
****Commercial Hauling of non-owned horses other than those you train/breed/board is excluded****
 Maximum trips per year _____ Radius _____ # of horses per trip _____
3. Describe any losses or potential claims involving non-owned horses in the past 3 years including deaths of any animals in your custody, even if a claim was not presented: _____

UMBRELLA SECTION

COVERAGE IS NOT DESIRED

1. Requested Limit of Insurance:

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$5,000,000
<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$ _____
2. Schedule of Underlying Insurance **Umbrella Additional Underlying Policy Supplemental Attached**

Company	Type of Coverage	Limits
<input type="checkbox"/> _____ Policy# _____ Eff _____ TO _____ _____	Employer's Liability	\$ _____ Each Accident \$ _____ Each Policy \$ _____ Each Employee by Disease

<input type="checkbox"/> _____ Policy# _____ Eff _____ TO _____ _____	Automobile Liability <input type="checkbox"/> Personal <input type="checkbox"/> Commercial <input type="checkbox"/> Non-owned <input type="checkbox"/> Hired	\$ _____ Combined Single Limit \$ _____ Bodily Injury – Each Person \$ _____ Bodily Injury – Each Accident \$ _____ Property Damage
<input type="checkbox"/> _____ Policy# _____ Eff _____ TO _____ _____	General Liability <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Personal	\$ _____ General Aggregate \$ _____ Products/Completed Ops \$ _____ Personal & Advertising Injury \$ _____ Each Occurrence
<input type="checkbox"/> _____ Policy# _____ Eff _____ TO _____ _____	Watercraft Liability	\$ _____ Per Occurrence \$ _____ Aggregate

3. Does the applicant have any of the following exposures?: N/A
- Owned or Leased Aircraft Migrant workers used in farming operations
- Customer Application of Farm Chemicals for Others Watercraft
4. Auto Details (Not required if filling out a separate Auto Application and we will be the only Auto Carrier):
- | | |
|--|--|
| # of Private Passenger Vehicles: _____ | # of Heavy Truck Tractors: _____ |
| # of Light Trucks: _____ | # of Extra Heavy Truck Tractors: _____ |
| # of Medium Trucks: _____ | # of Buses: _____ |
| # of Heavy Trucks: _____ | |
- Are there any drivers under the age of 21? Yes No

Uninsured/Underinsured Motorist Coverage (UM/UIM) is excluded on the Umbrella with the following exceptions:

- LA, NH and VT:** UM/UIM is included but the maximum selected Umbrella limit is \$1,000,000.
- FL and WV:** Is UM/UIM coverage desired? Yes No
If yes, the maximum selected Umbrella limit is \$1,000,000.



CAMP SUPPLEMENT



If none, check here.

Named Insured: _____

Policy#: _____

1. What are the main camp activities? _____
i.e. basic horse skills such as grooming, braiding or more advanced with instruction etc.
2. The camp is operated from: _____ / _____ to _____ / _____
month day month day
3. Camp Receipts \$ _____
4. Number of campers per day: _____ per week: _____
5. Ages of campers? _____
6. Are there any campers who are physically or emotionally handicapped? Yes No
7. The hours of the camp are from _____ am/pm to _____ am/pm and _____ days per week.
8. Are overnight accommodations provided? Yes No
 - o Type: room, cabin, tent etc. _____
 - o Excluding tents, do all structures used for sleeping quarters have working smoke detectors? Yes No
9. Are meals prepared and/or provided by you? Yes No
10. Number of adult supervisors? _____
11. There are _____ supervisors under the age of 18.
12. What are the ages of the counselors? _____
 - o What type of training do they receive? _____
13. Is or has any camp counselor/employee/supervisor been under or currently under investigation for, or have a previous record of, child abuse? Yes No
14. How are medications kept and distributed to children with prescription/non-prescription needs?

15. Are campers under adult supervision at all times? Yes No
 - o If children are not in the direct vision of adults, are adults aware of where they are and what they are doing? Yes No
16. Are all buildings and equipment maintained in a safe, clean condition and in good repair, with indoor and outdoor environments safe, clean and spacious? Yes No
17. Is there a swimming pool? Yes No
 - o If the answer is yes, answer the following.
Is the pool fenced? Yes No Is there a diving board? Yes No
What is the pool depth? _____ Is there a lifeguard on duty? Yes No
18. What type of certification is required of the lifeguard? _____
19. Are swimming lessons given? Yes No
20. What type of certification is required of the instructor? _____
21. How many fire extinguishers are in the buildings in which the campers will be conducting activities?

22. Are all poisonous/toxic materials kept under lock and key and out of children's reach?

Yes No

23. Are there any off-premises activities? Yes No

◦ If yes, describe activities in detail _____

24. Do you provide transportation to campers for any reason? Yes No

◦ If yes, we will require a COI from your auto carrier and complete driver information of all drivers.

* If parent volunteers are used to transport, we will need the same COI and driver information.

* If you provide transportation by a means other than above we will need details:
i.e. chartered bus, etc.

Comments:

Please provide any additional information that you feel may be helpful in our review of this exposure.



EQUIDAE
INSURANCE™



STATEMENT OF NO LOSS

Name: _____

Address: _____

Re: New Application

To Whom It May Concern,

_____ and/or _____ have not
Name Insured Responsible Party
sustained a loss or have had any claims against us in the past five (5) years. We have no knowledge or reason to anticipate a future claims or loss.

Sincerely,

Signature of Responsible Party: _____

Name of Responsible Party: _____

Title: _____

Date: _____



FRAUD STATEMENTS

READ and INITIAL next to the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attached application to your agent.

Initial	State	Fraud Statement
	ALABAMA	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
	ARKANSAS	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.
	COLORADO	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 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.
	FLORIDA	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.
	KENTUCKY	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
	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 may include imprisonment, fines or a denial of insurance benefits.
	MARYLAND	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
	NEW JERSEY	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
	NEW MEXICO	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 civil fines and criminal penalties.
	NEW YORK	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 and the stated value of the claim for each such violation. For policies covering the peril of fire or explosion, the proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of any material fact or circumstances shall be grounds to rescind the insurance policy.
	OHIO	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

	PENNSYLVANIA	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.
	TENNESSEE	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.
	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, fine and denial of insurance benefits.
	WASHINGTON	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.
	GENERAL: AZ, CA, DE, ID, IN, MN, NH, TX, UT	Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicant's Signature: _____

Print Name: _____ Date: _____

Agent's Signature: _____ Date: _____

Agent's License #: _____

WHEN SUBMITTING THIS DOCUMENT, ALSO INCLUDE:

- Any Release/Hold Harmless Agreement in use
- Any Boarding Contract in place

