

Application for Equine Operations Liability Equine Care, Custody or Control



I. Application Process

The Equine Operations Liability policy coverage applies only for bodily injury and property damage arising out of the applicant's equine commercial operations and/or personal horse ownership. Equine Operations involve an applicant that is involved in boarding, breeding, instruction, leasing of horses to others, training and any other equine activities that the applicant receives compensation. There is no products liability provided.

Complete application and email to equineandlivestock@libertymutual.com

Coverage cannot be bound until the Company approves your completed application. The company's receipt of premium does not bind coverage until a written quote has been issued.

Complete each section that applies to the applicant's operations; if there is no exposure for a section, then please mark No Exposure.

If the applicant is requesting a **Package Policy**, then please provide the corresponding applications along with the **completed Equine Operations Liability application**:

Line of Business	Corresponding Application
Farm Property	Acord 401, 402, 403 and 405
Umbrella	Acord 131
Commercial Auto	Acord 127 and 129

*All applications can be found at www.libertyspecialtymarkets.com/insurance/equine-livestock/

II. Applicant Information

Billing Information: Agency Bill Direct Bill Payment Options: Full Pay Installments

Transaction Information: Proposed Effective Date: _____

Are you applying for a new policy or to renew an existing policy? New Renewal Policy number: _____

Applicant: _____	Agency/Broker Name: _____
Business Name: _____	Agency/Broker Number: _____
Mailing Address: _____	Mailing Address: _____
City: _____ County: _____	City: _____ County: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone Number: _____	Producer Name: _____
Email: _____	Phone Number: _____
Website: _____	Email: _____
More Named Insureds: _____	
FEIN or SSN (of first Named Insured): _____	

*Applicant must be 18 years of age or older.

- Applicant is: Corporation Individual Joint Venture LLC Trust Organization Partnership Other
- a. Is applicant a member of any professional equine associations? (e.g. AQHA, ARHA, USEF, etc.): Yes No
b. If yes, please list: _____
- Type of Equine Farm: _____
- Describe applicant's experience with horses: _____
- a. Has any insurer ever refused, cancelled or non-renewed insurance for you in the last 5 years? (**Not applicable in MO**) Yes No
b. If yes, please provide full details: _____
- a. Has applicant ever filed for bankruptcy or had a foreclosure? Yes No
b. If yes, please provide full details: _____

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III. Prior Coverage History

1. Current and Previous Five Year Property & Liability Insurance Information

Status (Current or Expired)	Insurance Company	Effective Dates	Premium	Number of Claims*	Amount Paid

*Explain losses/incidents within the past 5 years with dates and details of loss, including amount paid:

IV. Coverage and Location Information

1. Please select Limits of Insurance (Occurrence/Aggregate):

\$100,000/\$200,000

\$300,000/\$600,000

\$500,000/\$1,000,000

\$1,000,000/\$2,000,000

Loc #	Street	County	City	State	Zip Code
1					
2					
3					

2. Additional Information:

Loc #	# of Acres	# of Years at Location	Responding Fire Department	Feet from Fire Hydrant	Owned, Leased or Rented*
1					
2					
3					

*If Leased or Rented, is premises coverage requested? Yes No

V. Underwriting & Safety Information

1. Indicate all horse related and/or farming operations for applicant. All operations must be declared for review.

Boarding

Breeding

Cattle

Clinics

Day Camps

Endurance Rides

Exotic Animals

Farrier

Hobby Farm

Horse Club

Horse Sales

Horse Shows

Pleasure

Pony Rides

Public Events

Racing

Riding Instruction

Rodeo

Therapeutic Facility (certified)

Trail Rides (Public)

Training

Wagon Rides (Hay/Sled/Sleigh)

Other: _____

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V. Underwriting & Safety Information (continued)

2. Number of Employees: Full Time _____ Part Time _____ Annual Payroll _____
3. a. Do you have workers compensation insurance? Yes No
b. If yes, Company Name: _____
4. Number of years of Equine experience: _____
5. Number of years at present location: _____
6. a. Are you the primary manager of your facility? Yes No
b. If no, please provide the Farm Manager's Name, Age, Experience: _____
7. a. Is there 24 hour supervision of the facility? Yes No
b. Please explain the supervision: _____
8. Are emergency numbers clearly posted? Yes No
9. Are Safety and Barn Rules posted at the facility? Yes No *Submit copy or photo
10. Is game hunting permitted on the premises? Yes No
11. Is there a swimming pool on premises? Yes No
12. Are No Smoking signs clearly posted? Yes No
13. Are there working smoke alarm systems in barns/arenas/stables? Yes No
14. Does applicant have fully charged and mounted fire extinguishers in barns/arenas/stables? Yes No
15. Are State Equine Liability signs clearly posted if applicable? Yes No
16. Does applicant abide by the Equine Liability law in the applicant's state? Yes No
17. Do you have all clients sign a current release/waiver? Yes No *Submit copies of all waivers
18. Do you check the safety gear required for shoes with heels, long pants, gloves? Yes No
19. ASTM or equivalent helmets are... (select all that apply)
 Required while mounted by Everyone ALL OF THE TIME
 Required while mounted for 18 and under ALL OF THE TIME
 Required while mounted by everyone while jumping and/or doing speed work
 Required while mounted for only 18 and under while jumping and/or doing speed work
 Never required. Why? _____
20. Are any other safety procedures or gear used?
21. a. Do you lease any part of any building or land to or from someone? Yes No
b. If yes, please explain: _____
22. Who is responsible for the maintenance? _____
23. a. Does applicant allow people to use the facility who do not board horses at the applicant's facility? Yes No
b. If yes, check all that apply: Haul-ins Practices for: Team Penning Roping Polo Other: _____
Number of days yearly: _____ Average participation daily: _____ Gross Receipts: _____
24. a. Any owned or non-owned cattle on premises? Yes No
b. If yes, please explain (number of head, breed): _____

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V. Underwriting & Safety Information (continued)

25. Does applicant have slaughtering or processing on premises? Yes No
 b. If yes, please explain: _____
26. a. Any dogs owned by the applicant? Yes No
 b. If yes, how many and breed(s): _____
 c. Any past incidents (i.e. bites, attacks, etc.): Yes No
 i. If yes, please explain: _____
27. a. Is all fencing in good condition? Yes No
 b. Type of fencing used? _____
 c. The fencing is checked: Daily Weekly Monthly Never
 d. Has an animal ever escaped? Yes No
 i. If yes, please explain: _____
28. a. Does the applicant have any bleachers or grandstands? Yes No
 b. If yes, do you: Own Rent
 c. Who is responsible for erecting bleachers?
 d. Are they Permanent Temporary
 e. Are there Handrails? Yes No
 f. Type of Construction: _____
 g. Age of bleachers: _____
 h. Condition of bleachers: _____
 i. Height of bleachers: _____
 j. Total Seating Capacity: _____

VI. Additional Insured Information

1. a. Do Additional Insureds need to be added? Yes No
 b. If yes, please provide:

Name	Address	Insurable Interest

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VII. Horse(s) Information

1. Mark total number of horses for each use (only mark one use per horse):

a. Owned and Leased Horses used for:

Breeding – Mares: _____	Stallions: _____	Foals/Weanlings: _____
For Sale: _____	Instruction to Others (School Horses): _____	
Leased to Others: _____	Other: _____	Pleasure: _____
Pony Rides: _____	Racing: _____	Rental Rides to Others: _____
Showing: _____	Trail & Pack Trips: _____	Training: _____

b. Non-Owned by Applicant used for:

Boarding used by applicant as School Horses: _____		
Boarding/Pasturing: _____	Breeding Only (includes mares kept on premises until foaling): _____	
Furnished by Independent Instructors for Lessons to Others: _____		
Lay Ups – For Rest: _____	Lay Ups – Vet Care/Rehabilitation: _____	
On Consignment for Sale: _____	Racing: _____	Training: _____
Breed: _____	Breed: _____	Breed: _____
Other: _____		

VIII. Boarding Information

Exposure No Exposure

1. a. Does the applicant provide riding facilities for their boarders? Yes No

b. If yes, please explain facility: _____

2. a. Does the applicant allow self-care for boarders? Yes No

b. If yes, please explain: _____

IX. Breeding Information

Exposure No Exposure

1. a. Are outside mares kept on premises until foaling? Yes No

b. If yes, number of outside mares: _____

2. Any breeding horses used for pleasure, racing, showing, or training? Yes No

3. Method of breeding conducted by applicant on premises: Live Breeding Artificial Insemination

4. Are owned stallions shipped off premises for breeding? Yes No

5. Are there any sales and/or shipment of semen?* Yes No **No Product Liability provided.*

X. Clinics or Independent Clinicians

Exposure No Exposure

1. a. Does applicant hold clinics? Yes No

b. If yes, number of days per year: _____

c. Clinics conducted by: Applicant Independent Clinician

i. If applicant, what are the annual receipts for clinics? \$_____

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X. Clinics or Independent Clinicians (continued) Exposure No Exposure

ii. If Independent Clinician, provide the Name: _____

1. a. Does he/she have his/her own insurance? Yes No
 - b. If yes, please provide proof of coverage, naming the Applicant as Additional Insured – Owner of Premises, with an “A” or higher rated insurance carrier, with equal or greater liability limits as Applicant.
2. Is the Independent Clinician certified? Yes No
3. Clinics conducted by Independents:
Clinics per year: _____ Number of Days: _____ Average number of participants/day: _____
4. Any clinician under the age of 18 years of age? Yes No
5. Do all clinicians have a minimum of 5 years of experience conducting clinics? Yes No

Clinic	Dates of Clinic	Conducted by

XI. Events and Competitions Exposure No Exposure

Event Name: _____ Dates: _____
 Managed by: _____ Maximum # of Spectators per event day: _____

Are Vendors at Event? Yes No
**If yes, please provide proof of coverage, naming the applicant as Additional Insured – Owner of Premises, with an “A” or higher rated insurance carrier, with equal or greater liability limits as applicant.*

Are there safety procedures and security provided for event? Yes No If yes, please explain: _____

Is event recognized by a National or International Sanctioning Organization? Yes No
**If yes, please provide organization name: _____*

Event Name: _____ Dates: _____
 Managed by: _____ Maximum # of Spectators per event day: _____

Are Vendors at Event? Yes No
**If yes, please provide proof of coverage, naming the applicant as Additional Insured – Owner of Premises, with an “A” or higher rated insurance carrier, with equal or greater liability limits as applicant.*

Are there safety procedures and security provided for event? Yes No If yes, please explain: _____

Is event recognized by a National or International Sanctioning Organization? Yes No
**If yes, please provide organization name: _____*

Event Name: _____ Dates: _____
 Managed by: _____ Maximum # of Spectators per event day: _____

Are Vendors at Event? Yes No
**If yes, please provide proof of coverage, naming the applicant as Additional Insured – Owner of Premises, with an “A” or higher rated insurance carrier, with equal or greater liability limits as applicant.*

Are there safety procedures and security provided for event? Yes No If yes, please explain: _____

Is event recognized by a National or International Sanctioning Organization? Yes No
**If yes, please provide organization name: _____*

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XII. Farrier Services Information Exposure No Exposure

Applicant (Farrier) Details

1. Years of experience as a farrier: _____ Date of Birth: _____
2. a. Did applicant attend Farrier School? Yes No
b. If yes, school name: _____
3. a. Does the applicant hold a current certification? Yes No
b. If yes, please explain: _____
4. a. Does the applicant hold a current farrier license? Yes No
b. If yes, how long: _____
5. Number of years in business: _____
6. a. Is applicant a member of any Farrier Associations? Yes No
b. If yes, which associations: _____
7. Average number of horses applicant works on each year: _____ **Count each horse only once.*
8. Breed and Discipline of horses applicant works on each year: _____
9. Annual Farrier Receipts: \$ _____
10. a. Where does applicant operate the business from? Owned Premises Leased Premises Applicant's Vehicle Other
b. If owned premises, is there a farrier shop on premises? Yes No
c. If other, please explain: _____
11. a. Are horses shod in an area away from public or other high traffic areas? Yes No
b. If no, please explain: _____
12. a. Describe restraint methods used while shoeing: Cross Ties Live Handler Other
b. If other, please explain: _____
13. a. Does applicant service animals other than horses? Yes No
b. If yes, what types of animals: _____
14. Describe any other safety procedures applicant has in place: _____
15. Are all tools and equipment locked in the vehicle and/or trailer when not in use? Yes No
16. Is there a working alarm system on vehicle? Yes No
17. Is there a working fire extinguisher with current inspection tag in vehicle? Yes No
18. Is applicant's vehicle and equipment parked in visible sight of applicant's work area? Yes No
19. a. Is there any other insurance in place covering applicant's owned transportable farrier equipment and supplies? Yes No
b. If no, are you requesting a quote for farrier equipment? Yes No
c. If yes, what is the total value of owned transportable farrier equipment (excluding vehicle and trailer): \$ _____
20. a. Does applicant sell farrier equipment and products? Yes No
b. If yes, please explain what kind of equipment and products along with annual receipts: _____
**No products liability is provided for farrier equipment and/or products sold.*

Care, Custody or Control coverage can be requested by completing section XX.

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XIII. Farriers, Apprentices, Helpers Information Exposure No Exposure

1. a. Does applicant employ additional apprentices, certified or non-certified farriers, or helpers? Yes No

b. If yes, please complete the table below.

Name	Date of Birth	Apprentice, Farrier or Helper	Annual Payroll	Years of Farrier Experience	Certification or License for Farrier (Y/N)	Farrier School (Y/N)

2. a. Does applicant carrier workers compensation? Yes No

b. If yes, please provide carrier and policy information: _____

**This policy does not provide workers compensation coverage.*

XIV. Horse Sales Information Exposure No Exposure

Horses are not considered a product under this policy; therefore, there is no Products Liability provided for horses.

1. Does applicant sell horses from their own premises? Yes No

2. Does applicant sell horses online? Yes No

3. How many owned horses does the applicant sell annually? _____

4. How many non-owned horses does the applicant sell annually? _____

5. What is the total annual horse sales? \$_____

6. a. Is the buyer allowed to test ride? Yes No

b. If yes, please answer the following: _____

i. What type of test ride is provided? Arena Open Field Other

ii. Is supervision provided during the test ride? Yes No

iii. Are waivers signed for all test riders? Yes No

7. a. Does applicant sell horses as an agent for others? Yes No

b. If yes, annual receipts: \$_____

XV. Riding Instruction for Students Information Exposure No Exposure

Instruction in this application means teaching students to ride on their horses or horses provided by applicant or independent instructor.

1. Riding Instruction is given by the following (check all that apply): Applicant Your Employee Independent Instructor

**Instructors must be a minimum of 18 years old*

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XV. Riding Instruction for Students Information (continued) Exposure No Exposure

2. a. How many school horses do you use at any one time for lessons? _____
 b. Number of lessons per week on school horses owned, used, leased by applicant: _____
 c. Charge per lesson: \$ _____
 d. Number of weeks per year: _____
3. a. Number of lessons per week on student owned horses: _____
 b. Charge per lesson: \$ _____
 c. Number of weeks per year: _____
 d. Annual receipts for riding instruction given to students on their own horses by named insured or employee: \$ _____
4. Does anyone under the age of 18 give riding instruction or clinics on your premises? Yes No
5. a. Do you provide riding instruction for handicapped students? Yes No
 b. If yes, are you a North American Riding for the Handicapped Association (NARHA) center member? Yes No
6. Level of Instruction

Beginner			
Ratio		Number of Students Under Age 18	Number of Students Over Age 18
Students	Instructor		
Intermediate			
Ratio		Number of Students Under Age 18	Number of Students Over Age 18
Students	Instructor		
Advanced			
Ratio		Number of Students Under Age 18	Number of Students Over Age 18
Students	Instructor		

7. a. How many schooling shows per year? _____
 b. Number of spectators? _____
8. a. Do you use stallions during instruction? Yes No
 b. If yes, at what level of instruction: _____
9. Do you use lesson plans which are adapted for each class or student? Yes No
10. Do all instructors wear a helmet while riding? Yes No

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XV. Riding Instruction for Students Information (continued) Exposure No Exposure

11. a. Is instruction given on your premises by independent instructors? Yes No
- b. If yes, please provide the following:
- i. Number of independent instructors: _____
 - ii. Number of students: _____
 - iii. Annual receipts for independent instructors giving instruction to students on student owned horses: \$ _____
 - iv. Do you obtain certificates of insurance from independent instructors? Yes No **If yes, please provide a copy.*
12. Please complete below for all riding instructors (applicant, employees, independents) utilizing your facility. If an instructor requires coverage for other than working at your facility, he/she must complete his/her own application.
- a. Instructor's Name: _____ Date of Birth: _____
- Instructor is: Applicant Employee Independent Instructor
- Number of years experience as a riding instructor: _____
- Certified by: ARIA CHA NARHA USHJA Other None If other, please explain: _____
- Competition experience: _____
- If instructor is independent, does instructor need to be added to this insurance policy? Yes No
- If yes, independent instructors operating under your name can be added as additional insured with appropriate charge, but coverage is limited to your operations only.
- If no, please provide proof of coverage, naming the applicant as Additional Insured owner of premises, with an "A" or higher rated insurance carrier, with equal or greater liability limits as applicant.
- Does instructor provide horses used for lessons? Yes No
- If yes, number of horses provided: _____
- b. Instructor's Name: _____ Date of Birth: _____
- Instructor is: Applicant Employee Independent Instructor
- Number of years experience as a riding instructor: _____
- Certified by: ARIA CHA NARHA USHJA Other None If other, please explain: _____
- Competition experience: _____
- If instructor is independent, does instructor need to be added to this insurance policy? Yes No
- If yes, independent instructors operating under your name can be added as additional insured with appropriate charge, but coverage is limited to your operations only.
- If no, please provide proof of coverage, naming the applicant as Additional Insured owner of premises, with an "A" or higher rated insurance carrier, with equal or greater liability limits as applicant.
- Does instructor provide horses used for lessons? Yes No
- If yes, number of horses provided: _____

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XVI. Sales and Services Information Exposure No Exposure

1. Indicate any services or sales that apply to the applicant:

Y/N	Sales and Service Description	Gross Receipts	Location	Details
	Food or snack bar (no alcohol)			
	Hay or feed sales			
	Manufacture and/or Repair any goods sold			
	Prepare or mix feed for animal consumption			
	Repair riding equipment for others			
	Sell tack or clothing			
	Vending machines on premises			
	Other			

2. Does applicant have working fire extinguishers and smoke alarm systems? Yes No

XVII. Training Information Exposure No Exposure

Training in this application means instruction given to horses and includes demonstration and instruction to owners of horses in training.

1. Training is given by: Applicant Employee Independent Trainer
2. Does applicant have a trainer on staff? Yes No
3. How many independent horse trainers utilize the applicant's facility? _____
4. a. Training Type: Race Show Other
 b. If Show, which type: _____
 c. If Other, please explain: _____
5. If horses are not kept on premises, where are they kept? _____
6. Does the applicant attend off-premises shows with horses in training? Yes No
7. a. Do all independent horse trainers carry their own General Liability Insurance? Yes No
 b. If yes, please provide proof of coverage, naming the applicant as Additional Insured owner of premises, with an "A" or higher rated insurance carrier, with equal or greater liability limits as applicant.

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XVIII. Trainer Information Exposure No Exposure

1. List all trainers including applicant, employees working on behalf of the applicant or at applicant's facility, or independent trainers. All trainers must be 18 years of age or older.

Name	Date of Birth	Applicant, Employee or Independent	Type of Training	Years of Training Experience	Certification or License for Training (Y/N)	Detail of Competition Experience

XIX. Additional Liability Exposure Information Exposure No Exposure

1. Indicate any other business operations for applicant. All operations must be declared for review.

Business Operations	Gross Receipts	Details
Bed & Breakfast		
Christmas Tree Farm		
Fruit & Vegetable "Pick Your Own"		
Home Day Care		
Kennels		
Petting Zoo		
Retail Store		
RV Hookups / Campsites		
Other		

2. Indicate any of the following that the applicant owns, leases or uses.

Own/Lease/Use*	Number of Vehicles	Personal Use	Farm Use	Rides to Public
All-Terrain Vehicles				
Buggies				
Carriages				
Carts				
Dirt Bikes				
Golf Carts				
Mopeds				

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XIX. Additional Liability Exposure Information (continued)

2. Indicate any of the following that the applicant owns, leases or uses (continued from previous page).

Own/Lease/Use*	Number of Vehicles	Personal Use	Farm Use	Rides to Public
Motorized Scooters				
Sleds				
Utility Vehicles				
Wagons				
Others				

*Use of above vehicles is limited to use by applicant or employee for equine operation only.

3. Are any of the above vehicles used by Boarders, Guests, Volunteers, Anyone under 16, or Other? Yes No
4. Are drivers required to be licensed in the applicant's state? Yes No
5. a. Does the applicant perform or participate in Parades? Yes No
 - b. If yes, number of parades: _____
 - c. If yes, number of horses used per parade: _____
 - d. Name of parade(s): _____
 - e. Size of parade(s): _____
6. Does the applicant conduct any of the following:
 - a. Trail rides, rental/saddle animal for hire? (Not including riding instruction, or trails available for boarders.) Yes No
 - b. Hay rides, sleigh rides, carriage rides, pack trips, hunting or fishing trips? Yes No
7. a. Does the applicant hire any part time or full time employees? Yes No
 - b. If yes, number of part time employees: _____
 - c. If yes, number of full time employees: _____
 - d. If yes, Annual Payroll: \$_____
8. a. Does the applicant carry Workers Compensation or Employers Liability? Yes No
 - b. If yes, carrier and limits: _____
9. a. Does the applicant have leased or temporary workers? Yes No
 - b. If yes, number of leased workers: _____
 - c. If yes, number of temporary workers: _____
10. a. Does the applicant have any volunteers working for them? Yes No
 - b. If yes, number of volunteer workers: _____
11. a. Does the applicant have any exchange labor working for them? Yes No
 - b. If yes, please explain: _____

Note: "Bodily Injury" to any person arising out of and in the course of that person acting on behalf of the applicant, whether through employment, voluntarily or otherwise, expressly is not covered by the general liability policy applied for with this application.

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XX. Care, Custody or Control Information Exposure No Exposure

Legal liability provides coverage arising from the applicant's negligence resulting in injury to or death of horses the applicant does not own in their care, custody, or control. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. The coverage for the exposure is excluded in most general liability policies. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.

1. Please select one Coverage Option:

Coverage Option (X)	Limit Per Horse	Maximum Loss Per Policy Year	Included Number of Horses	Number of Horses over 20
<input type="checkbox"/>	\$5,000	\$25,000	20	
<input type="checkbox"/>	\$5,000	\$50,000	20	
<input type="checkbox"/>	\$10,000	\$50,000	20	
<input type="checkbox"/>	\$10,000	\$100,000	20	
<input type="checkbox"/>	\$25,000	\$250,000	20	
<input type="checkbox"/>	\$50,000	\$250,000	20	
<input type="checkbox"/>	\$100,000*	\$300,000	20	
<input type="checkbox"/>	\$200,000*	\$500,000	20	
<input type="checkbox"/>	Other: \$	Other: \$	20	

**Substantiation of Value Form may be required when values are \$100,000 and over.*

2. What is the average value of non-owned horses in the applicant's care: \$ _____
3. What is the number of non-owned horses in the applicant's care: _____
4. a. Where are non-owned horses kept: Pasture Stalls
 - b. If Pasture:
 - i. Number of pastured acres: _____
 - ii. Are pastures fenced? Yes No If yes, describe fencing: _____
 - iii. Are shelters provided in each pasture? Yes No
 - c. If Stalls, please provide the information below.

Barn Information	Location #: _____ Barn#: _____	Location #: _____ Barn#: _____
Apartment in barn? If yes, who occupies?		
Average # of non-owned horses in barn:		
Distance to Fire Department:		
Distance to regular Veterinary:		
Extension cords used in barn?		
Hay stored in barn?		

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XX. Care, Custody or Control Information (continued)

c. If Stalls, please provide the information below (continued from previous page).

Barn Information	Location #: _____ Barn#: _____	Location #: _____ Barn#: _____
Heat Type (Forced Warm Air, Portable Heaters, Wood Stove, None, Other)		
Protective Devices:		
Updates: Heating		
Updates: Plumbing		
Updates: Roof		
Updates: Wiring*		
Year Built:		

**Barns older than 30 years with no electric updates within 20 years require a certified electrician's statement that wiring is safe for current usage.*

5. Does applicant require mortality coverage for horses in applicant's care, custody or control? Yes No
6. a. Does applicant own, lease/rent, or use a vehicle in order to transport non-owned horses? Yes No
 - b. If yes:
 - i. Number of vehicles: _____
 - ii. Number of trips per year: _____
 - iii. Have any drivers had any traffic violations within the past 5 years? Yes No
 1. If yes, please explain: _____
 - iv. Type and capacity of box or trailer: _____
 - v. Does applicant have a safety maintenance program for vehicle(s)? Yes No
 - vi. Provide drivers list with Name, D.O.B, License State, and Driver's License Number. _____
7. a. Does applicant own, lease or use any facility for rehabilitation or surgical purposes? Yes No
 - b. If yes, please explain: _____
8. Does applicant use any of the following: Equine Swimming Pool Hot Walker Tread Mill

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XXI. Privacy Notification

Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. See specific wording below for applicants in the following states: AZ, CA, DE, KS, MA, MN, NY, ND, OR, VA or WV.

Applicant's Initials: _____

Please read and initial the specific wording for your state, if applicable:

Arizona: As described in ARIZONA revised statute 20-2104(D), a credit report or other investigative report about you may be requested in connection with this application for insurance. Any information which we have or may obtain about you or other individuals listed as policyholders on our policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. Also, pursuant to ARIZONA revised statute 20-2104(C), if you are interested in obtaining a complete description of our information practices, and your rights regarding information we collect, please write us at the address provided with your policy.

AZ Applicant's Initials: _____

California Applicants: This authorization shall expire one year from the date you signed the authorization. CA Applicant's Initials: _____

Delaware: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT BASED SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. IF WE DO USE A CREDIT BASED SCORE, YOU WILL HAVE THE RIGHT ON AN ANNUAL BASIS TO REQUEST THAT WE OBTAIN A CURRENT CREDIT REPORT FOR YOU AND DETERMINE WHETHER USE OF THE NEW CREDIT REPORT WOULD RESULT IN A DECREASE OF YOUR INSURANCE PREMIUMS. IF THE NEW CREDIT REPORT THAT WE RECEIVE WOULD RESULT IN A DECREASE IN YOUR INSURANCE PREMIUMS, WE WILL MAKE THAT REDUCTION. IF THE NEW CREDIT INFORMATION WOULD NOT REDUCE YOUR INSURANCE PREMIUMS, THE CREDIT REPORT WILL NOT BE USED TO IMPACT YOUR PREMIUMS IN ANY WAY. YOU HAVE THE RIGHT TO REVIEW ALL OF YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

DE Applicant's Initials: _____

Kansas: A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent amendments and renewals. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. We have a specific appeal process. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write us at the address provided with your policy.

KS Applicant's Initials: _____

Massachusetts: Credit scoring information may be used to determine your eligibility for insurance but not for rating purposes. MA Applicant's Initials: _____

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XXI. Privacy Notification

Minnesota: AUTHORIZATION TO COLLECT AND DISCLOSE PERSONAL OR PRIVILEGED INFORMATION

(We are required to obtain this authorization from you pursuant to Minnesota Statute 72A.501.)

I, the undersigned, hereby authorize the agent named above, if any, and/or the underwriting department of the insurance company named above to collect credit-related and other information about me from the following types of organizations:

- Credit bureaus
- Other organizations providing personal or privileged information

I understand this information will be used for the purpose of making underwriting decisions in connection with the insurance for which I have applied, sought reinstatement or requested a change in benefits. These decisions may include determinations to grant or deny me coverage and/or the rates I will be charged. I also understand that I have the right to request in writing that extraordinary life circumstances be considered in connection with the development of my credit score.
MN Applicant's Initials: _____

New York: A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent amendments and renewals. In connection with this insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that report. An insurance score uses information from your credit report to help predict how often you are likely to file claims and how expensive those claims will be. Typical items from a credit report that could affect a score include, but are not limited to, the following: payment history, number of revolving accounts, number of new accounts, the presence of collection accounts, bankruptcies and foreclosures. The information used to develop the insurance score comes from: Experian. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write us at the address provided with your policy.
NY Applicant's Initials: _____

North Dakota: A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, information contained in this application and other personal or privileged information subsequently collected, may be shared with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. We will not disclose non-public personal information about you to non-affiliated third parties (other than as permitted by law), unless you authorize us to make those disclosures. Your authorization must be in writing or, if you agree, in electronic form. If you wish to authorize disclosures to non-affiliated third parties, you may call the following toll-free telephone number: 1-800-677-9163. You have the right not to provide authorization. North Dakota law also requires us to inform you that we will consider your claims history in determining whether to decline, cancel, non-renew, or surcharge a policy. Also, a claim incurred by you will be reported to an insurance support organization. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write us at the address provided with your policy.
ND Applicant's Initials: _____

Oregon: In connection with my application for insurance to the company shown above, ("You"), I hereby authorize you to collect and disclose personal, privileged information, about me, by and to consumer reporting agencies, your authorized representatives, assignees, agents and affiliates. The information collected and disclosed extends to my credit standing, credit worthiness, credit capacity, personal characteristics and mode of living. I understand that credit scoring information may be used to either determine my eligibility for insurance or the premium I will be charged. Credit scoring cannot be used for renewals unless requested by the insured. I understand that I am entitled to receive a copy of this authorization and, upon request, a record of any subsequent disclosures of personal or privileged information that must include the name, mailing address and institutional affiliation of the party to which the information was disclosed as well as the date of the disclosure, and to the extent practicable, a description of the information being disclosed.
OR Applicant's Initials: _____

Application for Equine Operations Liability Equine Care, Custody or Control



XXI. Privacy Notification

Virginia: In accordance with applicable federal and state laws, a credit report or other investigative report about you may be requested in connection with this application for insurance. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may request that your credit information be updated and if you question the accuracy of the credit information, we will, upon your request, reevaluate you based on corrected credit information from a consumer reporting agency. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, and where permitted by law, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing.

EXTRAORDINARY LIFE CIRCUMSTANCES DISCLOSURE

An insurer authorized to do business in certain states that uses credit information to underwrite or rate risks for a policy of personal insurance may, on written request from a consumer, provide reasonable exceptions to the insurer's rates, rating classifications, company or tier placement, or underwriting rules or guidelines for a consumer who has experienced and whose credit information has been directly influenced by events considered extraordinary life circumstances such as:

1. Catastrophic event, as declared by the federal or a state government.
2. Serious illness or injury, or serious illness or injury to an immediate family member.
3. Death of a spouse, child, or parent.
4. Divorce or involuntary interruption of legally owed alimony or support payments.
5. Identity theft.
6. Temporary loss of employment for a period of three months or more, if such loss results from involuntary termination of employment.
7. Military deployment overseas.
8. Other events, as determined by the insurer.

If a consumer submits a request for an exception as set forth above, an insurer may, in its sole discretion, but is not required to, do any of the following:

1. Require the consumer to provide reasonable written and independently verifiable documentation of the event.
2. Require the consumer to demonstrate that the event had direct and meaningful impact on the consumer's credit information.
3. Require such request to be made no more than sixty days from the date of the application for insurance or the policy renewal.
4. Grant an exception despite the fact that the consumer did not provide the initial request for an exception in writing.
5. Grant an exception where the consumer asks for consideration of repeated events or the insurer has considered this event previously.

VA Applicant's Initials: _____

West Virginia: Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent renewals. Credit scoring information may be used to determine either your eligibility for insurance, or the premium you will be charged. If your credit score increases your insurance premium, you may request a recalculation of your credit score once in a 12-month period. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

WV Applicant's Initials: _____

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XXII. Signature

The Applicant hereby applies for Equine Operations Liability coverage and/or Equine Care, Custody or Control coverage, and understands that signing this Application does not bind the undersigned to purchase or the Insurer to sell any insurance policy. If a policy is issued, this Application and its attachments shall be the basis of such policy and shall be deemed attached to and shall form part of such policy. In making this application, the Policyholder represents that the statements in this Application and its attachments are true and complete and that the undersigned has the authority to bind the Policyholder to the proposed Policy. If there are material changes to any statements in this Application or its attachments prior to the inception date of the policy, the undersigned shall immediately notify the Insurer of such changes. Upon receipt of such notification, the Insurer shall have the right to modify or withdraw any outstanding terms or proposal.

Applicant:

Signed: _____ Date: _____

Printed Name: _____ Title: _____

Agent, broker or producer of this application for coverage (if applicable):

Printed Name: _____ Date: _____

Signed: _____ Agent License # in Applicant state: _____

XXIII. NOTICE TO APPLICANT

FRAUD WARNING: The laws of several states require the following statements to appear on the application form. These statements apply only to residents of the noted States.

Alabama: 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 restitution, fines or confinement in prison, or any combination thereof.

Arizona: Any life insurance producer, examining physician or other person who knowingly makes a false or fraudulent statement or representation in or relative to an application for life or disability insurance, or who makes any such statement to obtain a fee, commission, money or benefit is guilty of a class 2 misdemeanor.

Arkansas, Louisiana, Rhode Island and West Virginia: 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 for the purpose of defrauding or attempting to defraud the 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.

Delaware: 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.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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XXIII. NOTICE TO APPLICANT (continued)

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.

Kansas: 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 act material thereto may be guilty of fraud as determined by a court of law, and may be subject to criminal and civil penalties.

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 and 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 or 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.

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.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia and 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.

For all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.