Wilson&Cunningham West
INSURANCE AGENCY

AGENCY NAME	CODE
ADDRESS	
PHONE NUMBER	FAX NUMBER
E-MAIL ADDRESS	

APPLICATION FOR COMMERCIAL EQUINE LIABILITY

(A Special program Limited to Horse-Related Exposures Only)

THIS IS NOT A BINDER

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.

☐ NEW BUSINESS – DESIRED EFFECTIVE DATE _____ ☐ RENEWAL – EXPIRATION DATE _____

NAME OF APPLICANT	BUSINESS/STABLE NAME
MAILING ADDRESS / CITY / STATE / ZIP CODE	
TELEPHONE NUMBER ( )	PERSON TO CONTACT FOR INSPECTION

NOTICE – WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXCEPTED), EXPLAIN INTEREST OF EACH

LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASES PREMISES

Address (including zip code)	Number of Acres	Premises
1.		☐ Own ☐ Lease
2.		☐ Own ☐ Lease

APPLICANT IS

☐ Individual ☐ Partnership ☐ Organization/Corporation ☐ Owner Operator ☐ Other (specify) _____

NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION

CERTIFICATES OF INSURANCE REQUESTED FOR

☐ Owner of Premises: Name _____

Address _____

☐ Certificateholder Only ☐ Additional Insured

☐ Other – Describe Interest: _____

Name and Address _____

☐ Certificate-holder Only ☐ Additional Insured, If Eligible

LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS

☐ $300,000 CSL/Occ. $600,000 Agg. ☐ $500,000 CSL/Occ. $1,000,000 Agg. ☐ $1,000,000 CSL/Occ. $2,000,000 Agg. ☐ $_____ CSL/Occ. Other

INQUIRE ABOUT THE AVAILABILITY OF INCREASED LIMITS ON THE FOLLOWING OPTIONS:

☐ General Aggregate ☐ Medical Payments ☐ Fire Legal Liability

DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES (IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.) ☐Yes ☐No

APPLICANT	DATE
X	

ORIGINAL APPLICATION MUST BE RETURNED

Wilson & Cunningham West | Tel 951-236-9111 | alisa@wcwinsurance.com

GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

1. DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS

2. NUMBER OF YEARS AT THIS LOCATION | NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS

3. IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS

4. DO YOU HAVE WORKERS' COMPENSATION INSURANCE ☐ Yes ☐ No
Note: Workers' Compensation and Employer's Liability is not covered under this policy.
PAYROLL FOR HORSE OPERATIONS $

5. IS THIS YOUR PRINCIPAL OCCUPATION – IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN
☐ Yes ☐ No

6. ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES – IF YES, PLEASE EXPLAIN
☐ Yes ☐ No

7. DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS – IF YES, PLEASE EXPLAIN
☐ Yes ☐ No

8. IS THERE 24-HOUR SUPERVISION OF THE FACILITY – IF YES, PLEASE DESCRIBE
☐ Yes ☐ No

9. ARE ALL PASTURES TOTALLY FENCED – DESCRIBE TYPE OF ALL FENCING
☐ Yes ☐ No

10. DESCRIBE CONDITION ☐ Excellent ☐ Good ☐ Fair ☐ Poor | HOW OFTEN IS FENCING CHECKED

11. WHO IS RESPONSIBLE FOR FENCE REPAIR ☐ Owner ☐ Lessee | RIDING FACILITIES Arena: ☐ Indoor ☐ Outdoor ☐ Open Fields ☐ Trails

12. DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES ☐ Yes ☐ No | IN OTHER OUTBUILDINGS/BARNS ☐ Yes ☐ No

13. DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD – IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION
☐ Yes ☐ No

14. DO YOU POST RULES ☐ Yes ☐ No | DO YOU POST WARNING SIGNS ☐ Yes ☐ No | DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION

15. DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES – IF YES, HOW MANY ☐ Yes ☐ No | WHAT BREED

16. HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE – IF YES, PROVIDE DETAILS
☐ Yes ☐ No

17. DO YOU OWN/MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC. - IF YES, HOW MANY ☐ Yes ☐ No | WHAT TYPE

18. IS THERE A SWIMMING POOL ON THE PROPERTY ☐ Yes ☐ No | IF YES, IS IT RESTRICTED TO PRIVATE USE ☐ Yes ☐ No

19. IS HUNTING/FISHING PERMITTED ON THE PROPERTY – IF YES, PLEASE EXPLAIN
☐ Yes ☐ No

20. DO YOU OPERATE A BED AND BREAKFAST – IF YES, PLEASE DESCRIBE
☐ Yes ☐ No

SECTION I. SUMMARY OF HORSES – AT PEAK SEASON

ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE

Horses Owned/Leased/Used by Insured:	Number
1a. Owned horses used for instruction	
b. Boarded horses used for instruction to others	
2. Show and/or pleasure	
3. Racing and/or training to race	
4. Breeding (Mares ,Stallions)	
5. Foals/weanlings	
6. Retired and/or lay-ups	
7. For sale (Breed)	
8. Other (Describe:)	
All Owned Horses Must be Declared Total (Lines 1-8)	
9. Number of carts, buggies, carriages, etc.	

Describe Use: :_____

Horses Non-Owned by Insured:	Number
1. Boarding/pasturing	
2. Show training	
3. Racing and/or training to race	
4. Breeding (Mares , Stallions)	
5. Foals/weanlings	
6. Retired and/or lay-ups	
7. Consignment for sale (Breed)	
8. Other (Describe:)	
Total (Lines 1-8)	
9. Total number of stalls on your premises	
10. What is the maximum number of horses, owned and non-owned that can be kept on your premises?	

SECTION II. HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING

CHECK IF NO EXPOSURE AND INITIAL ☐

1.	TOTAL NUMBER OF STALLS	MAXIMUM NUMBER BOARDED	PASTURED	MONTHLY BOARDING RATE $	ANNUAL GROSS $
2.	TRAINING PLEASURE & SHOW: MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE $	ANNUAL GROSS $
3.	BREEDING: NUMBER OF NON-OWNED STALLIONS	BREED		MAXIMUM NUMBER OF OUTSIDE MARES	ARE MARES KEPT ON PREMISE 'TIL FOALING
4.	RACE HORSES: WHAT BREEDS	HOW MANY DO YOU TRAIN FOR OTHERS		PAYROLL $	WHAT STATES DO YOU RACE IN

ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES

☐ Yes ☐ No

SECTION III. EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS

CHECK IF NO EXPOSURE AND INITIAL ☐

1.	IS INSTRUCTION PROVIDED BY ☐ You ☐ An Independent Instructor	If an independent instructor/trainer is used, complete Section IV.	ARE YOU A CERTIFIED INSTRUCTOR ☐ Yes ☐ No	
2.	DESCRIBE TYPE OF SAFETY GEAR REQUIRED			
3.	DO YOU PROVIDE RIDING FOR THE HANDICAPPED ☐ Yes ☐ No	GROSS ANNUAL RECEIPTS $	NON-PROFIT ☐ Yes ☐ No	NUMBER OF HORSES AVAILABLE FOR HANDICAPPED
	RATIO OF INSTRUCTORS TO STUDENTS	ARE SIDEWALKERS USED	VOLUNTEER COVERAGE REQUESTED ☐ Yes ☐ No	
4.	MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE	MAXIMUM NUMBER USED AT ANY ONE TIME		GROSS ANNUAL RECEIPTS $
5.	ARE STALLIONS USED FOR INSTRUCTION ☐ Yes ☐ No	IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE		
6.	DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES ☐ Yes ☐ No	IF SO, ADVISE AVERAGE NUMBER OF LESSONS PER WEEK		ANNUAL GROSS RECEIPTS $
7.	DO YOU TEACH ☐ English ☐ Jumping ☐ Saddle Seat ☐ Western ☐ Dressage ☐ Other:			
8.	IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS – IF SO, GIVE DATES CLOSED ☐ Yes ☐ No			

SECTION III. continued

CHECK IF NO EXPOSURE AND INITIAL ☐

9. DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS ☐ Yes ☐ No — Injuries to horses and students being transported are not covered. | HOW MANY TIMES PER YEAR | GROSS RECEIPTS $

10. DO YOU HOLD CLINICS FOR NON-STUDENTS ☐ Yes ☐ No | HOW MANY DAYS | AVERAGE ATTENDANCE | RECEIPTS EARNED $

11. DO YOU OPERATE A DAY CAMP ☐ Yes ☐ No | OVERNIGHT CAMP ☐ Yes ☐ No | DO YOU PROVIDE FOOD ☐ Yes ☐ No | GROSS RECEIPTS FOR CAMP $

12. DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS

SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS

CHECK IF NO EXPOSURE AND INITIAL ☐

1. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES – IF SO, HOW MANY ☐ Yes ☐ No | DO THEY CARRY THEIR OWN INSURANCE++ ☐ Yes ☐ No

++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.

PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)

INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE. ATTACH COPY(IES).

2. HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS | GROSS RECEIPTS $ | GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES $

3. HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS | OR TRAINED UNDER YOUR NAME

SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS

CHECK IF NO EXPOSURE AND INITIAL ☐

1. NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES | GROSS RECEIPTS FOR RENTALS $ | GROSS RECEIPTS FOR TRAIL RIDES $ | DO YOU CONDUCT PACK TRIPS ☐ Yes ☐ No

2. **PONY RIDES/PARTIES:** NUMBER OF PONIES | GROSS RECEIPTS $ | DO YOU USE SIDEWALKERS ☐ Yes ☐ No

3. DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN ☐ Yes ☐ No

SECTION VI. SALES – HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING

CHECK IF NO EXPOSURE AND INITIAL ☐

1. DO YOU SELL HORSES ☐ Yes ☐ No | WHAT BREEDS | HOW MANY PER YEAR | GROSS ANNUAL RECEIPTS $

2. IS BUYER ALLOWED TO TEST RIDE ☐ Yes ☐ No | IF YES ☐ In arena ☐ In open field | DO YOU SELL FROM YOUR OWN PREMISES ☐ Yes ☐ No

3. EXPLAIN ANY OTHER METHOD OF SALES

4. DO YOU SELL FOOD OR HAVE A SNACK BAR ☐ Yes ☐ No — Liquor liability not covered. | GROSS RECEIPTS $

5. DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW ☐ Yes ☐ No ☐ Used ☐ New | GROSS RECEIPTS $

6. DO YOU SELL HAY OR FEED ☐ Yes ☐ No | GROSS RECEIPTS $

7. DO YOU MIX FEED FOR SALE/CONSUMPTION ☐ Yes ☐ No

8. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS ☐ Yes ☐ No

9. DO YOU PERFORM ANY TYPE OF FARRIER SERVICES ☐ Yes ☐ No — Injury to horse not covered. | ARE SERVICES ON PREMISE ONLY ☐ Yes ☐ No | GROSS RECEIPTS $ — If on premises only, this coverage can be added to this policy.

NOTE: Products liability for any and all exposures involving sale or horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.

SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES

CHECK IF NO EXPOSURE AND INITIAL ☐

1. **RIDES** ☐ HAY ☐ SLEIGH ☐ CARRIAGE

NUMBER OF PASSENGERS	GROSS RECEIPTS	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF MOTOR VEH	NUMBER OF TRIPS	ON OR OFF PREMISES
	$					

2. **SHOWS** Independent vendors are not covered.

DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS ☐ Yes ☐ No

ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOC. ☐ Yes ☐ No

	NUMBER OF PARTICIPANTS	GROSS RECEIPTS (ALL SHOWS)	MAXIMUM NUMBER OF SPECTATORS PER DAY	TOTAL NUMBER OF SHOW DAYS	SHOW DATES
SHOWS ON PREMISES		$			
RODEOS ON PREMISES		$			

3. DO YOU SECURE RELEASES FROM ALL ENTRANTS – ATTACH SAMPLE ☐ Yes ☐ No

DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY ☐ Yes ☐ No

4. DO YOU HAVE BLEACHERS OR GRANDSTANDS ☐ Yes ☐ No | CONSTRUCTION | YEAR BUILT | SEATING CAPACITY – NUMBER

5. DO YOU MANAGE ANY HUNTS OR RACING EVENTS ☐ Yes ☐ No | IF YES, WHAT TYPE | DO YOU OWN/USE/LEASE ANY HOUNDS FOR HUNTS ☐ Yes ☐ No | HOW MANY HOUNDS

6. IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS

7. DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES. IF YES, PLEASE EXPLAIN. ☐ Yes ☐ No

8. **ALL OPERATIONS MUST BE DECLARED** - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION

NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.

PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES

1. HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS – IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE ☐ Yes ☐ No

2. HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS – IF YES, PLEASE EXPLAIN ☐ Yes ☐ No

3. IS THIS BUSINESS BROKERED – IF YES, BROKER IS TO PROVIDE NAME, ADDRESS, CITY, STATE, ZIP CODE AND TELEPHONE NUMBER ☐ Yes ☐ No

STANDARD FRAUD WARNING: 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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

☐ **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.

☐ **NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.

☐ **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, fines and denial of insurance benefits.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to be best of his/her knowledge true.

APPLICANT'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
		X	

IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED
INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE

You may use this page to supplement your application with any additional information.

THANK YOU!