Equine Commercial General Liability

Exclusively Underwritten By
AMERICAN EQUINE INSURANCE GROUP

Producer: _____ Number: _____
Policy and/or Renewal #: _____
Expiration Date: _____
Requested Effective Date: _____

Note: ***Incomplete applications will be returned to the applicant.***

Applicant: _____ Business Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Person: _____

Website: _____ E-mail: _____

Applicant's Ownership Structure: Individual ☐ Corporation ☐ Association ☐ Partnership ☐

Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.

Use: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own ☐ *or* Lease ☐ the facilities utilized by the applicant.

Is applicant currently insured*?* Yes ☐ No ☐

Most recent or present insurance company: _____ **Annual premium: $** _____

Pay Plan Desired? Yes ☐ No ☐ ***Ask your broker for more information.***

Has the applicant had any liability claims or reported incidents in the past five years? Yes ☐ No ☐

Has the applicant had coverage cancelled or refused in the past five years? *(Not applicable in Missouri.)* Yes ☐ No ☐

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes ☐ No ☐
If yes, attach a separate sheet and explain.

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes ☐ No ☐
If yes, attach a separate sheet and explain.

Limits of Liability

Each Occurrence Limit *(Select one)*	**$300,000** ☐	**$500,000** ☐	**$1,000,000** ☐
General Aggregate Limit	**$300,000**	**$500,000**	**$1,000,000**
Fire Damage Limit (Any one Fire)	$50,000	$50,000	$50,000
Medical Payments (Any one Person)	$5,000	$5,000	$5,000
Double Aggregate Limit desired **Yes ☐ No ☐**	**$600,000**	**$1,000,000**	**$2,000,000**
Triple Aggregate Limit desired *(Note: Only available with $1,000,000 Occurrence Limit)* **Yes ☐ No ☐**	**N/A**	**N/A**	**$3,000,000**

Excess Coverage desired **Yes ☐ No ☐** *(Note: Requires $1,000,000 Occurrence Limit, and $2M or $3M Aggregate Limit.)*

Excess limits (Each Occurrence and General Aggregate) $1m ☐ $2m ☐ $3m ☐ $4m ☐ $5m ☐

Optional Coverages – *Subject to eligibility and underwriting approval.*

Equine Personal Liability desired	**Yes ☐ No ☐**	**Products and Completed Operations desired**	**Yes ☐ No ☐**
Race Horse Owner's Liability desired	**Yes ☐ No ☐**	**Personal and Advertising Injury desired**	**Yes ☐ No ☐**
Equine Professional Liability desired	**Yes ☐ No ☐**		

Note: ***If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.***

Additional Insureds

List Additional Insureds and describe their connection to your equine activities. Independent Trainers, Instructors, and Clinicians are not eligible as Additional Insureds and should be listed on the next page for coverage consideration. Do not list employees.

Name: *Address:* *Relationship:*

1. _____

2. _____

3. _____

Summary of Equine Activities

Description of your operation: _____

_____

_____

Years experience with horses: _____ Professional years operating this type of an operation as a business: _____

Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: _____

_____

If you are not the primary manager, Manager's Name: _____ Age: _____ Years Exp: _____

24-hour supervision of facility	Yes ☐	No ☐
Emergency numbers posted	Yes ☐	No ☐
Safety & Barn Rules posted and written out	Yes ☐ *Enclose copies.*	No ☐
Current liability waivers utilized	Yes ☐ *Enclose copies.*	No ☐
State Equine Activity signs posted	Yes ☐	No ☐
Fire Drills conducted	Yes ☐	No ☐
No Smoking signs posted	Yes ☐	No ☐
Smoke Alarms	Yes ☐	No ☐
Smoking allowed in barns	Yes ☐	No ☐
Shoes with heels required for riders	Yes ☐	No ☐

Riding Helmets are Required:

☐ By everyone ALL OF THE TIME
☐ 18 and under ALL OF THE TIME
☐ Everyone while jumping/speed work
☐ Only 18 and under while jumping
☐ Not required

Is all fencing in good condition? Yes ☐ No ☐

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: _____

_____

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are <u>not covered.</u>

Owned / Leased Horses

Total number of horses you own: _____
Total number of horses you lease from others: _____
Maximum number of horses you own or lease from others taken off premises (horse shows etc.): _____
Maximum number of horses you lease to others on premises: _____
Maximum number of horses you lease to others off premises: _____
Maximum number of horses used for **Riding Instruction / School Horses:** _____

Do you use any horses for driving, pulling, or work? Yes ☐ No ☐

If yes, please explain: _____

Do you own Race Horses? Yes ☐ No ☐ If yes, number of Race Horses owned: _____

If yes, please indicate breed, type of racing activity your horse(s) participate in, and give a brief description of your Race Horse participation. (Note: If racing is your primary activity, please complete the Race Horse Owner's & Trainer's CGL application.) _____

_____

Breeding Yes ☐ No ☐

Average Stud Fee charged: $ _____
Total number of stallions standing stud (Live and A.I.) on premises: _____
Total number of stallions, that you own or have partial ownership, standing at stud (Live and A.I.) off premises: _____
Total number of mares covered annually on premises: _____
Total number of mares, which you own, covered annually off premises: _____

Boarding Yes ☐ No ☐

What is the total number of horses boarded monthly: Maximum: _____ Minimum: _____ Average: _____
Average number of horses on: Full Board: _____ Pasture Board: _____
Monthly charge per horse: Full Board: $ _____ Pasture Board: $ _____
Total number of stalls on premises: _____

Horse Sales Yes ☐ No ☐

How many horses do you sell annually: Owned by you:_____ Owned by others:_____ Total:_____

Average value of horses sold: Owned by you:$_____ Owned by others:$_____

Training Yes ☐ No ☐

Average number of horses in full training monthly, ***including Independent Trainers'*** On Premises Training: _____

Average number of training rides ***weekly*** on horses not in full training: _____

Independent Trainers Yes ☐ No ☐ *(Must be 18 years or older)*

☐ 1._____ Years Exp._____ ☐ 2._____ Years Exp._____

☐ 3._____ Years Exp._____ ☐ 4._____ Years Exp._____

Riding Instruction Yes ☐ No ☐ Anyone under 21 giving riding instruction: Yes ☐ No ☐

Type of instruction:_____

Operation's Total Riding Instruction, both On and Off Premises, ***including Independent Instructors'*** *On Premises Instruction.*

Total lessons given annually: _____ Average number of ***weekly*** lessons given on *Client's Own* horse(s): _____

Average cost per lesson: $_____ Average number of ***weekly*** lessons given on *School/Insured's* horse(s): _____

Any Day Camp activities? Yes ☐ No ☐ (*If yes, the Equestrian Day Camp Supplemental Application must be completed.)*

Independent Instructors Yes ☐ No ☐ *(Must be 18 years or older)*

☐ 1._____ Years Exp._____ ☐ 2._____ Years Exp._____

☐ 3._____ Years Exp._____ ☐ 4._____ Years Exp._____

Officiating/Judging Yes ☐ No ☐ Total show days Judging / Officiating annually: _____

On Premises Riding Clinics Yes ☐ No ☐ Total Clinic Days:_____ No. of participants per day:_____

Clinic Dates:_____

Description of Clinic:_____

Off Premises Riding Clinics Yes ☐ No ☐ Total Clinic Days:_____ No. of participants per day:_____

Clinic Dates:_____

Description of Clinic:_____

Note: ***If dates have not been set, Written Notice of the clinic must be received in our office prior to the clinic date. Coverage is not provided for clinic dates that have not been declared to the Company in advance of the clinic.***

Host Shows / Events Yes ☐ No ☐

Please provide a description of the show/event (such as show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.

Hosted Sanctioned Show Days per year: _____ Sanctioning Organization(s):_____

Event/Show date(s):_____

Description of event:_____ Description of event activities:_____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Hosted Non-Sanctioned Show Days per year: _____

Event/Show date(s):_____

Description of event:_____ Description of event activities:_____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Note: ***If dates have not been set, Written Notice of the show/event must be received in our office prior to the show/event date. Coverage is not provided for show/event dates that have not been declared to the Company in advance of the show/event.***

Tack Store / Retail Sales Yes ☐ No ☐ *(Tack manufacturing and repair not eligible.)* Annual Gross Revenue from Sales:_____

*If yes, please describe types of items sold and locations where items are sold:*_____

Arena / Facility Rentals

Do you rent your facility to others? Yes ☐ No ☐

If yes, please explain to whom, how often, and for what types of events. Please also submit the written guidelines for use of the facility and any rental agreements / user guides.

Pony Rides Yes ☐ No ☐ *(If yes, the Pony Rides Supplemental Application must be completed.)*

Horse Drawn Vehicle Rides Yes ☐ No ☐ *(If yes, the Horse Drawn Vehicle Rides Supplemental Application must be completed.)*

Do you own dogs? Yes ☐ No ☐ *If yes, how many, what type, and for what purpose:*

Are other dogs permitted at your facility or at any events you host? Yes ☐ No ☐

If yes, please explain your policy regarding dogs:

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? *(If yes, attach details on a separate page.)* Yes ☐ No ☐

Other animals on premises? Yes ☐ No ☐ *If yes, how many, what type, and for what purpose:*

Hunting on premises? Yes ☐ No ☐ *If yes, by:* ☐ Owners ☐ Others Do you charge a fee? Yes ☐ No ☐

Please explain hunting activities:

Swimming pool on premises? Yes ☐ No ☐

If yes, do you have a security fence around your pool? Yes ☐ No ☐

Is the pool for your personal use only? Yes ☐ No ☐

If no, please explain:

Is alcohol permitted on premises? Yes ☐ No ☐

If yes, describe:

Is alcohol sold, served, or furnished on premises? Yes ☐ No ☐

If yes, describe:

Note: ***The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.***

Is **CARE, CUSTODY OR CONTROL (CCC)** coverage desired? Yes ☐ No ☐

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. ***Coverage is not available to Commercial Haulers.*** **Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.**

Select from the limits below. Premiums shown are for up to 20 horses.

	Maximum Limit Per Horse	*Aggregate Limit Per Year*	*Annual Base Premium*	*Per horse over 20 horses*
☐ 1)	**$5,000**	**$25,000**	$300.00	$5.00
☐ 2)	**$5,000**	**$50,000**	$375.00	$8.00
☐ 3)	**$10,000**	**$50,000**	$400.00	$9.00
☐ 4)	**$10,000**	**$100,000**	$475.00	$10.00
☐ 5)	**$15,000**	**$100,000**	$500.00	$13.00
☐ 6)	**$25,000**	**$100,000**	$550.00	$15.00
☐ 7)	**$25,000**	**$250,000**	$600.00	$17.00
☐ 8)	**$25,000**	**$300,000**	$700.00	$18.00
☐ 9)	**$50,000**	**$300,000**	$1,100.00	$20.00
☐ 10)	**$100,000**	**$300,000**	$1,400.00	$25.00
☐ 11)	**$100,000**	**$500,000**	*Submit for Quote*	
☐ 12)	**$250,000**	**$500,000**	*Submit for Quote*	
☐ 13)	**$500,000**	**$1,000,000**	*Submit for Quote*	

If only local transportation coverage is desired, mark “No” and $100 will be deducted from the total CCC premium. No ☐

(If you marked “No”, local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Do you transport horses in your Care, Custody or Control? Yes ☐ No ☐

If yes, how often, for what reasons, and for whom you transport horses: _____

Do you transport horses not usually in your Care, Custody or Control? *(Coverage not provided for Commercial Haulers.)* Yes ☐ No ☐

If yes, please describe: _____

Type and capacity of your horse trailer(s): _____

Are your horse trailers in good repair? Yes ☐ No ☐

Are your horse trailers on a regular maintenance program? Yes ☐ No ☐

Annual Gross Revenues from Equine Activities

Leasing out horses:	$_____	Breeding:	$_____	Boarding:	$_____	Horse Sales:	$_____
Training:	$_____	Riding Instruction:	$_____	Day Camps:	$_____	Officiating:	$_____
Riding Clinics:	$_____	Hosting Shows:	$_____	Tack/Retail Sales:	$_____	Arena Rentals:	$_____
Pony Rides:	$_____	Horse Vehicle Rides:	$_____	Other ( ):	$_____ *(Explain below.)*		

Total Annual Gross Revenue: **$**_____

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

(REMEMBER: EXPOSURES NOT DECLARED ARE *NOT* *COVERED*.)

Regulatory Fraud Warnings

In Arkansas, Louisiana, and 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 INCLUDING CONFINEMENT IN PRISON.

In Colorado, District of Columbia, Maine, Tennessee, and Virginia

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, 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.

In Florida and Oklahoma

WARNING: 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.

In Kentucky, New York, and 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. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

In 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.

In 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.

***NO COVERAGE* WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!**

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.

(Must be signed and dated)

Applicant's Signature: _____

Print name: _____ *Date:* _____