



BLUE BRIDLE INSURANCE AGENCY, INC.
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COMMERCIAL EQUINE LIABILITY APPLICATION

A 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	WEB SITE ADDRESS
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MAILING ADDRESS / CITY / STATE / ZIP CODE _____

TELEPHONE NUMBER () ()	FAX NUMBER () ()	PERSON TO CONTACT FOR INSPECTION
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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

Complete Address (including zip code)	Number of Acres	Premises
1. _____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease
2. _____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease

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

NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION / ORGANIZATION / LLC

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises: Name _____
 Address _____
 Requesting: Proof of Insurance Only Add to Policy as Additional Insured

Other – Name: _____
 Address _____
 Requesting: Proof of Insurance Only Add to Policy as Additional Insured Explain reason. (Employees are not eligible.)

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

<input type="checkbox"/> \$500,000 Per Occurrence	<input type="checkbox"/> \$1,000,000 Per Occurrence	Note: \$5,000 Medical Payments to Others is Included, and \$50,000 Fire Legal Liability is Included
<input type="checkbox"/> \$1,000,000 Aggregate	<input type="checkbox"/> \$2,000,000 Aggregate	

INCREASE LIMITS ON THE FOLLOWING OPTIONS:

\$10,000 Medical Payments To Others \$100,000 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 X	DATE ____/____/____
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GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

1. BRIEFLY DESCRIBE ALL HORSE RELATED AND / OR FARMING 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 YOUR (AND / OR YOUR MANAGER'S) EXPERIENCE AND BACKGROUND IN HORSE BUSINESS

4. DO YOU HAVE EMPLOYEES Yes No NAME OF WORKERS COMP/EMPLOYER LIABILITY INSURANCE CARRIER AND POLICY NUMBER _____

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

6. ARE THERE ANY OTHER 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 – PLEASE DESCRIBE SUPERVISION Yes No _____
DO EMPLOYEES (if any) HAVE WRITTEN INSTRUCTIONS ON THEIR RESPONSIBILITIES IN CASE OF FIRE OR OTHER EMERGENCIES Yes No

9. ARE ALL PASTURES TOTALLY FENCED – DESCRIBE TYPE OF ALL FENCING. IF WIRE FENCE, NUMBER OF STRANDS _____ Yes No

10. DESCRIBE CONDITION OF FENCES / GATES Excellent Good Fair Poor HOW OFTEN IS FENCING CHECKED _____

11. WHO IS RESPONSIBLE FOR FENCE REPAIR Owner Lessee WHO IS RESPONSIBLE FOR BUILDING REPAIR Owner Lessee

12. DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES Yes No EXTINGUISHERS IN ALL OUTBUILDINGS/BARNs Yes No NO SMOKING SIGNS POSTED Yes No

13. DO YOU OBTAIN A HOLD HARMLESS / LIABILITY RELEASE SIGNED BY BOARDERS AND STUDENTS – [ATTACH A COPY TO THIS APPLICATION](#) Yes No (Note: Release and Warning Signs must be in compliance with State Equine Activity Laws, where applicable.)

14. DO YOU POST RULES Yes No DO YOU POST WARNING SIGNS Yes No DO YOU POST EMERGENCY NUMBERS / INFORMATION Circle: Yes No

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. *All horse related exposures must be insured.*

Horses Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured:	Number
1a. Owned horses used for instruction	_____	1. Boarding/pasturing	_____
b. Boarded horses used for instruction to others	_____	2. Show training	_____
2. Show and/or pleasure	_____	3. Racing and/or training to race	_____
3. Racing and/or training to race	_____	4. Breeding (Mares _____, Stallions _____)	_____
4. Breeding (Mares _____, Stallions _____)	_____	5. Foals/weanlings	_____
5. Foals/weanlings	_____	6. Retired and/or lay-ups	_____
6. Retired and/or lay-ups	_____	7. Consignment for sale (Breed _____)	_____
7. For sale (Breed _____)	_____	8. Other (Describe: _____)	_____
8. Other (Describe: _____)	_____	Total (Lines 1-8) _____	
All Owned Horses Must be Declared			
Total (Lines 1-8) _____			
9. Number of carts, buggies, carriages, etc.	_____	9. Total number of stalls on your premises	_____
Describe Use: _____		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 <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION III. EQUESTRIAN SCHOOLS – CLINICS – ABLE BODIED INSTRUCTION CHECK IF NO EXPOSURE AND INITIAL

1. IS INSTRUCTION PROVIDED BY	<input type="checkbox"/> You (or Employees) <input type="checkbox"/> An Independent Instructor If an independent instructor is used, complete Section IV.	DO YOU PROVIDE RIDING FOR THE HANDICAPPED <input type="checkbox"/> Yes <input type="checkbox"/> No If so, attach Supplement
2. ARE ASTM/SEI HELMETS REQUIRED (check those that apply): <input type="checkbox"/> By everyone all of the time <input type="checkbox"/> Beginners all of the time <input type="checkbox"/> 18 and under all the time <input type="checkbox"/> By everyone while jumping/galloping <input type="checkbox"/> 18 and under while jumping/galloping <input type="checkbox"/> Helmet use is optional DESCRIBE OTHER SAFETY GEAR REQUIRED _____		
3. ARE YOU A CERTIFIED INSTRUCTOR <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, by whom</i>	NUMBER OF YEARS EXPERIENCE INSTRUCTING ABLE BODIED _____	
RATIO OF INSTRUCTORS TO STUDENTS _____ TO _____	RIDING FACILITIES Arena: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Fields <input type="checkbox"/> Trails	MINIMUM AGE OF STUDENTS _____
4. MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE _____	AVERAGE NUMBER OF LESSONS PER WEEK _____ CHARGE PER LESSON \$ _____	GROSS ANNUAL RECEIPTS \$ _____ for Lessons on School Horses
5. MAXIMUM NUMBER USED AT ONE TIME ARE STALLIONS USED FOR INSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE _____	
6. DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO, AVERAGE NUMBER OF LESSONS PER WEEK _____	CHARGE PER LESSON \$ _____	GROSS ANNUAL RECEIPTS – for Lessons on Student Owned Horses \$ _____
7. DO YOU TEACH <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other:		
8. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS – IF SO, GIVE DATES CLOSED <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION III. continued			CHECK IF NO EXPOSURE AND INITIAL
9. DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	PROVIDE CLINIC DATES	AVERAGE ATTENDANCE	RECEIPTS EARNED \$
11. DO YOU OPERATE A DAY CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERNIGHT CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No		GROSS RECEIPTS FOR CAMP \$
12. IF OPERATING A DAY CAMP, ATTACH THE HORSEMANSHIP CAMP SUPPLEMENT AND YOUR FLYER AND/OR DESCRIPTION OF PROGRAM			

SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS			CHECK IF NO EXPOSURE AND INITIAL
1. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW MANY _____	DO THEY CARRY THEIR OWN INSURANCE++ <input type="checkbox"/> Yes <input type="checkbox"/> No		
++ If so, we will require a copy of a Certificate of Insurance from an "A" rated admitted carrier for each Independent as proof of 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 additional insured for an appropriate charge, if eligible. However, coverage is limited to on-premise liability only.			
PROVIDE NAMES/ADDRESSES OF INDEPENDENT INSTRUCTORS TO BE ADDED TO YOUR POLICY (MUST BE 18 YEARS OF AGE OR OLDER)			
INDICATE NUMBER OF YEARS EXPERIENCE FOR EACH _____ INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE. ATTACH A COPY.			
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. PONY RIDES/PARTIES: NUMBER OF PONIES	GROSS RECEIPTS \$	DO YOU USE SIDEWALKERS <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION VI. SALES – HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING				CHECK IF NO EXPOSURE AND INITIAL
1. DO YOU SELL HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREEDS	HOW MANY PER YEAR	GROSS ANNUAL RECEIPTS \$	
2. IS BUYER ALLOWED TO TEST RIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, A SIGNED LIABILITY RELEASE IS REQUIRED	DO YOU SELL FROM YOUR OWN PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. IF BUYER IS ALLOWED TO TEST RIDE, IS THE LEVEL OF EXPERIENCE EVALUATED <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. DO YOU SELL FOOD OR HAVE A SNACK BAR – IF YES, DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor liability not covered.	GROSS RECEIPTS \$		
5. DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Used <input type="checkbox"/> New	GROSS RECEIPTS \$			
6. DO YOU SELL HAY OR FEED <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$			
7. DO YOU MIX FEED FOR SALE/CONSUMPTION <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. DO YOU PERFORM ANY TYPE OF FARRIER SERVICES <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury to horse not covered.	ARE SERVICES ON PREMISE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$	

NOTE: Products liability for any and all exposures involving sale of 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 <input type="checkbox"/> HAY <input type="checkbox"/> SLEIGH <input type="checkbox"/> 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**
Provide Certificate of Insurance from all Vendors

DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS Yes No ARE ANY OF YOUR SHOWS SANCTIONED BY USEF. IF YES, DATES Yes No

SHOW / EVENT ON PREMISES	NUMBER OF PARTICIPANTS	GROSS RECEIPTS	MAXIMUM NUMBER OF SPECTATORS PER DAY	TOTAL NUMBER OF SHOW DAYS	SHOW DATES
		\$			
		\$			

3. DO YOU SECURE RELEASES FROM ALL ENTRANTS - ATTACH A SAMPLE Yes No IS THERE AN AMBULANCE OR EMT ON SITE DURING YOUR SHOWS 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 YOU CONDUCT OR MANAGE RODEO OR RODEO TYPE EVENTS ON PREMISE, DESCRIBE TYPE OF EVENTS

7. DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITY. 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: (1) Coverage is not provided for injury to participants in horse racing, rodeos, rodeo-type events, hunts, vaulting, polo matches and/or practices.
(2) Prior notice is required to add, delete or revise show/event dates. If dates have not been set, written notice of the event must be in our hands prior to the show/event date. Coverage is not provided for events not declared/disclosed.

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 DATES AND EXPLANATIONS, INCLUDING CAUSE OF LOSS AND PAYMENTS MADE Yes No

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

NOTE: SUPPLEMENTS TO THIS APPLICATION FOR EQUINE CAMPS AND HANDICAPPED RIDING CAN BE DOWNLOADED FROM OUR WEB SITE - www.bluebridle.com

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 X	DATE / /	AGENT'S SIGNATURE X	AGENCY CODE	DATE / /
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**IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED
INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE**

