



**BLUE BRIDLE INSURANCE AGENCY, INC**  
**P O BOX 27, PITTSTOWN, NJ 08867**  
**(800) 526-1711 (908) 735-6362**  
**FAX (908) 735-2254**

## COMMERCIAL EQUINE LIABILITY RENEWAL APPLICATION

INSURED		ADDRESS	
DBA			
PHONE NUMBER and FAX NUMBER		E-MAIL ADDRESS and WEBSITE ADDRESS	
POLICY NUMBER	EXPIRATION DATE	CURRENT LIMITS OF LIABILITY \$ 00,000 per occurrence / \$ ,000,000 aggregate (See options, page 2)	

**COMPLETE ALL OF THE FOLLOWING QUESTIONS THAT ARE APPLICABLE. WRITE NONE OR 0 IF NO EXPOSURE. DO NOT LEAVE SPACES BLANK. ALL OPERATIONS MUST BE DECLARED. ATTACH A SEPARATE PAGE IF MORE SPACE IS NEEDED.**

**SUMMARY – AT PEAK SEASON, ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE BASED ON PRIMARY USE.**

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: _____)	___		
<b>All Owned Horses Must be Declared</b>		<b>Total (Lines 1-8)</b>	
<b>Total (Lines 1-8)</b>			
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? .....	___

**RIDING INSTRUCTION – CLINICS: (Breakdown Annual Gross Receipts for the following categories.)**

1. Handicapped Program: Number of lessons/week.....	→	Annual Gross receipts (including donations)..... \$_____
2. Maximum number of school horses available .....	→	Maximum number of school horses used at one time .....
3. Annual Gross Receipts for instruction on school horses: \$_____		Annual Gross Receipts for instruction to students on their own horses.....\$_____
Average number of lessons per week.....		Average number of lessons per week .....
Charge per lesson..... \$_____		Charge per lesson.....\$_____
4. Receipts for attending off-premise shows with your students .....		
		\$_____
5. Number of clinic days for non-students.....	→	Provide clinic dates: _____
6. Receipts earned by independent instructors: On school horses \$_____		On student owned horses \$_____
7. Do independent instructors or trainers operate on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must be 18 years of age or older.)		If yes, provide proof of their insurance and forward their release of liability form.
8. Do you operate Day Camps? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If so, complete and attach the Horsemanship Camp Supplement.</b>

1. Number of public event / show days held on premise \_\_\_\_ Provide dates for events \_\_\_\_\_  
 Maximum number of spectators per day \_\_\_\_\_ Number of participants per show \_\_\_\_\_  
 (Prior notification is required for all public event days. Provide Certificate of Insurance from all vendors.)

2. If USEF sanctioned, provide show dates \_\_\_\_\_ If USDF sanctioned, provide dates \_\_\_\_\_

3. If you are required to provide a certificate as proof of insurance only, provide names and complete addresses of each.  
 \_\_\_\_\_  
 \_\_\_\_\_

4. If you request coverage for an additional insured, please submit name, complete address, and insurable interest for company approval. \_\_\_\_\_  
 \_\_\_\_\_

5. Number of horses sold annually: \_\_\_\_\_ Gross receipts from Tack Shop: \$ \_\_\_\_\_

6. Are you obtaining release agreement / waivers from students and boarders?  Yes  No  
 If applicable, do you post state equine liability warning signs?  Yes  No  
 (Note: Release and Warning Signs must be in compliance with State Equine Activity Laws, where applicable.)  
 Do you hand out or post barn and safety rules?  Yes  No Are No Smoking signs posted?  Yes  No  
 Do you post emergency phone numbers?  Yes  No

7. Do you provide or conduct any of the following activities: pony rides, pony parties, hay, sleigh or carriage rides; rental of horses to the public or pack trips?  Yes  No If yes, provide details. \_\_\_\_\_

8. Do you own or use recreational vehicles in your stable operations?  Yes  No If yes, describe and explain how they are used.  
 \_\_\_\_\_

9. Do you have employees?  Yes  No. If yes, do you have Workers Compensation/Liability Insurance?  Yes  No

**DESCRIBE FULLY ANY OTHER EVENTS / ACTIVITIES CONDUCTED. ALL OPERATIONS MUST BE DECLARED.**

\_\_\_\_\_  
 \_\_\_\_\_

**If there are any material changes in your stable operations or location during the policy year, notify your agent at once.**

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

INSURED'S SIGNATURE <b>X</b>	DATE	AGENT'S SIGNATURE <b>X</b>	DATE
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**NOTE: Please quote optional increased limits for the coverage checked below:**

- Coverage M: \$10,000 Medical Payments to Others (\$5,000 presently included in the policy)
- Coverage O: \$100,000 Fire Legal Liability (\$50,000 presently included in the policy)
- Coverage L: \$1,000,000 / occurrence, \$2,000,000 / aggregate (Current Limits: \$500,000/occ. / \$1,000,000 /agg.)

If you have **declined** coverage for the Legal Liability on non-owned horses in your Care, Custody or Control, your signature **rejecting** coverage is required.

SIGNATURE  
**X**

**INSURED'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**