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COMMERCIAL EQUINE LIABILITY APPLICATION

THIS IS NOT A BINDER

IMPORTANT: ALL HORSE RELATED OPERATIONS MUST BE DECLARED.

NEW BUSINESS

RENEWAL BUSINESS

DESIRED EFFECTIVE DATE: _____

POLICY #: _____ EFFECTIVE DATE: _____

NAME OF APPLICANT	BUSINESS / STABLE NAME
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MAILING ADDRESS / CITY / STATE / ZIP CODE	WEB SITE ADDRESS
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TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS:
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APPLICANT IS: Individual Partnership Organization/Corporation Owner Operator Other (specify)

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

IS APPLICANT OVER THE AGE OF 18 YEARS: Yes No

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

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)

\$500,000 Per Occurrence / \$1,000,000 Aggregate OR \$1,000,000 Per Occurrence / \$2,000,000 Aggregate

PLEASE INCREASE / ADD THE COVERAGE CHECKED BELOW. AN ADDITIONAL PREMIUM WILL APPLY.

- Damage to Premises Rented to You (\$100,000 included): Increase to: \$300,000 \$500,000 \$750,000 \$1,000,000 (subject to company approval)
- Medical Payments to Others (\$5,000 included): Increase to \$10,000
- Equine Professional Services Liability: Add this coverage (Provides liability coverage for any actual or alleged error, misstatement, misleading statement, act or omission in the rendering of or failure to render professional equine or equestrian services.)
 (not available in Florida)

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, please provide a brief description of your (and/or your manager's) experience and background in the horse business:

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

5. Is this your principal occupation? _____ If no, describe the occupation or business you are engaged in? _____
6. Are there any other business enterprises or professional offices on any of the described premises? _____
7. Do you lease any part of the land, buildings, stables, stall space etc to others (sub-lease)? _____ If yes, please explain:

8. Is there 24-hour supervision of the facility? _____ If yes, please describe (manager, owner or employee lives on property)

Do employees (if any) have written instructions on their responsibility in case of a fire or other emergency? _____
9. Is there a perimeter fence around the property? _____ Type of fencing? _____ If wire fencing, number of strands? _____
What type of fencing is used for pastures/paddocks? _____ If wire fencing, number of strands? _____

Describe condition of fencing & gates? Excellent Good Fair Poor
How often is fencing checked? _____ Who is responsible for the fence repairs? _____
Who is responsible for building repairs? _____
10. Do you have operable fire extinguishers visible and readily accessible in the stables? _____

Are "No Smoking" signs posted? _____
11. Do you post rules? _____ Do you post warning signs? _____ Do you post emergency #s? _____
12. Do you own/maintain dogs? _____ If yes, how many? _____ What breeds? _____

Do you take your dogs to the stable? _____ If yes, are they leashed or contained? _____

Has your dog(s) ever bitten or caused injury to anyone? _____ If yes, please describe incident: _____
13. Do you allow your clients/boarders to bring their dogs to the stable? _____ If yes. Are they leashed at all times? _____
14. Do you own/maintain any other animals, ostriches, emus etc? _____ If yes, how many and please describe _____
15. Is there a swimming pool on the property? _____ If yes, is it restricted to private use only? _____
16. Is hunting and/or fishing permitted on the property? _____ If yes, please explain: _____
17. Do you operate a bed and breakfast or Airbnb? _____ If yes, please explain: _____

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 <u>by Insured</u> :	Number	Non-Owned Horses:	Number
1. Owned/leased horses used for instruction	_____	1. Straight Boarding/Pasturing.....	_____
2. Show/Pleasure/Breeding/Retired	_____	Self care boarding ... Yes _____ No _____	
3. Racing and/or training to race	_____	2. Boarded horses in a training program	_____
4. Owned horses for sale (not included above).....	_____	3. Horses you independently train (you do not board)	_____
5. Other (Describe: Donkeys, Mules etc)	_____	4. Racing and/or training to race	_____
		5. Consignment for sale (not included above)	_____
		6. Other (Describe: _____).....	_____
All Owned Horses Must be Declared		All Non-Owned Horses Must be Declared	
Total (Lines 1-5)		Total (Lines 1-6)	
Number of carts, buggies, carriages, etc.....		Total number of stalls on your premises	
Describe Use: _____		What is the maximum number of horses, owned and non-owned that can be kept on your premises?	

PLEASE SUBMIT A COPY OF YOUR BOARDING AGREEMENT AND/OR HOLD HARMLESS RELEASE THAT IS SIGNED BY YOUR BOARDERS, STUDENTS AND OWNERS OF HORSES IN TRAINING.
 (Note: Release and Warning Signs must be in compliance with State Equine Activity Laws, where applicable.)

HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING				CHECK IF NO EXPOSURE AND INITIAL
TOTAL NUMBER OF STALLS	MAXIMUM NUMBER BOARDED	PASTURED	MONTHLY BOARDING RATE	ANNUAL GROSS
			\$	\$
TRAINING: MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE	ANNUAL GROSS
			\$	\$

EQUESTRIAN SCHOOLS – CLINICS – ABLE BODIED INSTRUCTION			CHECK IF NO EXPOSURE AND INITIAL
1. IS INSTRUCTION PROVIDED BY			DO YOU PROVIDE RIDING FOR THE HANDICAPPED
<input type="checkbox"/> You (or Employees) <input type="checkbox"/> An Independent Instructor If an independent instructor is used, complete Independent Instructors section.			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, need supplement form
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 over 18 yrs. (waiver) DESCRIBE OTHER SAFETY GEAR REQUIRED: _____			
3. ARE YOU A CERTIFIED INSTRUCTOR? _____		NUMBER OF YEARS EXPERIENCE TEACHING ABLE BODIED _____	
IF YES, BY WHOM?			
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. ARE STALLIONS USED FOR INSTRUCTION? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE _____	
5. MAXIMUM # OF SCHOOL HORSES AVAILABLE _____ MAXIMUM NUMBER USED AT ONE TIME _____		AVERAGE NUMBER OF LESSONS PER WEEK _____ CHARGE PER LESSON \$ _____	SCHOOL HORSE LESSONS ANNUAL RECEIPTS \$ _____
6. DO YOU GIVE LESSONS TO STUDENTS ON THEIR OWN HORSES? _____		AVERAGE NUMBER OF LESSONS PER WEEK _____ CHARGE PER LESSON \$ _____	LESSONS TO STUDENTS ON THEIR OWN HORSES ANNUAL RECEIPTS \$ _____ (Do not include receipts for horses in training)
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:			
7. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS? _____ IF YES, GIVE DATES CLOSED			

EQUESTRIAN SCHOOLS CONTINUED **CHECK IF NO EXPOSURE AND INITIAL**

8.	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 \$
9.	DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	PROVIDE CLINIC DATES	AVERAGE ATTENDANCE	RECEIPTS EARNED \$
10.	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 \$

11. IF OPERATING A DAY CAMP, YOU WILL NEED TO COMPLETE THE CAMP SUPPLEMENT AND SUBMIT A FLYER AND/OR DESCRIPTION OF PROGRAM

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
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++ If yes, please submit a Certificate of Insurance from an "A" rated admitted carrier for each Independent as proof of coverage with the same liability limits as you carry and naming 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)**

PLEASE SUBMIT A COPY OF THE HOLD HARMLESS RELEASE USED BY THE INSTRUCTORS

2.	HOW MANY SCHOOL HORSES ARE USED FOR LESSONS BY THE INDEPENDENT INSTRUCTORS? _____	GROSS ANNUAL RECEIPTS FOR SCHOOL HORSE LESSONS \$	GROSS ANNUAL RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES \$
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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 USED:	ANNUAL GROSS RECEIPTS \$	DO YOU USE SIDEWALKERS? _____	
3.	DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS / RESORTS OR INDIVIDUALS? _____ IF YES, HOW MANY? _____			

SALES – HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING **CHECK IF NO EXPOSURE AND INITIAL**

1.	DO YOU SELL HORSES? _____	WHAT BREEDS	HOW MANY PER YEAR? _____	GROSS ANNUAL RECEIPTS \$
2.	IS BUYER ALLOWED TO TEST RIDE? _____	IF YES, A SIGNED LIABILITY RELEASE IS REQUIRED	DO YOU SELL FROM YOUR OWN PREMISES? _____	
3.	IF BUYER IS ALLOWED TO TEST RIDE, IS THE LEVEL OF EXPERIENCE EVALUATED ? _____			
4.	DO YOU SELL FOOD OR HAVE A SNACK BAR? _____	(NOTE: Liquor liability is not covered.)		GROSS RECEIPTS \$
IF YES, DESCRIBE:				
5.	DO YOU SELL TACK AND/OR CLOTHING? _____	GROSS RECEIPTS \$		
IF YES, USED OR NEW? _____				
6.	DO YOU SELL HAY OR FEED? _____	GROSS RECEIPTS \$		
7.	DO YOU MIX FEED FOR SALE/CONSUMPTION? _____			
8.	DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS? _____			
9.	DO YOU PERFORM ANY TYPE OF FARRIER SERVICES? _____ <i>(Injury to a horse is not covered)</i>	ARE SERVICES ON PREMISE ONLY? _____ <i>If on premises only, this coverage may be available.</i>	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.

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 <input type="checkbox"/> Yes <input type="checkbox"/> No ARE ANY OF YOUR SHOWS SANCTIONED BY USEF. IF YES, DATES <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF PARTICIPANTS	GROSS RECEIPTS	MAXIMUM NUMBER OF SPECTATORS PER DAY	TOTAL NUMBER OF SHOW DAYS	SHOW DATES		
	SHOW / EVENT ON PREMISES		\$					
			\$					
3.	DO YOU SECURE RELEASES FROM ALL ENTRANTS – <u>ATTACH A SAMPLE</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	IS THERE AN AMBULANCE OR EMT ON SITE DURING YOUR SHOWS <input type="checkbox"/> Yes <input type="checkbox"/> No						
4.	DO YOU HAVE BLEACHERS OR GRANDSTANDS <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSTRUCTION	YEAR BUILT	SEATING CAPACITY – NUMBER				
5.	DO YOU MANAGE ANY HUNTS OR RACING EVENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT TYPE	DO YOU OWN/USE/LEASE ANY HOUNDS FOR HUNTS <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No							
8.	ALL OPERATIONS MUST BE DECLARED - DESCRIBE FULLY ANY OTHER EVENTS NOT ALREADY MENTIONED IN THIS APPLICATION							
<p>NOTE: THE POLICY WILL CARRY AN EXCLUSION WHICH ELIMINATES COVERAGE FOR PARTICIPANTS IN HUNTS, TRACK & MATCH RACING, RODEO EVENTS WITH ROUGH STOCK, VAULTING, POLO MATCHES AND/OR PRACTICES, WAGON OR CARRIAGE RACES AND JOUSTING.</p> <p>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.</p>								
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 _____							
2.	HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS? _____ IF YES, PLEASE EXPLAIN _____							

CARE/CUSTODY/CONTROL DECLINATION

Care, Custody, Control provides coverage in the event you are legally liable for the death or injury of a non-owned horse in your care, custody, or control. **If you are declining this coverage, your signature is required.**

APPLICANTS SIGNATURE

X

CYBER/BREACH LIABILITY & EMPLOYMENT PRACTICES LIABILITY

Below are new endorsements that are available. If you would like more information about these endorsements, please call our office to discuss.

Breach Response & Cyber Liability: Cyber insurance can offer broad coverages to help protect your business from various technology-related risks. Breach Response insurance helps your business respond to breaches and can help cover the expenses incurred.

Employment Practices Liability: Employment Practices Liability can cover businesses against claims by workers that their legal rights as employees of the company have been violated. Such claims include wrongful termination, harassment, discrimination etc.

WORKERS COMPENSATION

Do you have any farm/stable employees, working students, volunteers or independent contractors? _____. If yes, do you carry Workers Compensation/Employer Liability insurance? _____. Please note your insurance policy does not provide Workers Compensation Liability Insurance for employees, working students, volunteers or independent contractors that do work for you. Keep in mind if you barter, offer housing, exchange services (lessons or free board) for work or pay cash, your worker may be considered an employee. You do not have to pay a person for them to be considered an employee. Bartering is a form of payment exchange. Workers Compensation Liability Insurance may be required by law in your State (required by law in New Jersey) if you have workers/employees. By signing below, you are confirming that you understand this may be a requirement in your State (required by law in New Jersey) and do not hold Blue Bridle Insurance liable in the event of a claim.

EXCESS LIABILITY

Excess Liability - Additional liability limits are available on a separate excess liability policy. Would you like a quote for this coverage? Yes No

FRAUD STATEMENT:

In AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

In CO: 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.

In FL and OK: 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)*. *Applies in FL Only.

In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

In KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

In ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

In NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

In PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

****Disclaimer****

Please be advised that this application represents liability coverage only and does not include any property such as tack, equipment and/or hay. Please call our office to discuss.

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.

APPLICANT'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
X		X	

**IMPORTANT – APPLICATION MUST BE RETURNED
INSURED'S SIGNATURE IS REQUIRED**