



P O BOX 27, PITTSTOWN, NJ 08867
 (800) 526-1711 (908) 735-6362
 FAX (908) 735-2254

COMMERCIAL EQUINE LIABILITY RENEWAL APPLICATION

THIS IS NOT A BINDER

INSURED		MAILING ADDRESS
DBA:		EMAIL ADDRESS
PHONE NUMBER		WEBSITE ADDRESS
POLICY NUMBER	EFFECTIVE DATE	CURRENT LIMITS OF LIABILITY: \$ _____ PER OCCURRENCE

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

<u>Horses Owned/Leased by Insured:</u>	Number	<u>Non-Owned horses:</u>	Number
1. Owned 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 Donkey, Mule est)	_____	4. Racing and/or training to race	_____
All Owned Horses Must be Declared		5. Consignment for sale (not included above)	_____
Total (Lines 1-5)	_____	6. Other (Describe: _____)	_____
		All Non-Owned Horses Must be Declared	
		Total of Lines 1-6) _____	

6. Number of carts, buggies, carriages, etc. _____
 Describe Use: _____

Total number of stalls available for you to use: _____
 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 (for handicapped lessons).....	\$ _____
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 (do not include receipts for horses in training)	\$ _____
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: _____	
Average attendance at clinics: _____	→	Clinic gross receipts: _____	
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 (Certificate of Insurance)			

8. Do you operate Day Camps? Yes No **If so, complete and attach the Horsemanship Camp Supplement.**

SHOWS / EVENTS

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 _____

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.

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.

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 (atv, gator, golf cart etc) in your stable operations? Yes No If yes, describe and explain how they are used.

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.

OPTIONAL / INCREASED COVERAGES

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)

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

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

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.

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