

# COMMERCIAL EQUINE LIABILITY RENEWAL QUESTIONNAIRE

INSURED / DBA		AGENT	
PHONE NUMBER / E-MAIL ADDRESS		PHONE NUMBER / E-MAIL ADDRESS	
POLICY NUMBER	EXPIRATION DATE	AGENCY CODE	

**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: _____)	_____		

**All Owned Horses Must be Declared**  
**Total (Lines 1-8)**

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9. Number of carts, buggies, carriages, etc. ....  
 Describe Use: \_\_\_\_\_

9. Total number of stalls on your premises .....

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 .....	Gross receipts .....
2. Maximum number of school horses available .....	Maximum number of school horses used at one time .....
3. Receipts for instruction on school horses: ..... \$ _____	Receipts for instruction to students on their own horses ..... \$ _____
Average number of lessons per week .....	Average number of lessons per week .....
4. Receipts for attending off-premise shows with students on school horses ..... \$ _____	*Receipts for day camp activities ..... \$ _____
5. Number of clinic days for non-students .....	Total number of campers .....
6. Receipts earned by independent instructors: On school horses \$ _____	On student owned horses \$ _____
7. Provide name and address of Independent Instructor(s) to be covered on this policy. (Must be 18 years of age or older.) Advise number of years experience for each. If more space is needed, attach a separate page. Attach a copy of their release if not on file with the company.	

\*Additional information on camping activities may be requested by the Company

**HORSE SHOWS AND OTHER MISCELLANEOUS INFORMATION**  
 (Attach a separate page if more space is needed)

**Prior notification is required for all public event days.**

1. Number of public event / show days held on premise \_\_\_\_\_ Number of participants per show \_\_\_\_\_  
 Provide dates for events: \_\_\_\_\_
2. If AHSA, provide competition number \_\_\_\_\_ Dates when spectators exceed 500 per day: \_\_\_\_\_
3. If you are required to provide a certificate as proof of insurance, 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  
 Do you hand out or post barn and safety rules?  Yes  No Are No Smoking signs posted?  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.  
 \_\_\_\_\_

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

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

**If there are any material changes in your stable operations during the policy year, please 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: I am interested in the availability of increased limits for the coverage checked below:**

- \$10,000 Medical Payments to Others
- \$100,000 Fire Legal Liability
- General Aggregate Limit Equal to Triple Occurrence Limit

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**

**IMPORTANT – ORIGINAL MUST BE RETURNED**  
**INSURED'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**