



Illinois R. B. Jones

A KAUFMAN GROUP COMPANY

Since 1905

Section I—Supplemental Application
Equestrian School, Riding Instruction or Clinics

To be attached to the Applicant Information Section

Applicants Name _____

Location of Operations _____

Part One---Owned Horses

What is the maximum number of owned horses available for riding instructions? _____

Do you use boarded horses for riding instruction? ____yes ____no If yes, how many? _____

What are your gross receipts from riding instruction on owned horses? _____

How many students participate annually? _____

Are students trained to participate in competitive events? ____yes ____no If yes, please describe _____

Which riding style(s) is taught? _____

Is safety equipment required? ____yes ____no Please describe _____

Part Two---Non-Owned Horses

How many students, on their own horses, do you provide instruction for? _____

What are your gross receipts from riding instruction on non-owned horses? _____

Which riding style(s) is taught? _____

Is safety equipment required? ____yes ____no Please describe _____

Part Three---Independent Instructors

Do you use independent riding instructors? ____yes ____no

If yes, are you listed as an additional insured on their insurance policy? Please attach a copy of a certificate of coverage from that policy.

Note: If an independent instructor operating under your name needs to be covered as an additional insured on a policy issued by this company, that person can be added for an additional charge. **Coverage is limited to on-premises lessons while working in your operations.**

Provide the name and address of that person below and attach a copy of their resume. Use a separate page if necessary.

Independent Instructors Name _____

Address _____

City/State/Zip _____

Phone No./fax/e-mail _____

Are all instructors certified by a riding institute? ____yes ____no Please describe their certification or other qualifications. _____

Part Four—Release of Liability

Is a release of liability signed by all students or, if that student is a minor, by their parent?
____yes (attach a copy) ____no

It is a condition of coverage that a copy of your waiver/release form be submitted with this application and that it be acceptable to the company. No coverage will be provided unless this condition is met.

Are signs, as required by your states equine statute, posted in the riding area?
____yes ____no Please describe _____

Part Five---Clinics

Do you have clinics? ____yes ____no
If yes, how many days annually? _____
Do non-students participate? ____yes ____no If yes, how many? _____ Do the participants sign a **release of liability**? Please provide a sample.
Describe the activities at your clinics. _____

Rating-Owned Horses*

Number of owned horses times base rate times increased limit factor equals final premium.

Rating-Non-Owned Horses*

Gross receipts times 2.5% times increased limit factor equal final premium.

Rating-Independent Instructors*

Number of independent instructors times additional insured charge equal final premium.

*Round all premiums to the nearest dollar.

*Policy is subject to a minimum earned premium. Refer to the underwriting guidelines.