



Illinois R. B. Jones

A KAUFMAN GROUP COMPANY

Since 1905

**Commercial Equine Application
Applicant Information Section**

Important: This is not a binder. Incomplete and unsigned applications will be returned for completion. All horse related operations must be declared.

Applicants Name _____

DBA: _____

Applicant is a: _____ Corporation _____ Partnership _____ Individual

Mailing Address _____

City/State/Zip _____

Phone No./Fax No./e-mail _____

Location of Operations (if different from mailing address) _____

Please provide a description of your operation(s) _____

Limit of Liability Requested _____ \$300,000 CSL _____ \$500,000 CSL _____ \$1,000,000 CSL

Desired Effective Date _____

Summary of Operations

Check all that apply and attach the required supplement(s) for each activity.

<u>Activity</u>	<u>Supplement</u>
_____ Equestrian Schools, Riding Instruction or Clinics	Section I
_____ Boarding, Pasturing, Training or Breeding	Section II
_____ Horse Shows or Events	Section III
_____ Horse, Tack or Food Sales	Section IV
_____ Wagon, Hay, Sleigh or Carriage Rides	Section V
_____ Pony Rides or Petting Zoos	Section VI
_____ Care, Custody or Control	CCC Application
_____ Riding Club	Riding Club Application
_____ Pleasure, Show Horse(s) or Race Horse(s)	Pleasure Horse App.

Premise Information

Do you raise hay or grain for horses? ____ yes ____ no If yes, please describe. _____

What is the square footage of each of the following? Stable(s) or barn(s) _____

Indoor arena _____

Are you engaged in any other business? ____ yes ____ no If yes, please describe _____

Is the premise supervised 24 hours a day? ____ yes ____ no If no, describe supervision _____

Do you provide hunting, fishing or pack trips? ____ yes ____ no If yes, complete the Guided Recreational Activities Application.

Current Insurance Company Information

Company Name _____

Policy Number _____

Number of Claims the Prior 3 years _____

Please describe, in detail, any claim reported the prior 3 years. Attach a separate page if necessary.

Has coverage ever been cancelled by a prior company in the past five (5) years? If yes, provide the name of the company, the date of cancellation and the reason. _____

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals information concerning any fact material hereto, for the purpose of misleading, commits a fraudulent insurance act which is a crime.

Applicants Signature--Required

Date



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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.



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**Section II—Supplemental Application
Boarding, Pasturing, Training or Breeding Horses**

To be attached to the Applicant Information Section

Applicants Name _____

Location of Operations _____

How many stalls are used to board non-owned horses? _____

How many stalls are used to board owned horses? _____

Do you pasture non-owned horses? _____ yes _____ no

How many acres are available for pasturing horses? _____

Describe the fencing. _____

Do you have a boarding agreement? _____ yes _____ no If yes, attach a copy. If no, coverage will not be offered.

Do you provide riding facilities for boarders? _____ yes _____ no If yes, describe. _____

Do provide riding instruction for boarders? _____ yes _____ no If yes, complete the Riding Instruction Supplemental Application.

Do you allow non-boarders to use your riding facilities? _____ yes _____ no If yes, is a **release of liability** signed by all participants and, if a minor, signed by a parent? _____ yes _____ no If yes, submit a copy. If no, coverage will not be provided.

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

Do you train horses? _____ yes _____ no If yes, describe the training. _____

How many horses do you train annually that are not boarded by you? _____

What are the gross receipts from training horses? \$ _____

Do you use an independent trainer? yes no

If independent trainers operate under your name, they can be added as additional insured at an additional charge. Coverage is limited to your premise only. Provide the name and address of that person below and attach a copy of their resume. Use a separate page if necessary.

Independent Trainers Name _____

Address _____

City/State/Zip _____

Phone/e-mail _____

Describe your horse breeding operations. _____

Is breeding done on or off your premises? _____

If off your premises, where? _____

How many stallions do you own and use for breeding purposes? _____

How many mares do you own and use for breeding purposes? _____

Rating Boarding, Training or Breeding*

Banded rate based on the total number of horses boarded, trained and bred times the increased limit factor equals the final premium.

Rating Independent Trainers*

Number of Independent Trainers times the additional insured charge equals the final premium.

*Round all premiums to the nearest dollar.

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



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**Section III—Supplemental Application
Horse Shows and Public Events**

To be attached to the Applicant Information Section

Applicants Name _____

Location of Operations _____

Please give a description of your Horse Show or Public Event. Attach brochures. _____

If the event is a rodeo, complete the Rodeo Event Application.

What is the proposed starting and ending dates including set-up and take-down?

Starting date _____ Ending date _____

Estimated number of participants _____

(Participants are excluded from coverage unless Participants Legal Liability is purchased for an additional premium)

Estimated number of spectators _____

What are the estimated Gross Receipts? \$ _____

Describe any crowd control. _____

If private security is hired, please obtain certificates of insurance and submit them with this application.

Will bleachers or platforms be used? ____yes ____no If yes, answer the following:

____portable ____permanent

____reserved seating ____open seating

____railings provided ____no railings provided

____wood construction ____steel construction ____concrete construction

____height ____age ____condition

Will food or concessions be offered? yes no If yes, please describe. _____

Will alcohol be sold by you (yes no) or by others? yes no **If by you,** attach a copy of your liquor license. No coverage will be offered unless this requirement is met. **If alcohol is sold by others,** attach a certificate of their insurance. No coverage will be offered unless this requirement is met.



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**Section IV—Supplemental Application
Horse, Tack or Concessions Sales**

To be attached to the Applicant Information Section

Applicants Name _____

Location of Operations _____

Part One—Horse Sales

How many horses do you sell annually? _____

What types and breeds do you sell? _____

Do you sell horses owned by others? _____ yes _____ no If yes, describe. _____

Is the buyer allowed to test ride before the purchase? _____ yes _____ no

Part Two—Tack Sales

Describe your tack/clothing sales. _____

Is the merchandise sold manufactured by you? _____ yes _____ no If no, then by whom? _____

Are you an additional insured (vendor) under the manufacturer's insurance policy?

_____ yes _____ no If yes, please provide a certificate of insurance.

What are the annual gross receipts from the sales of tack/clothing? \$ _____

Do you repair equipment owned by others? _____ yes _____ no If yes, describe the type of repairs done. _____

What are your annual gross receipts from repairs? \$ _____

Part Three—Concessions

Do you have food sales? _____ yes _____ no If yes, describe. _____

Are the sales on your premises or off of your premises? _____ on _____ off. If off your premises, where are they located? _____

What are your annual gross receipts? \$ _____

Do you sell alcohol? _____ yes _____ no If yes, please provide a copy of your liquor license. No coverage will be offered unless this requirement is met.

Do you sell grain, hay or feed? _____ yes _____ no If yes, describe. _____



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Section V—Supplemental Application

Horse Drawn Vehicle Rides

To Be Attached to the Applicant Information Section

Applicants Name _____

Location of Operations _____

General

How many years experience giving Horse Drawn Vehicle Rides? _____

What is the maximum number of rides given in one week? _____

What is the average number of rides given in one week? _____

What is the maximum number of Vehicles used at any one time? _____

What is the minimum driver age and experience requirement? (describe) _____

Vehicle Use

Are vehicles used at night? _____

Do your vehicle(s) have _____ hydraulic brakes _____ lights _____

reflectors/reflective tape _____ slow moving vehicle emblems _____ turn signals

Are any rides given on or cross over public roads? _____ If so, describe _____

Are any rides given on city and/or metropolitan streets? _____ If so, describe _____

Are you licensed by any governmental authority? _____ If so, describe _____

Operations

What are your gross receipts from Horse Drawn Vehicle Rides? \$ _____

Activity Max # of Vehicles Max # Horses/Vehicle Max # Passengers/Vehicle

Hay Rides

Sleigh/Sled

Buggy, Carriage

Other: _____



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**Section VI—Supplemental Application
Pony Rides**

To Be Attached to the Applicant Information Section

Applicants Name _____

Location of Operations; On or off insured premises _____

Part One—Pony Rides

What is the average charge per Pony Ride? _____

How many riders do you have in any one year? _____

What was your Pony Ride revenue the prior year? \$ _____

What is your projected Pony Ride revenue for this year? \$ _____

How many years experience do you have in offering Pony Rides? _____

What type of Pony Rides do you offer? _____ Carousel _____ Sweep
_____ Handheld Ponies _____ Ring Riding _____ Handicapped
Lessons _____ Other (describe) _____

Are Pony Rides held in an enclosed area? _____ If not, are the Pony Rides held in a
_____ Small Arena _____ Small Paddock (less than one acre) _____ other;
describe _____

What is the maximum number of ponies used at any one time? _____

Are safety helmets mandatory? _____

Do you fasten children to the saddle, pony or carousel? _____ If yes, describe. _____

Part Two—Petting Zoo

Complete this section only if you offer a Petting Zoo in conjunction with Pony Rides. If you have other equine activities, complete the appropriate supplemental application.

What were your Petting Zoo revenues the prior year? \$ _____

What are your projected Petting Zoo revenues for this year? \$ _____

Please list the number and types of animals used in your Petting Zoo: _____



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Riding Clubs and Associations Application

Important: This is not a binder of insurance. Incomplete or unsigned applications will be returned for completion and/or signature by the proposed insured.

Name of Club: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____

Phone: _____ Fax: _____ E-Mail: _____

Does Club own lease the location of the operations? Number of acres? _____

Location (if different from above): Address: _____

City: _____ State: _____ ZIP: _____

Desired effective date: _____

Desired Limit of Liability: \$300,000 \$500,000 \$1,000,000 2X Aggregate?

Describe Club Functions: _____

Number of Club Members: _____ Maximum number of Club Members at any one Event: _____

Previous or Present Insurance Company: _____

Last Year's Premium: _____ Reason for change: _____

Has the Club (Applicant) had any claims or incidents in the last three (3) years? _____

Has coverage been denied and/or cancelled during the last three (3) years? _____

Explain all Claims and reported incidents for the past three-year period. Please give the dates of the occurrences, cause of the loss, and the amount paid. Attach a separate sheet if necessary.

The annual Riding Club policy includes coverage for up to 100 members and two (2) public days. Additional members and public days will be covered for an additional premium. A Public Day is defined as those club events or activities to which non-club members and/or the general public are invited. One day set-up and one day takedown per event is included in the premium charges.

Indicate below the number of and dates of all Public Days or Event Days. Do not show below any activities that are limited to MEMBERS ONLY other than parades.

of Show Days: _____ Dates: _____
of Clinic Days: _____ Dates: _____
of Hunt Days: _____ Dates: _____
of Parade Days: _____ Dates: _____
of Gymkhana Days: _____ Dates: _____
of Rodeo Days: _____ Dates: _____
of Other Days: _____ Dates: _____
Describe Other Days: _____

Average number of Spectators per day: _____

Maximum number of Spectators per day: _____

Note: Prior written notice of an event must be received in the office of the Company prior to the event date. Coverage will not be provided for dates or events that have not been declared to the Company in advance of the event date. For lower pricing, please declare all Public Days at policy inception.

Please provide the number of buildings, sheds, stalls, rings used by the Club.

Buildings: _____ Sheds: _____ Stalls: _____ Rings: _____ Barns: _____

Are hounds used in the Club activities? Yes No If yes, how many used at any one time? _____

Additional Insureds, if any, and their relationship to the club.

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Note: Commercial Horse Operations; trail rides, hayrack rides/sleigh rides will be separately rated. Complete the appropriate supplemental application for coverage.



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Pleasure, Show Horse or Race Horse Owners Liability Application

Check One	Limits of Coverage
<input type="checkbox"/>	\$300,000 combined single limit *
<input type="checkbox"/>	\$500,000 combined single limit *
<input type="checkbox"/>	\$1,000,000 combined single limit *

Polo Ponies. Bodily injury to participant will be excluded during polo practice and matches.

Rodeos. Bodily injury to participants will be excluded during any rodeo activity.

Hunts and Vaulting. Bodily injury to participants will be excluded during any hunt or vaulting activity.

Name (including stable or farm name) _____

dba _____ Telephone (____) _____

Address _____

City _____ State _____ Zip _____

Form of Business _____ Corporation _____ Partnership _____ Sole Proprietor _____ Other _____

Name of Horse	Breed	Use	Percent Ownership

If partnership, give percentage owned for all horses, if not the same

1. Do you own/use buggies/carts etc? yes no If yes, how many? _____ For what purposes are carts used? _____

2. If pleasure use, how many passengers can cart hold? _____

3. Are the horses scheduled above stabled on premises owned or leased by you? yes no

*Coverage will be restricted to the direct bodily injury/property damage caused by the horse(s)

4. If yes, describe all facilities and uses, including other occupants, acreage, and number of acres. (Stall rental at boarding facilities does not constitute leased premises. _____

5. Do you have any involvement with training or breeding of horses? yes no If yes, explain _____

If you have answered "yes" to "5" above, submit the commercial equine application for quote.

6. Name(s) of present or previous insurance company(s) _____

7. Losses or claims in the last (5) years _____

8. Were you canceled or was renewal denied in the last three (3) years? yes no If yes, reason(s) _____

I understand and agree that any misrepresentation of fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Date

Applicant's Signature

Agency/Producer Name

Applicant's Title

Note: This policy is designed to provide coverage for the owner of horses (used for pleasure, show, or breeding purposes) **who is not personally involved with training or breeding of horses.** This policy does not cover any form of commercial use of personal horses. Any commercial use must be insured under of Commercial Equine Liability program. Separate applications should be completed if use is for business purposes. Show horses are not considered "commercial use." This policy does not cover premises claims. Coverage is restricted to injury or damage caused by the horse(s) listed.