

Proposed First Named Insured & Other Named Insured(s):

Location Address      Street      City      County      State      ZIP Code

Part occupied by Named Insured: ☐ Entire ☐ Portion (      %) ☐ Other (Lessor's Risk Only)

**BUSINESS INFORMATION**

1. Number of years' experience with horses:

Describe your equine education, competition experience, officiating, judging, and instructor's licenses:

2. If you are not the primary manager, indicate Manager's Name:

Age:      Years' Experience:

3. Are operations seasonal?

**Yes**      **No**  
☐      ☐

If yes, provide details (dates of operation, details regarding off-season, etc.):

4. Advise if any of the following are provided:

a. 24-hour supervision of the facility	<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency numbers posted	<input type="checkbox"/>	<input type="checkbox"/>
c. Safety & Barn Rules posted and written out	<input type="checkbox"/>	<input type="checkbox"/>
d. No Smoking signs posted	<input type="checkbox"/>	<input type="checkbox"/>
e. Smoke Alarms	<input type="checkbox"/>	<input type="checkbox"/>
f. Is smoking allowed in barns?	<input type="checkbox"/>	<input type="checkbox"/>
g. State Equine Activity signs posted	<input type="checkbox"/>	<input type="checkbox"/>
h. Current liability waivers utilized - If yes, provide copies.	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you own any horse drawn vehicles (i.e. carriages, wagons, hay rides, and sleigh rides)?

☐      ☐

If yes, provide details:

6. Do you use any horses for driving, pulling or work?

☐      ☐

If yes, explain:

7. Do you own any dogs or other animals?

☐      ☐

If yes, explain your policy regarding dogs/animals:

8. Provide details of fencing and confirm in good condition:

9. Annual Gross Revenues from Equine Activities:

Arena Rentals	\$	Officiating	\$
Boarding	\$	Pony Rides	\$
Breeding	\$	Racing	\$
Horse Sales	\$	Tack/Retail Sales	\$
Hosting Shows	\$	Training	\$
Leasing Out Horses	\$	Other:	\$
Total Annual Gross Revenue: \$			

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**EQUINE ACTIVITIES**

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**Arena Rental**

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Do you rent your facility to others (arena, etc.)? ☐ Yes ☐ No

If yes, list types of event, how often, to whom and provide a copy of the written guidelines for use of the facility and any rent agreements/user guides:

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**Boarding**

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1. Total number of horses boarded monthly: Maximum: Minimum:

2. Total number of stalls on premises:

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**Hosting Shows/Events**

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*Complete Special Events Supplement, S62-CG.*

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**Owned/Leased Horses**

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1. Do you lease horses to others? ☐ Yes ☐ No

2. Total number of horses you: Own: Lease from others:

3. Maximum number of horses you: Own or lease from others taken off premises:

Lease to others on premises:

Lease to others off premises:

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4. Are any of the horses used for riding instruction/school horses? ☐ Yes ☐ No

If yes, describe:

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5. Are pony rides offered? ☐ Yes ☐ No

*If yes, complete Special Events Supplement, S62-CG.*

6. Do you own race horses? ☐ Yes ☐ No

If yes, indicate breed, type of racing activity, and a description of your race horse participation:

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**Tack Store/Retail Store**

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Types of items sold:

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**Training of Horses**

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1. Describe all business operations conducted by you:

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2. Average number of:

a. Horses in training monthly, including Independent Trainers' on Premises Training:

b. Training rides weekly on horses not in full training:

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3. If Independent Trainers are hired, provide names and years of experience:

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4. Do you operate a riding academy or related exposure (camps, etc.)? ☐ Yes ☐ No

If yes, provide details:

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**IMPORTANT NOTICE  
DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		

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