



Equine Questionnaire

INSURED'S NAME	POLICY #	AGENCY #
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Operations conducted: (If more than one category applies, check each category and list years of experience).

Equine operations other than those checked below are not eligible for coverage.

- Breeding _____ Yrs
 Sales _____ Yrs
 Lessons _____ Yrs
 Boarding _____ Yrs
 Training _____ Yrs
 Pleasure (Personal Use) _____ Yrs

Pleasure (Personal Use) equine operations with less than 10 head of equine are eligible and can be bound. Any other equine operations indicated above (those with 10 or more head of equine for Personal Use or other than Personal Use) will be considered and are to be submitted unbound.

Complete the sections below based on the operations checked above.

Pleasure Operations/General Information (This section should be completed for all equine operations.)

Total number of equine on premises (Owned) _____ (Non-owned) _____

Identify the equine breeds on premises:

Ponies (Shetland, Welsh, Connemara, etc.) _____

Light Horses (Quarter Horse, Arabian, Thoroughbred, Morgan, etc.) _____

Draft Horses (Belgian, Shire, Percheron, etc.) _____

Other (Miniatures, Donkey, Mule, Exotics, etc.) _____

Check all applicable uses/exposures for your own equine:

- On Insured Premises
 On Public Roads
 For Hayrides/Carriage Rides
 In Arenas
 For 4-H or FFA
 For Backpacking or Hunting
 In Rodeos
 For Trail Riding
 For Show Jumping
 In Parades
 For Racing
 Other (describe) _____

Premises Information: Fencing – Type _____ Age (yrs) _____ Condition _____

If barbed wire, number of strands _____ Is there an arena on premises? Yes No

Is hay stored in same barns as the non-owned equine? Yes No

Check any of the following used? Hot Walker Equine Swimming Pool Treadmill None

Safety in place: **Attach copy of all applicable and posted rules**

- Waiver/Release
 Safety Rules
 No Smoking Signs Posted
 Equine Law Posted (if applicable)
 Other _____

Do you have a website? Yes No If yes, provide: _____

Identify any services provided for non-owned equine (exercise, grooming, etc.) _____

Exhibitions/Competitions (conducted on premises)

- Shows
 Clinics
 Eventing
 Play Days
 Other _____

Number of Events/Year _____ Bleachers/Grandstands – Seating Capacity _____

Are events open to the public? Yes No Are vendors present Yes No

Breeding Operations **Attach copy of Breeding Contracts and Stallion Advertisement Information**

Average number of mares bred per year: Owned _____ Non-owned _____

Number of owned stallions _____ Artificial insemination performed? Yes No

Number of foals produced annually _____ Gross annual breeding receipts _____

(complete other side as applicable)



Equine Questionnaire

Sales Operations

Number of equine sold annually _____ Gross annual equine sales receipts _____

Lessons Operations

Attach copies of Hold Harmless Agreements

Gross annual receipts received from equine lessons for riding disciplines conducted on premises:

Jumping** _____	Halter/Showmanship _____	Gymkhana** _____
Dressage _____	Trail (Show) _____	Roping _____
Vaulting _____	Trail (Endurance) _____	Driving (up to 1 pair) _____
Polo** _____	Cutting/Penning _____	Driving (over 1 pair) _____
Reining _____	Rail/Flat (no obstacles) _____	Other (describe) _____

**Use of ASTM approved headgear is mandatory.

Do any independent contractors provide lessons on applicant's/insured's premises? Yes No

If yes, provide evidence of any independent contractor's liability coverage.

Applicant/Insured must be named as additional insured on the independent contractor's policy.

< OR >

Does the applicant/insured want independent instructors named as additional insured? Yes No

If yes, provide name of each individual to be listed. _____

Date of Birth _____ Experience (yrs) _____ Certifications Held _____

Boarding Operations

Attach copy of Boarding Agreements

of equine boarded on premises (with or without fees) _____

Hotel boarding offered (short-term)? Yes No If Yes, how often? _____ Length of stay _____

Gross annual receipts _____ # of stalls available _____ Stall Size: Length _____ Width _____

Training Operations

Attach copy of Training Agreements

Average number of non-owned equines in training _____ Gross annual training receipts _____

Is care, custody, and control coverage desired? Yes No

If yes, check one coverage limit below for all non-owned equines.

	<u>Per Equine</u>	<u>Occurrence/Aggregate</u>
<input type="checkbox"/>	500	5,000
<input type="checkbox"/>	1,000	10,000
<input type="checkbox"/>	2,500	25,000
<input type="checkbox"/>	5,000	50,000
<input type="checkbox"/>	10,000*	100,000*
<input type="checkbox"/>	25,000*	200,000*
<input type="checkbox"/>	50,000*	250,000*
<input type="checkbox"/>	100,000*	300,000*
<input type="checkbox"/>	200,000*	500,000*

***Limit not available in all states**

Does the applicant/insured provide any transportation for non-owned equines? Yes No

If yes, how many trips per year? _____ What is average trip distance traveled? _____

Insured Signature _____ Agent Signature _____ Date _____