

LIABILITY QUESTIONNAIRE

LOCATION NUMBER	ACRES	# OF DWELLINGS	# OF STRUCTURES	INSURED'S INTEREST
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is premises liability for owned dwellings desired? _____
 Owned residences maintained by Insured _____
 Owned residences rented to others _____
 Business or Professional Office on premises? Describe _____
 Custom Farming: Type _____ Receipts _____
 Watercraft: Owned Leased Length _____ H.P. _____ Snow Mobile: Make _____ Model _____
 Is Farm general liability to include personal liability? Yes No All terrain vehicles _____ No. wheels _____
 Additional Insured(s) (Give relationship and reason) (Include mailing address) _____

LIMITS OF INSURANCE - Occurrence/Aggregate (000)

\$100/\$200 \$300/\$600 \$500/\$1,000 \$1,000/\$2,000

** UNLESS SPECIFICALLY ENDORSED NON-OWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL ARE NOT COVERED FOR INJURY OR DEATH BY THIS POLICY **

SUMMARY OF HORSES AT PEAK SEASON

(If horse used for more than 1 activity, count only primary use)

	Payroll	Receipts	# Owned	# Non-Owned
Rentals/Trail Rides for hire/Pony Rides	_____	_____	_____	_____
Riding Instructions	_____	_____	_____	_____
Breeding (Stallions _____ Mares _____)	_____	_____	_____	_____
Personal Use (Pleasure/Show)	_____	_____	_____	_____
Race Horses (in training or at track)	_____	_____	_____	_____
Sales prep or conditioning	_____	_____	_____	_____
Yearlings/Weanlings	_____	_____	_____	_____
Boarded/Pastured	_____	_____	_____	_____
Any other use _____	_____	_____	_____	_____
Total	_____	_____	_____	_____

Any riding for the handicapped? _____ Describe _____

What is Area of Barns _____ Stables _____ Indoor Arenas _____ Outdoor Arenas _____

Any Apartments over or attached to barn or farm buildings? _____ Number _____

Tenant or Employee

EQUESTRIAN RIDING INSTRUCTION

Do you teach English Jumping Western Other (explain) _____
 Do you attend off premises shows with your students? Yes No If 'Yes', no. of shows _____ Gross Receipts _____
 Do you hold clinics for non-students? Yes No If 'Yes', give number _____ average attendance _____
 Gross receipts from instructions _____ Instructions by: Insured Employee Independent
 Are releases obtained from all students? (attach sample) _____ Average # students weekly by Applicant/Employee _____
 Any instructions given to students on their own horses? _____ Number of Students annually _____
 If instruction is given on your premises by independent contractors:
 How many such instructors _____ How many students _____ Your commissions _____
 Do you obtain certificates of insurance? Yes No (Provide copy)
 Independent contractors operating under your name can be added as additional insured with appropriate charge, but coverage is limited to your operations only.
 Names to be added / addresses _____

Describe experience, qualifications _____

SECTION II LIABILITY

BOARDING/BREEDING/TRAINING

Do you provide riding facilities for boarders? Yes No. If 'Yes', describe _____

Do you have boarders sign hold harmless agreements? Yes No. If 'No', Explain _____

Are any medications prescribed or dispensed? _____ Explain. _____

Number of stalls on premises _____ Maximum # Boarded _____ Pastured _____

Annual Receipts related to Boarding _____ Boarding payroll _____

Do you have a trainer on staff? Yes No. If 'Yes', his payroll _____

Racing related or other? _____

Total payroll related to racing and training _____

If trainer is independent contractor, do you require certificates of insurance? Yes No

What states do you race in? _____

If independent trainer operates under your name, they can be added as additional insured for additional charge, but coverage is limited to your operations.

Names to be added / addresses _____

PREMISES SALES OPERATIONS BY YOU

Horses: Types and Breed _____ per year _____

Method of Sales _____ Receipts _____

Food or Snack Bar _____ Receipts _____

Tack and/or Clothing _____ Square Footage Used _____

Receipts _____ Payroll _____

HAY OR FEED

Do you cut and bale? Yes No. If 'Yes', receipts _____

Do you prepare or mix feed? Yes No. If 'Yes', receipts _____

Any Horseshoeing? Yes No. If 'Yes', explain _____ Annual Receipts _____

HAYRIDES, SHOWS

Note - Coverage not provided for injury to participants in events.

Wagon, Sleigh Hayrides _____ No. Passengers _____ Receipts _____

No. of trips per year _____ No. of Wagons _____

Any off-premises exposure? Yes No. If 'Yes', explain _____

Do you manage or run any shows on your premises? Yes No

Are they recognized by the AHSA? Yes No

Number of shows per year _____ Any Concessions? _____ Receipts _____

No. Admissions _____ No. Participants _____ Receipts _____ No. Days Per Show _____

Do you manage any hunts? Yes No. If 'Yes', what type? _____

Do you secure releases from all entrants? Yes No. Maximum No. of Spectators per day _____

DESCRIBE ANY SPECIAL SAFETY FEATURES OR PROGRAMS ABOUT ANY OF YOUR OPERATIONS _____

APART FROM OPERATIONS MENTIONED ABOVE, LIST AND EXPLAIN FULLY ANY OTHER OPERATIONS CONDUCTED ON PREMISES OR UNDER YOUR NAME AS LISTED ON THIS APPLICATION _____

SECTION II LIABILITY

EXPERIENCE - 3 Years

Company	PREMIUM	POLICY #	DATES	# OF CLAIMS	LOSSES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Explain any losses _____

Have you been cancelled or non-renewed in the past 3 years? Yes No **If 'Yes', give reason** _____

*Note - Not applicable in Missouri

INSURANCE FRAUD WARNING

Applicant's Initials:

- Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.
- Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- Michigan: Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
- Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- New York: **All insurance applications and claim forms except auto:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- Oklahoma: **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Pennsylvania: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

The above statements given above are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____