

**EQUINE LIABILITY RENEWAL QUESTIONNAIRE**

(Use the Commercial Equine Application – CP 46 47 if operations changed substantially)

Insured:

Policy #

**SUMMARY OF HORSES – PLEASE COMPLETE ALL APPLICABLE**

| DESCRIPTION OF OPERATIONS:          | PAYROLL | RECEIPTS | NUMBER OWNED HORSES | NUMBER NON-OWNED HORSES |
|-------------------------------------|---------|----------|---------------------|-------------------------|
| Show/Pleasure/Personal Use          |         |          |                     |                         |
| Training (Race or Show)             |         |          |                     |                         |
| Riding Instructions                 |         |          |                     |                         |
| Breeding                            |         |          |                     |                         |
| Boarded (Stall or Pasture)          |         |          |                     |                         |
| Race                                |         |          |                     |                         |
| Horse Sales                         |         |          |                     |                         |
| Yearlings/Weanlings                 |         |          |                     |                         |
| Rentals/Trail Rides &/or Pony Rides |         |          |                     |                         |
| Hay/Sleigh/Carriage Rides           |         |          |                     |                         |
| Any other use, please explain:      |         |          |                     |                         |

Do you provide riding instruction?  Yes  No Total number of students annually? \_\_\_\_\_

Number of school horses you have available for lessons? \_\_\_\_\_ Number used at any one time? \_\_\_\_\_

Receipts for lessons: On horses your provide? \_\_\_\_\_ On students' own horses? \_\_\_\_\_

Are signed releases obtained?  Yes  No **PLEASE PROVIDE A COPY.**

Number of INDEPENDENT instructors or trainers operating on your premises? \_\_\_\_\_

Do the independent instructors/trainers have their own insurance?  Yes  No

Are you named as ADDITIONAL INSURED on their policy?  Yes  No **PLEASE PROVIDE A COPY OF THE CERTIFICATE OF INSURANCE OBTAINED.**

Number of public events you anticipate in the next 12 months? \_\_\_\_\_

Types of events? \_\_\_\_\_ Number of participants for each? \_\_\_\_\_

Do you secure releases from all entrants?  Yes  No **PLEASE PROVIDE A COPY OF THE RELEASE.**

Number of spectators for each? \_\_\_\_\_ Number of days for each? \_\_\_\_\_

Any concessions?  Yes  No Types of concessions? \_\_\_\_\_ Annual receipts? \_\_\_\_\_

Do you sell tack?  Yes  No  New  Used Do you repair riding equipment for others?  Yes  No

Do provide riding for the handicapped?  Yes  No

Are there any additional insureds?  Yes  No Please provide name and address and show their interest.

\_\_\_\_\_  
\_\_\_\_\_

Do you desire Care, Custody or Control Coverage  Yes  No If so, complete the CCC application indicating limits.

**PLEASE USE THE BACK TO PROVIDE ANY ADDITIONAL INFORMATION NOT SPECIFICALLY ADDRESSED.**

**INSURED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**AGENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_