



EQUINE LIABILITY RENEWAL QUESTIONNAIRE

(Use the Commercial Equine Application – CP-4647 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:	\$	\$		
Total Equine Operations <i>(provide total gross annual receipts for all equine operations)</i>		\$		

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 you 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 you 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 yes, complete the CCC application indicating limits.

INSURED SIGNATURE: _____ DATE _____

AGENT SIGNATURE: _____ DATE _____

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

