



**COMMERCIAL EQUINE LIABILITY APPLICATION**  
**(A Special Program Limited to Horse Related Exposures Only)**  
**THIS IS NOT A BINDER**

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.**

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

**GENERAL INFORMATION**

Proposed First Named Insured And Other Named Insureds:

Mailing Address:

Telephone Number: \_\_\_\_\_ Web Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Person To Contact For Inspection: \_\_\_\_\_

Proposed Effective Date (mm/dd/yyyy): \_\_\_\_\_ Proposed Expiration Date (mm/dd/yyyy): \_\_\_\_\_

Notice - When More Than One Applicant (*Husband And Wife Expected*), Explain Interest Of Each:

Location(s) Of Actual Operations - Indicate If Applicant Owns Or Leases Premises:

Address ( <i>including county</i> )	Premises	
1. _____	<input type="checkbox"/> Owned	<input type="checkbox"/> Lease
2. _____	<input type="checkbox"/> Owned	<input type="checkbox"/> Lease
3. _____	<input type="checkbox"/> Owned	<input type="checkbox"/> Lease

Total Number Of Acres Owned Or Leased By The Applicant:

Individual  Partnership  Organization/Corporation  Owner Operator  Other

Names Of All Partners Or Officers Of Corporation:

Additional Insureds To Be Added To This Policy (*Liability Only*):

Owner of Premises: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Other - Describe Interest: \_\_\_\_\_

Name and Address: \_\_\_\_\_

**COVERAGE INFORMATION**

**Limits Of Liability - Please Check Only One Set Of Desired Limits**

\$300,000 CSL/Occ.     \$500,000 CSL/Occ.     \$1,000,000 CSL/Occ.     \$ \_\_\_\_\_ CSL/Occ.  
 \$600,000 Agg.     \$1,000,000 Agg.     \$2,000,000 Agg.     Other

**DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES?**     Yes     No

**IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**x** \_\_\_\_\_

**UNDERWRITING INFORMATION**

1. Describe all farming or horse-related operations: \_\_\_\_\_
2. Number of years at this location: \_\_\_\_\_ Number of years experience in these operations: \_\_\_\_\_
3. If less than five (5) years, give brief description of experience and background in horse business:  
\_\_\_\_\_
4. Do you have workers' compensation insurance? .....  Yes  No  
Note: Workers' Compensation and Employer's Liability is **not covered** under this policy.  
Payroll for horse operations: \_\_\_\_\_ \$ \_\_\_\_\_  
Gross annual receipts for total equine operations: \_\_\_\_\_ \$ \_\_\_\_\_
5. Is this your principal occupation? .....  Yes  No  
*If no, describe occupation or business you are engaged in:*  
\_\_\_\_\_
6. Are there any business enterprises or professional offices on any of the described premises? .....  Yes  No  
*If yes, explain:*  
\_\_\_\_\_
7. Do you lease any part of the land, buildings, stables, stall space, operations to others? .....  Yes  No  
*If yes, explain:*  
\_\_\_\_\_
8. Is there 24-hour supervision of the facility? .....  Yes  No  
*If yes, describe:*  
\_\_\_\_\_
9. Are all pastures totally fenced? .....  Yes  No  
*If yes, describe type of all fencing:*  
\_\_\_\_\_
10. Describe condition: \_\_\_\_\_ How often is fencing checked? \_\_\_\_\_  
 Excellent  Good  Fair  Poor
11. Who is responsible for fence repair?  Owner  Lessee  
Riding Facilities Arena:  Indoor  Outdoor  Open Fields  Trails
12. Do you have operable fire extinguishers visible and readily accessible in your stables? .....  Yes  No  
In other outbuildings/barns? .....  Yes  No
13. Do you obtain a release signed by boarders and students relieving you of claims for bodily injury & property damage? *If yes, attach a copy to this application.* .....  Yes  No
14. Do you post rules? .....  Yes  No  
Do you post warning signs? .....  Yes  No  
Describe any safety program or attach information.  
\_\_\_\_\_
15. Do you own/maintain dogs on the described premises? .....  Yes  No  
*If yes, how many and what breed?*  
\_\_\_\_\_
16. Has any dog bitten or caused injury to anyone? .....  Yes  No  
*If yes, provide details:*  
\_\_\_\_\_
17. Do you own/maintain any other animals (*ostriches, emus, etc.*)? .....  Yes  No

If yes, how many and what type?

18. Is there a swimming pool on the property? .....  Yes  No  
 If yes, is it restricted to private use? .....  Yes  No
19. Is hunting/fishing permitted on the property? .....  Yes  No  
 If yes, explain:
- 
20. Do you operate a bed and breakfast? .....  Yes  No  
 If yes, describe:
- 

**SECTION I.: SUMMARY OF HORSES - AT PEAK SEASON INFORMATION**

**ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE**

Owned/Leased/Used By Insured	Number	Non-Owned By Insured	Number
1. Rentals/Trail/Pack Trips	_____	1. Boarding/pasturing	_____
2. Pony rides	_____	2. Breeding only (Stallions ____; Mares____)	_____
3. Used for instruction to others	_____	3. Show training (Breed: ____)	_____
4. Boarded horses <u>used</u> by applicant for instruction to others	_____	4. Racing and/or training (Breed: ____)	_____
5. Furnished by independent instructors for lessons to others	_____	5. Lay ups	_____
		6. On consignment for sale (Breed: ____)	_____
		7. Other (Describe: ____)	_____
<b>All Owned Horses Not Included Above</b>			<b>Total</b>
6. Breeding ____ Racing ____ Training ____ Show ____ Pleasure ____ Foals/Weanlings ____			_____
For Sale ____ (Breed: ____)			
Retired ____ Other _____			

**All Owned Horses must be declared**

**Total: (Lines 1 - 6)** \_\_\_\_\_ What is the maximum number of horses (owned and non-owned) that can be kept on your premises? \_\_\_\_\_

7. Number of wagons/sleds/carriages/carts/buggies, etc. \_\_\_\_\_  
 Describe use: \_\_\_\_\_

**SECTION II.: HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING INFORMATION**

Check if no exposure and initial.

1. Total number of stalls:	Maximum number boarded:	Pastured:	Monthly boarding rate:	Annual gross:
			\$	\$
2. Training pleasure & show: maximum number of non-owned horses in training:			Monthly training rate:	Annual gross:
			\$	\$
3. Do you attend off-premise shows with horses in training? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Breeding: number of non-owned Stallions:	Breed:	Maximum number of outside mares:	Are mares kept on premises til foaling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Race horses: what breeds?	How many do you train for others?	Payroll:	What states do you race in?	
		\$		

Are you actively involved in the racing/training of your own race horses? .....  Yes  No

**SECTION III.: EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS INFORMATION**

Check if no exposure and initial.

1. Is instruction provided by: <input type="checkbox"/> You <input type="checkbox"/> Independent instructor	<i>If any independent instructor/trainer is used, complete section iv.</i>	Are you a certified instructor? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Describe type of safety gear required:		
3. Do you provide riding for the handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, advise gross annual receipts:</i> \$	Number of horses available for handicapped:
Ratio of instructors to students:	Are sidewalkers used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Maximum number of school horses available:	Maximum number used at any one time:	Gross annual receipts: \$
5. Are stallions used for instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, indicate the level of the rider and age:</i>	
6. Do you give instruction to students on their own horses? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, advise average number of students per week:</i>	Annual gross receipts: \$
7. Do you teach? <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other: _____		
8. Is there any period of the year during which you do not give instructions? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give dates closed:</i> _____		
9. Do you attend off-premises shows with your students? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Injuries to horses and students being transported are not covered.</i>	How many times per year? Gross receipts: \$
10. Do you hold clinics for non-students? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many clinics?	Average attendance: Receipts earned: \$
11. Do you operate a day camp? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overnight camp? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide food? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Describe all activities offered at camps other than riding instructions:		

**SECTION IV.: INDEPENDENT CONTRACTORS INCLUDING INSTRUCTORS, TRAINERS, FARRIERS**

Check if no exposure and initial.

1. Do independent trainers or instructors operate on your premises? .....  Yes  No  
*If yes, how many?* \_\_\_\_\_  
Do they carry their own insurance ++? .....  Yes  No

2. Do independent farriers operate on your premises? .....  Yes  No  
*If yes, how many?* \_\_\_\_\_  
Do they carry their own insurance ++? .....  Yes  No

**++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors, trainers or farriers DO NOT carry their own insurance, they will be added as an insured for an additional charge. Coverage is limited to on-premises only and to off-premises shows with horses and/or riders in training.**

Provide names and addresses of independent instructors, trainers or farriers:

3. How many horses are provided for lessons by independent instructors? \_\_\_\_\_  
Gross receipts: \$ \_\_\_\_\_  
Gross receipts for instruction to students on their own horses: \$ \_\_\_\_\_
4. How many of your boarded horses are being trained by independent trainers: \_\_\_\_\_  
Or trained under your name: \_\_\_\_\_

**SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS**

Check if no exposure and initial.

- |   |   |   |  |
|---|---|---|--|
| 1. Number of animals available for rental or trail rides: | Gross receipts for rentals:<br>\$ _____ | Gross receipts for trail rides:<br>\$ _____ | Do you conduct pack trips?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Pony rides/parties: number of ponies:                  | Gross receipts:<br>\$ _____             |   | Do you use sidewalkers?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    |
3. Do you rent or lease horses or ponies to camps/resorts or individuals?.....  Yes  No  
If yes, how many? \_\_\_\_\_ Explain: \_\_\_\_\_

**SECTION VI. SALES - HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING**

Check if no exposure and initial.

1. Do you sell horses? .....  Yes  No  
If yes, What breeds? \_\_\_\_\_  
How many per year? \_\_\_\_\_  
Gross annual receipts: \$ \_\_\_\_\_
2. Is buyer allowed to test ride? .....  Yes  No  
If yes:  in arena  in open field  
Do you sell from your own premises? .....  Yes  No
3. Is there any other method of sales? .....  Yes  No  
If yes, explain: \_\_\_\_\_
- 
4. Do you sell food or have a snack bar? .....  Yes  No  
Liquor liability not covered.  
Gross receipts: \$ \_\_\_\_\_
5. Do you sell tack and/or clothing? .....  Yes  No  
If yes:  used  new  
Gross receipts: \$ \_\_\_\_\_
6. Do you sell hay or feed? .....  Yes  No  
Gross receipts: \$ \_\_\_\_\_
7. Do you mix feed for sale/consumption? .....  Yes  No
8. Do you repair riding equipment for others? .....  Yes  No

9. Do you perform any type of farrier services? .....  Yes  No  
 Injury to horse not covered.  
 Are services on premises only?.....  Yes  No  
 Gross receipts: \$ \_\_\_\_\_  
 If on premises only, this coverage can be added to this policy.

**NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.**

**SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES**

Check if no exposure and initial

1. <b>Rides</b> <input type="checkbox"/> hay <input type="checkbox"/> Sleigh <input type="checkbox"/> carriage	<i>Number of passengers</i>	<i>Gross receipts</i>	<i>Number of wagons</i>	<i>Number of horses</i>	<i>Number of motor vehicles</i>	<i>Number of trips</i>	<i>On or off premises</i>
		\$					
2. <b>Shows</b> Independent vendors are not covered.	Do you manage any shows open to boarders or non-students? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are these shows recognized by the American Horse Show Association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>Number of participants</i>	<i>Gross receipts (all shows)</i>	<i>Maximum number of spectators per day</i>	<i>Total number of show days</i>	<i>Show dates</i>		
Shows on premises		\$					
Rodeos on premises		\$					

3. Do you secure releases from all entrants? *Attach a sample*.....  Yes  No  
 Does number of spectators ever exceed 500 per day?.....  Yes  No  
 If yes, explain seating and safety measures:

4. Do you have bleachers or grandstands? .....  Yes  No  
 If yes:
- | <i>Construction</i> | <i>Year built</i> | <i>Seating capacity - number</i> |
|---------------------|-------------------|----------------------------------|
|                     |                   |                                  |

5. Do you manage any hunts or racing events? .....  Yes  No  
 If yes, what type? \_\_\_\_\_  
 Do you own/lease any hounds for hunts? .....  Yes  No  
 If yes, how many hounds? \_\_\_\_\_

6. If rodeos on premises, describe type of events:

7. All operations must be declared - describe fully any other events or operations not already mentioned in this application:

**NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.**

**PREVIOUS 3 YEARS CARRIER INFORMATION**

**REQUIRED (If no previous carrier, state NONE)**

<i>Company</i>	<i>Policy Number</i>	<i>Policy Period</i>	<i>Premium</i>	<i>Number of Claims</i>	<i>Losses and Reserves</i>

1. Have you had any losses in the past five (5) years? .....  Yes  No  
*If yes, give approximate dates and explanations including medical payments made for you:*  


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2. Have you been cancelled or denied coverage in the last three (3) years? .....  Yes  No  
*If yes, explain:*  


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3. Is this business brokered? .....  Yes  No  
*If yes, broker is to provide name, address, city, state, zip code, and telephone number:*  


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For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

The undersigned is an authorized representative of the prospective Named Insured and represents that reasonable inquiry has been made to obtain the answers to these questions. He or she represents that the answers are true, correct and complete to the best of his/her knowledge and belief.

<b>FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS</b>
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**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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.

**KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**KENTUCKY, NEW YORK, OHIO, AND PENNSYLVANIA:** 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 subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**OKLAHOMA:** 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.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**PUERTO RICO:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

## SIGNATURES

**IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED  
A FIRM QUOTE CANNOT BE PROVIDED WITHOUT APPLICANT'S SIGNATURE  
COVERAGE CANNOT BE BOUND WITHOUT APPLICANT'S SIGNATURE**

Signing this application shall not constitute a binder or obligate Travelers to provide Security Interest Errors and Omissions Protection, but it is agreed that this application shall be the basis upon which a Policy may be issued.

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: <b>X</b>	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: <b>X</b>	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

## ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.