

# Equine Commercial General Liability Application

Exclusively Underwritten By  
**AMERICAN EQUINE  
INSURANCE GROUP**



Sypolt Insurance Services, Inc.  
11344 Coloma Road, Suite 635, Gold River, CA 95670  
Tel: 916-669-1362 or 800-995-4770, Fax: 916-669-1363  
License #OD10712

Producer: Sypolt Ins. Serv. Number: 345  
Policy and/or Renewal #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Requested Effective Date: \_\_\_\_\_

**Note: Incomplete applications will be returned to the applicant.**

Applicant: \_\_\_\_\_ Business Name (DBA): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Website address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant's Ownership Structure:      Individual     Corporation     Association     Partnership

*Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.*

Use: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the applicant:       Own      or       Lease      the facilities utilized by the applicant.

Is applicant currently Insured?       Yes     No

Most recent or present insurance company: \_\_\_\_\_ Annual premium: \$ \_\_\_\_\_

Pay Plan Desired?       Yes     No      *Ask your broker for more information.*

Has the applicant had any liability claims or reported incidents in the past five years?       Yes     No

Has the applicant had coverage cancelled or refused in the past five years?      *(Not applicable in Missouri.)*       Yes     No

*Attach a separate sheet to explain all claims and reported incidents for the past five year period. Give dates, cause of loss, and amount paid.*

Are there any prior criminal convictions or pending criminal charges against any person named on the policy?       Yes     No

*If yes, attach a separate sheet and explain.*

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association?       Yes     No

*If yes, attach a separate sheet and explain.*

### Limits of Liability

Each Occurrence Limit (Select one)	<input type="checkbox"/>	\$ 300,000	<input type="checkbox"/>	\$ 500,000	<input type="checkbox"/>	\$ 1,000,000
General Aggregate Limit		\$ 300,000		\$ 500,000		\$ 1,000,000
Fire Damage Limit (Any one Fire)		\$ 50,000		\$ 50,000		\$ 50,000
Medical Payments (Any one Person)		\$ 5,000		\$ 5,000		\$ 5,000
Double Aggregate Limit desired	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 600,000		\$ 1,000,000		\$ 2,000,000
Triple Aggregate Limit desired	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A		N/A		\$ 3,000,000

*(Note: Only available with \$1,000,000 Occurrence Limit)*

Excess Coverage desired       Yes     No      *Note: Requires \$1,000,000 Occurrence Limit, and \$2M or \$3M Aggregate Limit.)*

Excess Limits (Each Occurrence and General Aggregate)       \$1m     \$2m     \$3m     \$4m     \$5m

### Optional Coverages – Subject to eligibility and underwriting approval.

Equine Personal Liability Desired	<input type="checkbox"/> Yes <input type="checkbox"/> No	Products and Completed Operations desired	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race Horse Owner's Liability desired	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal and Advertising injury desired	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equine Professional Liability desired	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: *If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are **not covered**.*

Additional Insureds

List Additional Insured's and describe their connection to your equine activities. Independent Trainers, Instructors, and Clinicians are not eligible as Additional Insureds and should be listed on the next page for coverage consideration. Do not list employees.

Name: Address: Relationship:
1.
2.
3.

Summary of Equine Activities

Description of your operations:

Years experience with horses: Professional years operating this type of an operation as a business:
Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.:

If you are not the primary manager, Managers Name: Age: Years Exp:

24-hour supervision of facility
Emergency numbers posted
Safety & Barn Rules posted and written out
Current liability waivers utilized
State Equine Liability signed posted
Fire Drills conducted
No Smoking signs posted
Smoke Alarms
Smoking allowed in barns
Shoes with heels required for riders

Riding Helmets are Required:
By everyone ALL OF THE TIME
18 and under ALL OF THE TIME
Everyone while jumping/speed work
Only 18 and under while jumping
Not required

Is all fencing in good condition?
Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads:

Coverage will be provided only for exposures marked "Yes". Remember, any events or activities not described/disclosed are not covered.

Owned / Leased Horses
Total number of horses you own:
Total number of horses you lease from others:
Maximum number of horses you own or lease from others taken off premises(horse shows etc):
Maximum number of horses you lease to others on premises
Maximum number of horses you lease to others off premises:
Maximum number of horses used for Riding Instruction / School Horses:

Do you use any horses for driving, pulling, or work?
If yes, please explain:

Do you own Race Horses?
If yes, please indicate breed, type of racing activity your horse(s) participate in, and give a brief description of your Race Horse participation.

Breeding
Average Stud Fee charged:
Total number of stallions standing stud (Live and A.I.) on premises:
Total number of stallions, that you own or have partial ownership, standing stud(Live or AI) off premises:
Total number of mares covered annually on premises:
Total number of mares, which you own, covered annually off premises:

Boarding
What is the total number of horses boarded monthly:
Average number of horses on:
Monthly charge per horse:
Total number of stalls on premises:

<b>Horse Sales</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many horses do you sell annually: _____	Owned by you: _____ Owned by others: _____ Total: _____
Average value of horses sold: _____	Owned by you: \$ _____ Owned by others: \$ _____
<b>Training</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average number of horses in full training monthly, <b>including Independent Trainers'</b> on Premises Training: _____	
Average number of training rides <b>weekly</b> on horses not in full training: _____	
<b>Independent Trainers</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Must be 18 years or older)	
1. _____ Years Exp. _____	2. _____ Years Exp. _____
3. _____ Years Exp. _____	4. _____ Years Exp. _____
<b>Riding Instruction</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of instruction: _____	
Anyone under 21 giving riding instruction: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Operation's Total Riding Instruction, both On and Off Premises, including Independent Instructors' On Premises Instruction.</i>	
Total lessons given annually: _____	Average number of <b>weekly</b> lessons given on Client's Own horse(s): _____
Average cost per lesson: \$ _____	Average number of <b>weekly</b> lessons given on School/Insured's horse(s) _____
Any Day Camp activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes, the Equestrian Day Camp Supplemental Application must be completed)
<b>Independent Instructors</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Must be 18 years or older)	
1. _____ Years Exp. _____	2. _____ Years Exp. _____
3. _____ Years Exp. _____	4. _____ Years Exp. _____
<b>Officiating/Judging</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total show days Judging / Officiating annually: _____	
<b>On Premises Riding Clinics</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Clinic Days: _____ No of participants per day: _____	
Clinic Dates: _____	
Description of Clinic: _____	
<b>Off Premises Riding Clinics</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Clinic Days: _____ No of Participants per day: _____	
Clinic Dates: _____	
Description of Clinic: _____	
<b>Note:</b> <i>If dates have not been set, Written Notice of the clinic must be received in our office prior to the clinic date. Coverage is not provided for clinic dates that have not been declared to the Company in advance of the clinic.</i>	
<b>Host Shows / Events</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Please provide a description of the show/event (such as show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.</i>
<b>Hosted Sanctioned Show Days</b> per year: _____	
Sanctioning Organization(s): _____	
Event/Show date(s): _____	
Description of event: _____ Description of event activities: _____	
Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____	
Maximum number of participants: _____ Maximum number of spectators: _____	
<b>Hosted Non-Sanctioned Show Days</b> per year: _____	
Event/Show date(s): _____	
Description of event: _____ Description of event activities: _____	
Average number of participants per Show/Event: _____ Average number of spectators per Show / Event: Day: _____	
Maximum number of participants: _____ Maximum number of spectators: _____	
<b>Note:</b> <i>If dates have not been set, Written Notice of the show/event must be received in our office prior to the show/event date. Coverage is not provided for show/event dates that have not been declared to the Company in advance of the show/event.</i>	
<b>Tack Store / Retail Sales</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Tack manufacturing and repair not eligible.) Annual Gross Revenue from Sales: _____	
If yes, please describe types of items sold and locations where items are sold: _____	

**Arena / Facility Rentals**

Do you rent your facility to others?

Yes No*If yes, please explain to whom, how often, and for what types of events. Please also submit the written guidelines for use of the facility and any rental agreements /user guides.***Pony Rides**Yes No*(If yes, the Pony Rides Supplemental Application must be completed.)***Horse Drawn Vehicle Rides**Yes No*(If yes, the Horse Drawn Vehicle Rides Supplemental Application must be completed.)***Do you own dogs?**Yes No*If Yes, how many, what type and for what purpose:* \_\_\_\_\_

Are other dogs permitted at your facility or at any events you host?

Yes No*If yes, please explain your policy regarding dogs:* \_\_\_\_\_Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? *(If Yes, attach details on a separate page.)*Yes No**Other animals on premises?**Yes No*If yes, how many, what type, and for what purpose:* \_\_\_\_\_**Hunting on premises?**Yes No*If yes, by:* Owners Others

Do you charge a fee?

Yes No*Please explain hunting activities:* \_\_\_\_\_**Swimming pool on premises?**Yes No

If yes, do you have a security fence around your pool?

Yes No

Is the pool for your personal use only?

Yes No*If no, please explain:* \_\_\_\_\_**Is alcohol permitted on premises?**Yes No*If yes, describe:* \_\_\_\_\_

Is alcohol sold, served, or furnished on premises?

Yes No*If yes, describe:* \_\_\_\_\_**Note:** *The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.***Is CARE, CUSTODY OR CONTROL (CCC) coverage desired?**Yes No

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. Coverage is not available to Commercial Haulers. Please note that CCC coverage will only provide a defense up to the point where the Insurance company tenders the limits selected.

*Select from the limits below. Premiums shown are for up to 20 horses.*

	Maximum Limit Per Horse	Aggregate Limit Per Year	Annual Base Premium	Per Horse over 20 horses
<input type="checkbox"/> 1)	\$5,000	\$25,000	\$300.00	\$5.00
<input type="checkbox"/> 2)	\$5,000	\$50,000	\$375.00	\$8.00
<input type="checkbox"/> 3)	\$10,000	\$50,000	\$400.00	\$9.00
<input type="checkbox"/> 4)	\$10,000	\$100,000	\$475.00	\$10.00
<input type="checkbox"/> 5)	\$15,000	\$100,000	\$500.00	\$13.00
<input type="checkbox"/> 6)	\$25,000	\$100,000	\$550.00	\$15.00
<input type="checkbox"/> 7)	\$25,000	\$250,000	\$600.00	\$17.00
<input type="checkbox"/> 8)	\$25,000	\$300,000	\$700.00	\$18.00
<input type="checkbox"/> 9)	\$50,000	\$300,000	\$1,100.00	\$20.00
<input type="checkbox"/> 10)	\$100,000	\$300,000	\$1,400.00	\$25.00
<input type="checkbox"/> 11)	\$100,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 12)	\$250,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 13)	\$500,000	\$1,000,000	Submit for Quote	

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium.

 No*(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)*

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Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Do you transport horses in your Care Custody or Control?  Yes  No

If yes, how often, for what reasons, and for whom do you transport horses? \_\_\_\_\_

Do you transport horses not usually in your Care, Custody or Control? (Coverage not provided for Commercial Haulers.)  Yes  No

If yes, please describe: \_\_\_\_\_

Type and capacity of your horse trailer(s): \_\_\_\_\_

Are your horse trailers in good repair?  Yes  No

Are your horse trailers on a regular maintenance program?  Yes  No

**Annual Gross Revenues from Equine Activities**

Leasing out horses: \$ _____	Breeding: \$ _____	Boarding: \$ _____	Horse Sales: \$ _____
Training: \$ _____	Riding Instruction: \$ _____	Day Camps: \$ _____	Officiating: \$ _____
Riding Clinics: \$ _____	Hosting Shows: \$ _____	Tack/Retail Sales: \$ _____	Arena Rentals: \$ _____
Pony Rides: \$ _____	Horse Vehicle Rides: \$ _____	Other ( ): \$ _____	(Explain Below.)
<b>Total Annual Gross Revenue:</b>			\$ _____

*If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.*

**(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)**

**Regulatory Fraud Warnings**

*In Arkansas, Louisiana, and New Mexico*  
 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 CIVIL FINES AND CRIMINAL PENALTIES INCLUDING CONFINEMENT IN PRISON.

*In Colorado, District of Columbia, Maine, Tennessee, and Virginia*  
 WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, 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.

*In Florida and Oklahoma*  
 WARNING: 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.

*In Kentucky, New York, 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 penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

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

*In 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.

**NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!**

*I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement. I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.*

*(Must be signed and dated.)*

Applicant's Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_