

LIABILITY QUESTIONNAIRE

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

Is premises liability for owned dwellings desired? Yes, No. _____
 Owned residences maintained by Insured? Yes, No. _____
 Owned residences rented to others? Yes, No. _____
 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 fire hire/Pony Rides	_____	_____	_____	_____
Riding Instructions	_____	_____	_____	_____
Breeding (Stallions _____ Mares _____)	_____	_____	_____	_____
Personal Use (Pleasure Use)	_____	_____	_____	_____
Race Horses (in training or at track)	_____	_____	_____	_____
Yearlings/Weanlings	_____	_____	_____	_____
Boarded/Pasture	_____	_____	_____	_____
Any other use _____	_____	_____	_____	_____
Totals	_____	_____	_____	_____

Any riding for the handicapped? Yes, No. Describe _____
 What is area of Barns _____ Stables _____ Indoor Arenas _____ Outdoor Arenas _____
 Any Apartments over or attached to barn or farm buildings? Yes, No. 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? Yes, No. (attach sample), Average # students weekly by Applicant/Employee _____
 Any instructions given to students on their own horses? Yes, No. 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 certificate of insurance? Yes, No. (Provide copy)
 Independent contractors operating under your name an be added as additional insured with appropriate charge, but coverage is limited to your operations only.
 Names to be added / addresses _____

Describe experience, qualifications _____

BOARDING / BREEDING / TRAINING

Do you provide riding facilities for boarders? Y N If yes, describe:

Do you have boarders sign hold harmless agreements? Y N If NO, explain:

Are any medication prescribed or dispensed? Y N If NO, explain:

No. of stalls on premises: _____ Maximum no. boarded: _____ Pastured: _____
 Annual receipts related to boarding: \$ _____ Boarding payroll: \$ _____

Do you have a trainer on staff? Y N If yes, his/her payroll: \$ _____

Racing related or other?

Total payroll related to racing and training: \$ _____

If trainer is independent contractor, do you require certificate of insurance ? Y N

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.

PREMISES SALES OPERATIONS BY YOU

Horses: Type and Breed:	per year:
Method of sales:	Receipts: \$ _____
Food or snake bar:	Receipts: \$ _____
Tack and/or clothing:	Square footage used: _____
Receipts: \$ _____	Payroll: \$ _____

HAYRIDES, SHOWS

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

Wagon, Sleigh Hayrides? Y N No. passengers: _____ Receipts: \$ _____
 No. of trips per year: _____ No. of wagons: _____
 Any off- premises exposures? Y N If yes, explain: _____

Do you manage or run any shows on your premises? Y _____ Are they recognized by the AHSA? Y N

No. of shows per year: _____	Any concessions? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, receipts: \$ _____
No. of admissions: _____	No. of participants: _____	Receipts: \$ _____
Do you manage any hunts? <input type="checkbox"/> Y _____ If yes, what type: _____		
Do you secure releases from all entrants? <input type="checkbox"/> Y <input type="checkbox"/> N 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:

HISTORY

EXPERIENCE - 3 YEARS

COMPANY	PREMIUM	POLICY NO.	EFFECTIVE DATES	# OF CLAIMS	LOSSES
	\$		/ / to / / /		
	\$		/ / to / / /		
	\$		/ / to / / /		
	\$		/ / to / / /		
	\$		/ / to / / /		

Explain any losses:

Have you been canceled or non-renewed in the past 3 years? Y N **If yes, give reason:**

INSURED'S 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 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 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 application 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 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: _____