



PREVIOUS INSURANCE EXPERIENCE

~ ALL QUESTIONS MUST BE ANSWERED ~

1. If this is a **NEW BUSINESS**, have you owned, managed, or been a director or shareholder of any other horse operation during the past three years? YES NO **If this is not a new business check here and proceed to question 3.**

2. If yes, provide business name(s), city and state location(s) and years when you were involved in the operation(s):

Business Name	City & State	Year
_____	_____	_____
_____	_____	_____

3. Was your horse operation insured for liability during the last three years? YES NO

4. Provide complete list of insurance companies that have provided liability insurance on your horse operation during the past three years. Be sure to provide the premiums paid and the year the policy went into force.

	Year	Premium Amount	Names of Current and Previous Insurance Companies
Prior Year	_____	\$ _____	_____
2 nd Prior Year	_____	\$ _____	_____
3 rd Prior Year	_____	\$ _____	_____

5. During the past three years, has your liability insurance been cancelled or non-renewed? YES NO
 If yes, give name of company and reason:

6. During the past three years, have you had any liability claims or incidents that could result in liability claims in relation to this or any other horse operation you have owned or managed? YES NO

If "YES" provide complete details on all claims or incidents below. If you have had more than two incidents or claims in the past three years, provide details on a separate sheet of paper according to the outline that follows. Company "LOSS RUN" reports must be provided to us by your previous insurance companies if you are requesting to insure any of the following activities: Horse Rental-Trail Ride Operations, Guide and Outfitter Operations, Pony Rides, Horse Drawn Vehicle Rides, and Camps

INCIDENT / CLAIM # 1
 Incident Date _____ Lawsuit Filed? YES NO Date Closed _____ Settlement or Reserve Amount \$ _____

Describe the incident or accident and any error or omission that may have caused your business to be negligent in the claim:

Explain all actions taken to avoid similar incidents or accidents of this type in the future:

INCIDENT / CLAIM # 2
 Incident Date _____ Lawsuit Filed? YES NO Date Closed _____ Settlement or Reserve Amount \$ _____

Describe the incident or accident and any error or omission that may have caused your business to be negligent in the claim:

Explain all actions taken to avoid similar incidents or accidents of this type in the future:

YOUR OWNED AND LEASED HORSES

Tell us how many horses you own, lease, or lease out that are used for the activities listed below. In this application, the term "Horse" shall refer to all domesticated equine species, including ponies, donkeys, and mules.

*** REVIEW THE ENTIRE SECTION BEFORE COMPLETING IT.
* DO NOT COUNT EACH HORSE MORE THAN ONCE.**

B 01 PERSONAL HORSES

NUMBER OF HORSES

1. Horses used non-commercially for:

 Show, Exhibition, Competition, Pleasure Riding or Driving

B 02 HIGH USAGE HORSES

1. Race Horses (Harness, Flat, Endurance)

2. Stallions at Public Stud

3. School Horses (and Camp Horses) used for Able-bodied and Disabled Riders

4. Ponies used for Pony Rides

5. Photo-Prop Set-up Horses

6. Pack Horses (Not ridden)

7. Horses ridden by TRAIL GUIDES / DRAG RIDERS

8. Horses used for Equine Assisted Therapeutic Services

9. Other (state use) _____

B 03 MAXIMUM USAGE HORSES

1. Rental and Pack & Trail Horses rented to the public

 (State maximum number you rent at one time)

2. Driving horses used for Horse Drawn Vehicle Ride Services

 (State maximum number used at one time)

3. Volunteer Mounted Services Horses

4. Volunteer Search and Rescue Horses

5. Training Instruction Horses you provide for Students that are unbroken or partially trained, having less than 120 days of saddle / riding training

6. Other (state use) _____

B 04 LOW USAGE HORSES

(List only those horses that **do not go off premises** except to be trained, for breeding, for routine vet care, or to be sold.)

1. Brood Mares

2. Stallions **NOT** at Public Stud

3. Retired Horses

4. Yearlings and two-year olds being raised

5. Horses over 3 years old Held For Sale

6. PMU Farming Horses

7. **Replacement or Back-up** Rental / Pack & Trail Horses (Not in use)

8. Other (state use) _____

TOTAL NUMBER OF HORSES? (Number should equal all numbers entered above.)

BUSINESS ACTIVITIES AND INCOME DISCLOSURE

BUSINESS ACTIVITIES AND PURSUITS

Answer all questions relating to your activities.
If not applicable, check box on right hand side of page
and you need not answer questions in that section.

GROSS INCOME / RECEIPTS

Previous year's income may be used
to project income.

Check Box-
If Activity is
Not Applicable
(N/A) to your
operation.

C 01 Horse Boarding

- 1. Number of boarded horses? _____
- 2. Monthly charge per horse? _____

\$ _____ Total Annual Income

Check if N/A

C 02 Horse Breeding

- 1. Number of stallions you stand at public stud? _____
- 2. Range of Stud Fees From \$ _____ to \$ _____
- 3. Number of visiting mares you expect to service in coming year? _____
- 4. Number of foals you expect from your mares in coming year? _____

\$ _____ Total Annual Income

Check if N/A

C 03 Horse Racing

- 1. Types of racing you do? Flat Harness Endurance Other _____
- 2. Check your racing status or position: Owner Trainer Jockey / Driver / Rider

\$ _____ Total Annual Income

Check if N/A

C 04 Horse Training

NOTE: Include income your business receives from independent contractor trainers operating at your premises.

- 1. Types of training you do? _____
- 2. Number of outside horses you train at one time _____
- 3. Is riding instruction part of your training fee? _____
- 4. Is boarding part of your training fee? _____
- 5. Monthly training rate _____
- 6. Who are the trainer(s) to be covered under this policy? _____
- 7. Have you trained horses full-time for the past three years? _____
- 8. Do you hold a horse training certification, accreditation diploma, or completed apprenticeship? _____
If yes, with whom or what entity? _____

\$ _____ Total Annual Income

Check if N/A

C 05 Pack Horse Services (Not Horse Rental-Trail Rides)

Definition: The service of packing or carrying supplies or gear by pack horses into or out of remote areas for a fee.

\$ _____ Total Annual Income

Check if N/A

C 07 Horse Sales

- 1. Number of horses you sell per year? _____
- 2. Check types of sales you do: Personal & Farm Horses Consignment
Jockeying of Horses (Buying to sell) Act as Sales Agent for Third Parties

\$ _____ Total Annual Income

Check if N/A

C 07 Horse Leasing

- 1. Number of horses you lease out per year? _____
- 2. Check purposes of horse leases: Breeding Showing Racing Other _____
- 3. Minimum length of lease contracts? 1 Year 6 Months
3 Months Less Than 3 Months
- 4. Do the leased horses remain on your premises during the lease period? Yes No
- 5. Do you retain the use of the leased horses for any purpose during the lease period? Yes No
If "Yes", explain _____

\$ _____ Total Annual Income

Check if N/A

C 08 Horse Auctions

NOTE: Income should include all commissions and other auction income.

- 1. Number of Auctions you sponsor each year? _____
- 2. How many are: On Your Premises? _____
Off Premises? _____
- 3. Besides horses, what other items do you sell at horse auctions? _____

\$ _____ Total Annual Income

Check if N/A

BUSINESS ACTIVITIES AND INCOME DISCLOSURE

BUSINESS ACTIVITIES AND PURSUITS

Answer all questions relating to your activities.
If not applicable, check box on right hand side of page
and you need not answer questions in that section.

GROSS INCOME/RECEIPTS

Past year's income may be used
to project income.

Check Box - if
Activity is
Not Applicable
(N/A) to your
operation.

C 09 EQUINE PRODUCTS RETAIL SALES

\$ _____ Total Annual Income

Check if N/A

- 1. Check and disclose types of products you sell:
 - Horse Tack & Equipment
 - Gifts / Souvenirs
 - Commercially Made Feeds
 - Clothing
 - Books & Videos
 - Other _____

NOTE: Horse Trailer Sales are expressly not covered under the insurance policy you are applying for due to the licensed auto exposure.

- 2. Do you manufacture or repair horse equipment? YES NO
 - 3. Do you produce (make) videos or books to sell? YES NO
- If yes, provide copies for our review of content and disclaimer wording.

C 10 FARRIER / BLACKSMITH

\$ _____ Total Annual Income

Check if N/A

- 1. Number of Paid Assistants:
 - Part-time _____
 - Full-time _____
 - Apprentices _____
- 2. Maximum value of horses you Trim / Shoe _____
- 3. Who is / are the named insured policyholder farrier / blacksmith(s) to be covered under this policy: _____

- 4. Does the named insured farrier hold an accreditation, certification, or diploma with a trade school? YES NO

5. Name of farrier trade school(s) or certifying organization(s): _____

6. First year qualified? _____

C 11 EQUINE GROOMING SERVICES

\$ _____ Total Annual Income

Check if N/A

- 1. Rate charged per session or per hour \$ _____
- 2. Number of grooming sessions you do per year _____

D 01 HORSE RIDING INSTRUCTION Answer questions 1-9 below

\$ _____ Total Annual Income

Check if N/A

D 02 HORSE DRIVING INSTRUCTION Answer questions 1-9 below

\$ _____ Total Annual Income

Check if N/A

D 20 HORSE RIDING / DRIVING SERVICES FOR THE DISABLED

\$ _____ Total Annual Income

Check if N/A

D 27 HORSE TRAINING INSTRUCTION (teaching people to train horses)

\$ _____ Total Annual Income

Check if N/A

NOTE: Include income from off-premises clinician fees and income your business receives from independent contractor instructors teaching at your stable.

- 1. Number of lessons taught per year? _____
- 2. Number of students taught per year? _____
- 3. Range of fees charged per lesson? \$ _____ to \$ _____
- 4. Do you teach people to start and train "unbroken," "untrained," and "green broke" horses? YES NO How many at one time? _____
If yes, do you provide such horses for your students? YES NO
- 5. Minimum age of students: _____
- 6. Who are the instructor(s) to be covered under this policy? _____

- 7. Does instructor have a teaching certification, accreditation, or diploma? YES NO

8. Name of college or certifying organization(s) _____

9. What year were you first qualified? _____

← Answer questions 1-9 if you provide riding or driving instruction, disabled services, or horse training instruction.

BUSINESS ACTIVITIES AND INCOME DISCLOSURE

BUSINESS ACTIVITIES AND PURSUITS

Answer all questions relating to your activities.
If not applicable, check box on right hand side of page
and you need not answer questions in that section.

GROSS INCOME/RECEIPTS

Past year's income may be used
to project income.

Check Box- if
Activity is
Not Applicable
(N/A) to your
operation.

D 03 PUBLIC USE RECREATIONAL TRAILS

\$ _____ Total Annual Income

Check if N/A

DEFINITION: "Public use recreational trail" means paths (trails) maintained and controlled by the owner / operator that are made available to, and used by, people who are not participating in other equine and equestrian services the owner / operator may provide, such as horse rental - trail rides, horse boarding, riding lessons, and horse training.

1. Miles of public use recreational trails you maintain on land you own, lease or rent? _____
2. Number of trail users per year? _____
3. User fee charged? \$ _____
4. Check and disclose all trail uses that apply:
 - Horse Riding
 - Walking / Hiking
 - Other _____

* If horse trails have other uses, provide copy of your written use and risk reduction plan.

D 04 HORSE EVENTS, EXHIBITIONS, AND COMPETITIONS

\$ _____ Total Annual Income

Check if N/A

D 06 HORSE RELATED CLINICS AND SEMINARS

\$ _____ Total Annual Income

Check if N/A

Disclose information only on those events that are open to and advertised to the public for participation and / or viewing by spectators.

1. Number of event and clinic / seminar days you sponsor per year? _____
2. Do more than 500 people enter your premises on any event day? YES NO
If YES: Number of Days _____
Number of Attendees _____

3. Name and describe all horse related events:

NOTE: Rodeo event participants are expressly not covered by the liability policy for which you are applying.

D 05 NON-HORSE EVENTS, EXHIBITIONS, AND COMPETITIONS

\$ _____ Total Annual Income

Check if N/A

1. Number of event days you sponsor per year? _____
2. Do more than 500 people enter your premises on any event day? YES NO
If YES: Number of Days _____
Number of Attendees _____

3. Name and describe all NON-HORSE related events:

D 07 HORSE SHOW OFFICIAL (JUDGE OR STEWARD)

\$ _____ Total Annual Income

Check if N/A

1. Number of shows you officiate at per year? _____
2. Who is / are the named insured policyholder horse show official(s) to be covered under this policy?

3. Are you certified or licensed to act as an official? YES NO
4. Name of certifying / licensing organization(s)?

5. What year were you first qualified? _____

BUSINESS ACTIVITIES AND INCOME DISCLOSURE

BUSINESS ACTIVITIES AND PURSUITS

Answer all questions relating to your activities.
If not applicable, check box on right hand side of page
and you need not answer questions in that section.

GROSS INCOME/RECEIPTS

Past year's income may be used
to project income.

Check Box - if
Activity is
Not Applicable
(N/A) to your
operation.

D 08 & D 09 HORSE RELATED CAMP

\$ _____ Total Annual Income

Check if N/A

1. Years of camp operations experience? _____
2. Camper ages: from _____ to _____
3. Number of campers per season? _____
4. Average weekly charge per camper? \$ _____
5. What is your counselor to camper ratio? _____ to _____
6. Name of camp association you belong to?
(Check if your camp is accredited with these associations.)
_____ Accredited? YES NO
7. Do you want a quote for liability coverage on:
 Camp Operation, to include Horse & Non-Horse Activities
 Horse Activities Only
8. Date your season begins and ends this year: [Seasonal – Operate less than 9 mos.]
From ____/____/____ TO ____/____/____
9. Date your season begins and ends next year: [Seasonal – Operate less than 9 mos.]
From ____/____/____ TO ____/____/____

NOTE TO SEASONAL CAMPS: If you operate a camp for less than 9 months of the year, coverage will be limited to the coverage period you have stated, and your premium will be credited accordingly. If you wish to extend your camp season you must advise your agent in advance, and additional premium will result.

* HORSE CAMPS Also: Complete NAHA Form 54

D 10 & D 11 CAMPGROUND

(accommodations)

\$ _____ Total Annual Income

Check if N/A

1. Number and types of guest accommodations you provide:
 RV Sites _____ Daily Rate \$ _____
 Tent Sites _____ Daily Rate \$ _____
 Dormitories (No. of people you can accommodate) _____ Daily Rate \$ _____
 Other _____ Daily Rate \$ _____
2. Date your season begins and ends this year: [Seasonal – Operate less than 9 mos.]
From ____/____/____ TO ____/____/____
3. Date your season begins and ends next year: [Seasonal – Operate less than 9 mos.]
From ____/____/____ TO ____/____/____

NOTE TO SEASONAL CAMPGROUNDS: If you operate a campground for less than 9 months of the year, coverage for this activity will be limited to the coverage period you have stated above, and your premium will be credited accordingly. If you wish to extend your season, you must advise your agent in advance, and additional premium will result.

* CAMPGROUNDS Also: Complete NAHA Form 54

D 12 CABIN / COTTAGE RENTAL

(accommodations)

\$ _____ Total Annual Income

Check if N/A

1. Number available to rent? _____
2. Rate: \$ _____ per _____

D 13 BED AND BREAKFAST

(accommodations)

\$ _____ Total Annual Income

Check if N/A

1. Rooms available to rent? _____
2. Rate: \$ _____ per _____

D 14 GUEST RANCH / DUDE RANCH

(accommodations)

\$ _____ Total Annual Income

Check if N/A

1. Rooms / Cabins available to rent? _____
2. Rate: \$ _____ per _____

* GUEST / DUDE RANCHES Also: Complete NAHA Form 54

D 15 PETTING ZOOS

\$ _____ Total Annual Income

Check if N/A

1. List species of all animals in your petting zoo:

* Provide diagram of zoo design, and description of supervision and risk reduction procedures.

BUSINESS ACTIVITIES AND INCOME DISCLOSURE

Check Box - if

BUSINESS ACTIVITIES AND PURSUITS

GROSS INCOME/RECEIPTS

Activity is
Not Applicable
(N/A) to your
operation.

Answer all questions relating to your activities.
If not applicable, check box on right hand side of page
and you need not answer questions in that section.

Past year's income may be used
to project income.

D 16 GUEST / PATRON FOOD SERVICE

\$ _____ Total Annual Income

Check if N/A

1. Types of food service you provide:
 Restaurant Picnics, Barbecues Vending Machines
 Chuck Wagon Meals Bakery Snack Bar
 Daily Meals for Campers or Accommodations Guests
 Other _____
2. Do you ever advertise and provide food services to customers (general public) other than your accommodations and equine services clientele? YES NO
- NOTE:** Liquor Liability is expressly not covered by the liability policy for which you are applying.

D 17 FOR-PROFIT HORSEMEN'S CLUB OR ASSOCIATION

\$ _____ Total Annual Income

Check if N/A

1. Number of members _____

D 18 FOR-PROFIT HUNT CLUB OR ASSOCIATION

\$ _____ Total Annual Income

Check if N/A

1. Number of members _____

D 19 FOR-PROFIT POLO CLUB OR ASSOCIATION

\$ _____ Total Annual Income

Check if N/A

1. Number of members _____

D 21 EQUINE ASSISTANCE SERVICES TO LICENSED / CERTIFIED THERAPIST ➤ Answer questions 1-8 below.

\$ _____ Total Annual Income

Check if N/A

DEFINITION: Means the insureds' service of providing a "horse" for, and assisting a professional physical therapist, psychologist, psychiatrist, or other licensed practitioner with remedial treatment (therapy) for people who may or may not be physically or mentally challenged. The insured provider must be certified or qualified to provide this service.

D 26 EQUINE ASSISTED GROWTH & DEVELOPMENT SERVICES

\$ _____ Total Annual Income

Check if N/A

DEFINITION: Means: 1. The insureds' service of providing low-stress therapeutic riding to non-disabled riders with the primary purpose of improving moderate emotional or developmental conditions, self-esteem, social skills, or family relationship issues. 2. The insured's service of providing non-riding "light" therapy at nursing homes, children's homes, hospitals, etc. that involve controlled observation and touching of a small horse or pony by disabled and non-disabled people (patients). The insured provider must be certified or qualified to provide this service.

1. Number of sessions you provide per year? _____
2. Range of fees you charge per session?
From \$ _____ to \$ _____ per Hour ½ Hour
3. Who are the therapeutic services provider(s) who are to be covered under this policy?

4. Do the parties named in Question 3 hold a related accreditation, certification, or diploma? YES NO
5. Name of college or certifying organization(s)

6. What year were you first qualified? _____
7. Are all the therapists you provide services for licensed or certified? _____
8. How do you verify that all therapists you work with are covered by malpractice insurance? Get Certificate of Insurance from their insurer
 Get Copy of Insurance Policy

BUSINESS ACTIVITIES AND INCOME DISCLOSURE

BUSINESS ACTIVITIES AND PURSUITS

Answer all questions relating to your activities.
If not applicable, check box on right hand side of page
and you need not answer questions in that section.

GROSS INCOME/RECEIPTS

Past year's income may be used
to project income.

Check Box - if
Activity is
Not Applicable
(N/A) to your
operation.

D 22 THERAPEUTIC SERVICES FOR EQUINES

\$ _____ Total Annual Income

Check if N/A

DEFINITION: Means the offering and provision of remedial physical treatment (therapy) to a "horse" by a formally trained and certified provider who is not a veterinarian or chiropractor.

- Number of therapy sessions you provide per year? _____
- Range of fees charged per session? \$ _____ to \$ _____
- Who are the equine therapeutic services provider(s) to be covered under this policy?

- Do the parties listed in Question 3 hold a related accreditation, certification, or diploma? YES NO
- Name of college or certifying organization(s):

- What year were you first qualified? _____
- List types of therapy you provide:

F 01 PONY / HORSE RIDES

\$ _____ Total Annual Income

Check if N/A

DEFINITION: PLEASE REVIEW ON PAGE 20 OF THIS APPLICATION.

- Type of pony rides you give: Carrousel / Sweep Hand-Led Other _____
- On Your Premises Off Premises
- Estimated number of annual riders. _____
- Your charge per ride? \$ _____
- Types of off-premises locations where rides are given?

- Describe pony ride fence enclosure: Size _____ X _____ Height _____ ft.
Shape: Square Round Rectangular Other _____
Construction: Multi-rung Steel or Galvanized Pipe Wood Rail Rigid Poly Rail
 Other (Describe fully) _____
Does enclosure have controlled access and entry points? Yes No
- Do you require all riders to wear protective SEI ASTM Standard F 1163 Equestrian Headgear? Yes No

F 03 EQUINE PROP SET-UP / PHOTOGRAPHY

\$ _____ Total Annual Income

Check if N/A

DEFINITION: Means establishing a photography set on which a "horse" and / or "horse equipment" is provided for photos; or providing of horses and maybe riders to the film , photography, or entertainment industry.

- Number of photos taken per year? _____
- Number of video or movie shoots you do per year? _____
- Describe any other such activities _____
- Provide advertising copy and written description of your operation, the age of horse(s) used, and your procedures and risk reduction program.

G 01 HORSE DRAWN VEHICLE RIDES

- Types of vehicles you use: _____
- Gross income from rides you give in cities with a population of 20,000 or more? \$ _____ Total Annual Income Check if N/A
- Gross income from rides you give in cities with a population of less than 20,000 or in rural areas? \$ _____ Total Annual Income Check if N/A
- Estimated number of rides you give annually? _____
- Estimated number of passengers annually? _____
- Ride Rates: \$ _____ per _____ \$ _____ per _____
- Maximum number you use at one time? Vehicles _____ Horses _____
- Check safety equipment on your vehicles:
 Working Brake System Reflectors Slow Moving Vehicle Emblem Lights
- Do you get and retain lists of all your passengers by name, address, date of participation, and the driver, vehicle and horses used? Yes No

NOTE: Tractor, auto and other motorized vehicle drawn or pulled rides are expressly not covered by the liability policy for which you are applying.

BUSINESS ACTIVITIES AND INCOME DISCLOSURE

BUSINESS ACTIVITIES AND PURSUITS

Answer all questions relating to your activities. If not applicable, check box on right hand side of page and you need not answer questions in that section.

GROSS INCOME/RECEIPTS

Past year's income may be used to project income.

Check Box - if

Activity is Not Applicable (N/A) to your operation.

H 01 HORSE RENTAL - TRAIL RIDES, GUIDES & OUTFITTERS \$ _____ Total Annual Income Check if N/A

NOTE: UNGUIDED RIDES ARE NOT INSURABLE UNDER THIS PROGRAM
Review Pages 14 and 20 for Underwriting Definition and Guide to Rider Ratio Requirements

- 1. Estimated number of riders per year _____
- 2. Your rates to ride \$ _____ per HOUR 1/2 HOUR DAY
- 3. Is your operation: Year-round (9 months of year or more) Seasonal (Less than 9 months of year)
- 4. Date your season begins and ends this year: From ___/___/___ TO ___/___/___
- 5. Date your season begins and ends next year: From ___/___/___ TO ___/___/___
- 6. Check if you ever provide: Rides after dark Beach rides Rides at elevations above 8,000 feet None of these apply
- 7. Minimum Age of Riders: _____

NOTE: TO SEASONAL OPERATORS: If you operate less than 9 months of the year, coverage for this activity will be limited to the coverage period you have stated above, and your premium will be credited accordingly. If you wish to extend your season, you must advise your agent and additional premium will result.

J 01 CARE, CUSTODY & CONTROL LIABILITY INSURANCE Check if N/A

Complete this section if you board, breed, train, handle, care for, or incidentally transport horses that are owned by third parties, that is, not owned by you, your family members, employees, or additional insureds. For Definition, see page 20 of this application.

- 1. Maximum number of non-owned horses in your care at one time? _____ In how many barns? _____ Minimum distance between barns _____ ft.
- 2. Are shelters provided for pastured horses? YES NO
- 3. Average value per horse? _____ Maximum value per horse? _____
- 4. Maximum potential total loss (or value) of all non-owned horses your business could suffer at one time in the event of a catastrophic loss for which you could be responsible, such as a fire? _____
- 5. Are you in the business to commercially transport horses or other livestock? _____

NOTE: Your policy will exclude coverage for commercial livestock transport.

Choose (✓) or (X) the Care, Custody and Control limits that best meets your needs:

- \$ 5,000 per horse maximum 25,000 aggregate per policy year
- \$ 15,000 per horse maximum 100,000 aggregate per policy year
- \$ 50,000 per horse maximum 300,000 aggregate per policy year
- \$ 5,000 per horse maximum 50,000 aggregate per policy year
- \$ 25,000 per horse maximum 100,000 aggregate per policy year
- \$ 100,000 per horse maximum 300,000 aggregate per policy year
- \$ 10,000 per horse maximum 50,000 aggregate per policy year
- \$ 25,000 per horse maximum 250,000 aggregate per policy year
- \$ 100,000 per horse maximum 500,000 aggregate per policy year
- \$ 10,000 per horse maximum 100,000 aggregate per policy year
- \$ 50,000 per horse maximum 250,000 aggregate per policy year

K 01 FARMING OPERATIONS Check if N/A

- 1. Do you farm at this premises by raising crops, produce, or traditional non-equine farm livestock for sale as food, feed or fiber? YES NO
- 2. List crops and produce you raise: _____
- 3. Do you have a pick-your-own produce operation? YES NO
- 4. List all non-equine livestock species you raise and number you have on premises: _____ # _____
- 5. Do you now have liability coverage for your farming operations? YES NO
- 6. If no, do you want to add this coverage to your equine operations liability policy? YES NO

OTHER ACTIVITIES

Answer all questions

**WARNING: ACTIVITIES NOT DECLARED ARE NOT INSURED
UNDERWRITERS RESERVE THE RIGHT TO DECLINE TO INSURE AND / OR TO EXCLUDE
EXPOSURES AND OPERATIONS THAT DO NOT MEET UNDERWRITING REQUIREMENTS.**

1. Do you rent out your facilities for events or other activities ? YES NO No. of days per year _____
Your income from the event(s)? \$ _____ Name and describe the event(s) _____
Who is the sponsor? _____
Do the renters carry their own liability insurance for the events and do they list you as an additional insured and provide you with proof of insurance prior to the event? _____

2. Do your activities include any of the following: YES NO
These exposures are not insurable under the policy for which you are applying.
YES NO Animal Rides (Other than Equine)
YES NO Unguided or unsupervised horse rides to third parties
YES NO Cattle Drives ("City Slicker" operations)
YES NO Hunting for a fee or rental of land for hunting
YES NO Tractor, auto and other motorized vehicle drawn or pulled rides
YES NO Keep horses, dogs, wild animals on premises that have high risk behavior
YES NO Child or Infant Care or Day Care Operations

3. Do you ever loan or adopt your horse(s) to others who will likely ride or use the horse(s) in a way that is unguided and / or unsupervised by your staff? (This question does not apply to horses that are leased by you to third parties under a formal written lease agreement contract covering a period of at least 3 months and the lessee takes over the care, custody and management of the horse(s).) YES NO

4. Do you sponsor or provide for parties or party services in relation to your equine business operation or on your premises? YES NO
If "Yes", provide full description in box below and copies of advertising materials.

5. Do you require a quote for hired and non-owned auto coverage? YES NO
Hired and Non-owned Auto Coverage insures the policyholder against liability incurred while driving an automobile not owned or hired by the policyholder or resulting from the use of someone else's automobile on the insured's behalf, such as an employee using a personal car for the employer's business purposes.

6. Do you require a quote for Employee Benefit Liability? YES NO
Employee Benefit Liability provides coverage for errors or omissions by the insured in the administration of the insured's employee benefits plan. It does not include coverage for liabilities arising out of the statutory obligations created by the Employee Retirement Income Security Act (ERISA).

7. Do you have any other equine or non-equine business activities not questioned about in this application ? YES NO
IF YES, describe here:

RISK REDUCTION QUESTIONS

Answer or Respond to All Questions or Sections

- ? Do you understand that you are applying for liability insurance through the North American Horsemen's Association [NAHA] Insurance Program and that if you purchase insurance you are required to follow all risk reduction standards mandated by the association? YES NO

Contact your agent for copies of the Risk Reduction Program that is applicable to your operation if it is not included with this application. The program must be completed and signed as part of your insurance application to secure insurance under this program.

BUSINESS MANAGEMENT

Answer or Respond to All Questions or Sections

1. Do you use or will you agree to maintain an operations and procedures manual that contains procedures for: Communications, Processing and storage of paperwork (applications, release agreements, contracts, and safety checklists), Emergency and post-emergency procedures, Your business policies, and Mandatory standards your stable must follow for NAHA or any other organization with which you have taken a compliance oath? YES NO
2. Does at least one of your key staff members maintain certification in Red Cross First Aid, CPR, or EMT training and is that person on duty at least 50 % of each business day? YES NO
3. Are safety rules posted at your facility as well as being given to each customer? YES NO
4. Have you posted Equine Liability signs according to your state's Equine Activities Liability Act (EALA) requirement? As of 11 / 2003, these states have a sign requirement: AL, AR, CO, DE, FL, GA, IL, IA, IN, KY, KS, LA, MA, MI, MS, MN, MO, NE, NJ, NM, NC, OK, PA, RI, SC, SD, TX, TN, VT, and WI. YES NO
5. Do you or will you have all equine services customers, or their parents or guardians thereof if a minor, review and sign a release of liability and warning form that complies with NAHA standards of composition prior to their participation in your activities and services, and will you have them re-sign and update this paperwork annually? YES NO
[Recommended but not required for Hand-Led or Carrousel-Sweep Pony / Horse Rides, Horse Drawn Vehicle Rides, Farrier Services, and Petting Zoos.]
6. Do your liability release and warning agreements contain the exact wording that is required by your state's Equine Activities Liability Act? [As of 11/2003, these states have a contract language requirement: AL, AZ, CO,DE,FL, GA,IL,IA,IN,KY,KS,LA,ME,MA,MI,MS,MO,NE,NC,OH,OK,OR,RI,SC,SD,TX,TN,UT,VA,VT,WV, and WI.] YES NO
7. a. Do you have staff risk reduction meetings, first aid training, and fire drills at least once per month and keep notes on who attended and topics covered? YES NO
b. Check this box if you have no staff, volunteers, or family members that assist you in your horse business.
8. a. Do you have a No Smoking policy at your facility and do you post No Smoking signs in and around your stable, hay storage areas, machine sheds, and maintenance shops? YES NO
b. Check this box if you do not operate at a premises that you own or lease.
9. a. Do you contain horses in fences constructed of barbed wire, single strand electric, non-electric, or single rail fence? If YES, please describe to what extent and your willingness to improve horse fencing. YES NO
b. Check this box if you do not operate at a premises that you own or lease.
10. You will maintain a dog control policy that meets or exceeds these minimum standards: 1. If you allow dogs owned by patrons and visitors on premises during business hours, they must be kept kenneled or otherwise contained well away from horse operations, and on a leash when moved between vehicle and kennel. 2. Your own dogs must be kept kenneled well away from your horse operations during business hours if they have any tendency toward aggressive, noisy, or chasing behavior, OR if of the following breeding: Pit Bull, Rottweiler, Doberman Pinscher, German Shepherd, Great Dane, Siberian Husky, Queensland Blue Heeler / Australian Cattle Dog, St. Bernard, Chow, Mastiff, Gray Wolf. Dog enclosures shall be posted with "warning" signs. [NOTE: Dogs are personal property and dog bite liability is usually insured under the personal liability section of your home or farm owner's policy. The concern of this program is liability resulting from dog induced accidents incurred by people who are handling horses.] YES NO

EQUESTRIAN SERVICES PROVIDERS

You are an Equestrian Services Provider if you provide Riding Instruction (including disabled), Driving Instruction, Horse Training Instruction, Equine Assisted Growth & Development & Therapeutic Services, Horse Related Camp Activities, Horse Rental -Trail Rides, Guides & Outfitter Services, and or Pony / Horse Rides that are hand led or carrousel – sweep type.)

Equestrian Services Standards

NOT APPLICABLE -We do not operate Equestrian Services.

?

Do you understand that you must comply with the following mandatory NAHA risk reduction standards, and will you comply?

1. You will have all guests, students, campers, riders, or the parents or guardians thereof if a minor, review and sign a release of liability agreement and warning form that complies with NAHA composition standards prior to their participation in your activities and services, and you will have them re-sign and update this paperwork annually.
[Recommended but not required for Hand-Led or Carrousel-Sweep Pony / Horse Rides.]

Agree to Comply
 Do Not Agree to Comply
2. You will not provide a horse to the public for equestrian services that is younger than 4 1/2 years (54 months) old and that is not trained, tested, and seasoned specifically for this purpose.

Agree to Comply
 Do Not Agree to Comply
3. You will not use a horse for any public use purpose which has participated in, or caused an accident unless or until the horse is cleared for re-use in writing by your liability insurance company underwriters.

Agree to Comply
 Do Not Agree to Comply
4. You must provide and require SEI Certified ASTM Standard F 1163 Equestrian Helmets to be worn by all able-bodied riders ages 15 and younger.

Agree to Comply
 Do Not Agree to Comply
5. You must provide and require SEI Certified ASTM Standard F 1163 Equestrian Helmets to be worn by all able-bodied minor age riders 16 and older, unless the rider's parent or legal guardian has signed a helmet refusal form stating that ASTM / SEI protective headgear was offered and they chose not to have their child wear protective headgear.

Agree to Comply
 Do Not Agree to Comply
6. You must warn all riders, both verbally and in writing, that SEI Certified ASTM Standard F 1163 Equestrian Helmets may protect them from some serious head injuries and may prevent their death in relation to riding activities.

Agree to Comply
 Do Not Agree to Comply
7. You must provide and require SEI Certified ASTM Standard F 1163 Equestrian Helmets to be worn by disabled riders according to the direction of the medical professional who oversees the health care of the disabled rider.

Agree to Comply
 Do Not Agree to Comply
8. You must remove and replace any SEI Certified ASTM Standard F 1163 Equestrian Helmet from your supply immediately after it has received a blow or when its labeling shows it to be five years or longer since it was manufactured.

Agree to Comply
 Do Not Agree to Comply
9. You will not provide equestrian services that allow double riding, that is, two or more riders on the same horse. (This requirement does not apply to disabled riders for whom the practice of double riding is necessary to their safety.)

Agree to Comply
 Do Not Agree to Comply
10. You will not secure, strap or fasten any rider onto a saddle or horse or horse-drawn vehicle.

Agree to Comply
 Do Not Agree to Comply
11. You will only provide a pony or horse ride for a child under seven years of age within the confinement of a solidly constructed, fenced enclosure that is smaller than one acre in size and that has controlled access and entry points.

Agree to Comply
 Do Not Agree to Comply
12. You will correlate the rider's size to that of the horse: 1. The rider to weigh no more than 20% of the estimated weight of the horse. 2. No rider over 240 pounds may ride unless you have a horse and saddle of a size to accommodate them.

Agree to Comply
 Do Not Agree to Comply
13. You will regularly inspect and keep your trails trimmed, mowed, and cleared of obstructions and hazardous conditions.

Agree to Comply
 Do Not Agree to Comply
14. You will require your staff members to check customer horse saddle girths for looseness at each of these times:
A. Before mounting; B. Within 5 minutes after mounting; C. At least once every hour thereafter for rides longer than one hour.

Agree to Comply
 Do Not Agree to Comply

Pony Ride Standards	<input type="checkbox"/> NOT APPLICABLE - We do not operate Pony Ride Services
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? *Do you understand that you must comply with the following mandatory NAHA risk reduction standards, and will you comply?*

1. Pony ride managers must be at least 18 years old and assistants must be at least 16 years old. **For hand-led rides**, two staff members must be in attendance for the first pony used, and one additional handler is required for every pony used thereafter. **For Carrousel and sweep rides**, one seasoned, experienced adult pony ride handler must be on duty in addition to one assistant for the first six ponies used, and one additional assistant must be on duty for every three ponies used thereafter.

Agree to Comply
 Do Not Agree to Comply

2. You will not allow a child that is less than one year of age to participate in a pony ride.

Agree to Comply
 Do Not Agree to Comply

3. You will be prepared to provide a “spotter” for small child-riders, often those under two years of age, and disabled riders that have limited ability to understand and carry out simple instructions for the duration of the ride, and / or who lack the strength to hold their backs or necks upright, and / or to hold firmly onto the saddle horn for the duration of the ride. Spotters may be your staff members, the rider’s parent or guardian, or a disabled rider’s personal attendant.

Agree to Comply
 Do Not Agree to Comply

4. When providing hand-led rides, ponies must be led by a handler walking on the ground, not while riding on a horse, and that handler must be a trained, experienced member of your staff - not the rider’s parent, guardian or attendant.

Agree to Comply
 Do Not Agree to Comply

5. You will confine all rides within a small solidly fenced enclosure that is a sturdy barrier between the ponies and those waiting to ride and other spectators. The enclosure must have clearly marked and controlled entrance and exit points.

Agree to Comply
 Do Not Agree to Comply

Horse Rental-Trail Rides, and Guides and Outfitters Standards	<input type="checkbox"/> NOT APPLICABLE - We do not operate Horse Rental - Trail Rides and / or Guide and Outfitters Operations.
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? *Do you understand that you must comply with the following mandatory NAHA risk reduction standards and will you comply?*

1. You will not provide or rent horses for “unguided trail rides”, meaning a “trail ride” that is not constantly accompanied by and supervised by the appropriate number of qualified staff trail guides and drag riders (trail guide crew).
The ratios of employed guides and drag riders to guest “riders” is to be no less than as follows:

Agree to Comply
 Do Not Agree to Comply

<u>Guest Rider Group Size</u>	<u># of Trail Guides Required per Group</u>	<u># of Drag Riders Required per Group</u>
5 or less	1	0
6 to 12	1	1
13 to 20	2	1
21 to 28	3	1
29 to 36	4	1

2. You will require two-way radios or cell phones or satellite phones to be carried by a guide on each ride, and that all guides are trained to use the equipment. This emergency communication equipment must be functional for the distance each riding group travels from the base of operation.

Agree to Comply
 Do Not Agree to Comply

3. You will not allow obviously intoxicated people to ride or come near horses.

Agree to Comply
 Do Not Agree to Comply

4. You will provide 10 to 15 minutes of pre-ride instruction to all guests according to NAHA topic requirements.

Agree to Comply
 Do Not Agree to Comply

5. You will provide only customer-use horses that have the temperament and training that make them suitable for riding use by novices.

Agree to Comply
 Do Not Agree to Comply

HORSE DRAWN VEHICLE RIDE SERVICES PROVIDERS

Horse Drawn Vehicle Ride Standards

NOT APPLICABLE

We do not operate a Horse Drawn Vehicle Ride Concession.

? Do you understand that you must comply with the following mandatory NAHA risk reduction standards and will you comply?

- | | |
|---|---|
| <p>1. You will not use any horse for horse drawn vehicle ride services that is younger than 4 1/2 years (54 months) and that is not trained, tested and seasoned for this purpose.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>2. You will not use any driving horse that has participated in or that caused an accident unless or until it is cleared for re-use in writing by your liability insurance company underwriters.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>3. You will not secure, strap or fasten any passenger or rider onto a horse drawn vehicle or horse.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>4. You will require that an employed driver or experienced driver's assistant continuously be in the driver's seat and in control of the horse(s) from the time the horses are actually hitched, while passengers are entering, sitting and riding upon, and leaving the vehicle, and until the horses are unhitched from the vehicle.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>5. You will not employ drivers that are younger than 21 years of age, unless the individual has outstanding experience in driving horses and working with the general public and this driver is cleared in writing in advance by the insurance company underwriters.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>6. You will not allow obviously intoxicated people to ride on your vehicles.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>7. You will not allow alcoholic beverages on board.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>8. Your vehicles must have the following safety equipment: reflectors, hydraulic or other functional high quality mechanical brake system, slow moving vehicle emblems, and lights for operating after dark.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>9. Your vehicles must be in excellent condition and constructed in a design suitable for public rides; that is, with rigidly fixed sides or side boards, fixed seating, and controlled access entry and exit way.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>10. Your harnesses and bridles must be strongly constructed and maintained in clean, supple, and excellent condition. Reins must be BILLET or stitched type and <u>not attached</u> with snaps.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>11. You will daily inspect and checklist the condition of your equipment.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>12. You shall explain your safety instructions to passengers prior to boarding.
[Recommended: You will also consider posting your safety instructions inside the vehicle.]</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |
| <p>13. You will keep records of all passenger names, addresses and phone numbers, the date they rode on the vehicle, and the vehicle used, the names of the horses pulling the vehicle, and the name of the drivers and their assistants.</p> | <p><input type="checkbox"/> Agree to Comply
<input type="checkbox"/> Do Not Agree to Comply</p> |

**INDEPENDENT CONTRACTOR
INSTRUCTORS, TRAINERS, AND EQUINE THERAPEUTIC SERVICES PROVIDERS**

Check This Box If You Have None to List

If riding instruction, training and / or therapeutic services exposures are declared in your application, you, the Named Insured will be covered for these activities. However, independent contractors providing these services at your facility will not be covered for their liability unless they carry their own liability insurance policy or unless they are named in your policy as an additional insured.

Independent Contractors [I.C.s] are best insured by carrying their own liability policy, especially if they provide their services at multiple locations. It is also best if they keep their liability insurance separate from yours. If your Independent Contractors [I.C.s] carry their own liability insurance policy, they should provide you and your insurer with proof of insurance in the form of a Certificate of Insurance or a copy of their policy. We can provide an insurance application kit for each of your I.C.s at your or their request.

If you choose to have them named and insured under your policy, they will be insured only for services they provide at your location or off premises on behalf of your horse business, but not at any other location. I.C.s who are riding instructors, trainers, or therapeutic services providers who hold degrees, certifications, and accreditation to perform these services, may want to have professional liability insurance in addition to general liability. If they take this insurance, it will protect them only when performing covered services at or on behalf of your horse business.

List below only the Independent Contractors who you want added to your policy as Additional Insured.

If they do not carry their own liability policy, they must be insured under yours.

They also must agree to follow the mandatory NAHA Risk Reduction Standards that apply to their services.

1. **Independent Contractor Name** _____ Phone No. _____

Address _____

This I.C. holds a degree, certification, accreditation to perform the following services:

- Riding or Driving Instructor
- Riding or Driving Instructor for the Disabled
- Equine Assistance Services to Licensed / Certified Therapist
- Equine Assisted Growth & Development Services
- Horse Trainer
- Therapeutic Services Provider for Equines

Name of accreditation school or association _____

Is the I.C. 18 or older? [] YES [] NO

First year qualified to perform these services _____

Does the I.C. want a quote on Professional Liability in addition to General Liability? [] YES [] NO

Are you requiring this I.C. to follow all mandatory NAHA Standards? [] YES [] NO

2. **Independent Contractor Name** _____ Phone No. _____

Address _____

This I.C. holds a degree, certification, accreditation to perform the following services:

- Riding or Driving Instructor
- Riding or Driving Instructor for the Disabled
- Equine Assistance Services to Licensed / Certified Therapist
- Equine Assisted Growth & Development Services
- Horse Trainer
- Therapeutic Services Provider for Equines

Name of accreditation school or association _____

Is the I.C. 18 or older? [] YES [] NO

First year qualified to perform these services _____

Does the I.C. want a quote on Professional Liability in addition to General Liability? [] YES [] NO

Are you requiring this I.C. to follow all mandatory NAHA Standards? [] YES [] NO

3. **Independent Contractor Name** _____ Phone No. _____

Address _____

This I.C. holds a degree, certification, accreditation to perform the following services:

- Riding or Driving Instructor
- Riding or Driving Instructor for the Disabled
- Equine Assistance Services to Licensed / Certified Therapist
- Equine Assisted Growth & Development Services
- Horse Trainer
- Therapeutic Services Provider for Equines

Name of accreditation school or association _____

Is the I.C. 18 or older? [] YES [] NO

First year qualified to perform these services _____

Does the I.C. want a quote on Professional Liability in addition to General Liability? [] YES [] NO

Are you requiring this I.C. to follow all mandatory NAHA Standards? [] YES [] NO

INSURANCE FRAUD NOTICES: Locate and read the statement that applies to the state in which you operate your business. If your state is not listed, the “All Other States” notice applies to you.

Arkansas: 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.

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.

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

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.

New York: 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.

Oregon: Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the Insurer, may be guilty of insurance fraud and may be subject to prosecution.

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.

All Other States: Any person who knowingly and with intent to defraud, injure, or deceive any insurance company or other person, who 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, or any person who files a statement of claim containing any materially false information commits a fraudulent insurance act which is a crime, and may subject such person to criminal and civil penalties.

I understand that the signing and delivery of this application does not bind me to complete the insurance, nor the company to issue a policy; but each answer given in this application is a statement of fact which becomes a part of the policy should a policy be issued. By signing this application I acknowledge that I am aware that if at any time it is discovered any of the statements of fact contained in this application are concealed or falsely stated, the policy may be modified, rescinded, or declared void from its inception at the sole option of the company and in accordance with any applicable state laws. (All Named Insureds Applicants Must Sign Below.)

1st APPLICANT'S SIGNATURE _____	DATE _____
2nd APPLICANT'S SIGNATURE _____	DATE _____
3rd APPLICANT'S SIGNATURE _____	DATE _____

BROKER / AGENT SIGNATURE _____ DATE _____
 BROKER'S NAME AND ADDRESS All American Horse Insurance Agency
PO Box 300384 Glenwood, UT 84730
 Telephone Number (435) 896-4593 FAX (435) 893-0920 E-mail Address allamericanhorseinsurance@yahoo.com



PHOTO REQUIREMENTS

1. Each Applicant shall provide photos of their operations as listed below prior to putting insurance into force. The photos shall be part of the underwriting criteria and insurance approval process.
2. Please describe the photo content in writing on the backside of each photo or in some other way.
3. New photos will be required every fifth year your operation is insured, but may be requested when new exposures are added.

A. Insureds Who Own, Lease or Rent a Business Premises, such as a farm, stable, or camp

- Exteriors of Buildings
- Paddocks and Pastures
- Property Perimeter Fencing
- Tack Room
- Stable Aisles or Alleyways
- Posted Warning Signs and Rules
- Bleachers
- Trails Your Customers Use
- Fire Extinguishers: Tack room
 - Feed storage areas
 - Grooming areas

B. Equestrian Service Providers

[Pony Rides, Riding Instructors, Equine Assisted Therapy, Camp Riding, Horse Rental Trail Rides, Guide and Outfitters]

- Pony Rides:** Portable Containment Fencing Used For Off-Premises Rides
- Pony Rides:** Containment Fencing Used For On-Premises Rides
- Saddles and Bridles Used for Public Services
- Public Use Riding Horses (shown without saddles and bridles)
- Indoor and outdoor arenas
- ASTM / SEI Riding Helmets and Helmet Display area

C. Horse Drawn Vehicle Rides

- All vehicles used for public rides
- Driving harnesses and Other Tack
- Driving horses
- Posted warning signs & rules

D. Farriers & Blacksmith

No Photos Required

E. Photo-Prop Set-up

- Horses used
- Photo Set in Operation

F. Petting Zoos

- Zoo Animals
- Cages and Pens
- Zoo Perimeter Fencing
- Public entrance to zoo
- Public exit from zoo

ADDITIONAL DISCLOSURES AND COMMENTS:

INSURANCE APPLICATION UNDERWRITING DEFINITIONS

“Care, Custody & Control Insurance”: A type of liability insurance that protects you if a horse in your care, but not owned by you, becomes sick, injured or dies and the owner attempts to hold you legally responsible, or you become legally liable for the loss. Coverage includes cost of damages and legal defense. This coverage does not automatically cover the loss of horses that are in your care; you must be negligent and liable for the loss. The horse owners should be advised to carry their own mortality insurance to cover such losses because the owners have the financial interest in their horses.

“Driving Instruction” means a pre-arranged period of time (a lesson) in which a student has the intent to and works to learn and further their mental and physical skills relating to driving, handling and caring for “horses,” whether from the ground or while sitting on a horse drawn vehicle, and while under the constant tutelage and supervision of a qualified driving instructor who receives compensation or a fee in exchange for providing the instruction service. Driving Instruction must be no less than 90% instructional and no more than 10% recreational.

“Horse” means all domesticated equine species and includes horses, ponies, mules and donkeys.

“Horse Boarding” means maintaining a “horse” owned by a third party in one’s care, custody and control, by providing shelter and food for the animal in exchange for compensation or a fee.

“Horse Drawn Vehicle Ride” means a ride provided by the insured in exchange for compensation or a fee, in which the passenger or passengers sit upon a carriage, trolley, sled, sleigh, or other vehicle that is driven by an experienced, trained driver and is pulled by one or more “horses” either on or off public roadways, and the purpose of the ride is primarily recreational or for scenic touring.

“Horse Rental - Trail Rides, Guide and Outfitters” means the equestrian service of providing a “horse,” horse tack and equipment, and possibly other sporting and camping gear, in addition to a paid leader (guide) and suitable number of wranglers and drag riders to novice participants in recreational trips and tours for the purpose of recreational horseback riding and / or for viewing of regional features and scenery, and possibly for hunting or fishing. While a few participants may be intermediate or expert riders, there is and must be the assumption by the operator that all participants will be novices and that the customer-use horses they provide must have the nature, temperament and training that makes them suitable and reasonably safe for novice use.

“Horse Training” means schooling a “horse” owned by a third party in exchange for compensation or a fee.

“Mounted Services” means providing community patrol services on horseback either as a volunteer or in exchange for compensation or a fee.

“Pony Ride” means rides being provided, whether for recreation or riding instruction, to children on ponies or to adults on horses within the constraints of a small enclosure by one of these means: **1.** The rider sits on the pony or horse and the animal is hand-led and controlled by a staff member of the operator. **2.** A rider sits on a horse or pony that is led at the end of a rigid metal arm or extension of a mechanical carrousel, merry-go-around or sweep device that turns on center. **WHAT A “PONY RIDE” IS NOT:** Allowing children or adults to ride while holding the reins with them being the person responsible for the control of the pony or horse **is not** a “Pony Ride.” Allowing any person to ride a pony or horse while being led or “ponied” by a handler from the back of another horse **is not** a “Pony Ride.” Allowing people to ride on or to drive a pony-drawn vehicle **is not** a “Pony Ride.”

“Rider” means any person mounted on a “horse” or who otherwise comes near a “horse” from the ground after riding it or in preparation to ride it.

“Rodeo” means contests, competitions, exhibition events, and activities of cowboy or livestock and animal handling and controlling skills wherein participants do or attempt to ride, rope, wrestle, race, tie, chase, control, contain, and / or wrest an object from, an untrained animal or an animal trained to perform in such events and activities.

“Riding instruction” means an equestrian service that is a pre-arranged period of time (a lesson) in which a student has the intent to, and works to, learn and further their mental and physical skills and proficiency levels involved in riding, handling and caring for “horses,” whether from the ground or mounted on a “horse,” and while under the constant tutelage and supervision of a qualified riding instructor who receives compensation or a fee in exchange for providing the instruction service. Riding Instruction must be no less than 90% instructional and no more than 10% recreational.

“Search and rescue” means the act or means of providing the community service of looking for missing persons, items, or animals, while mounted on a “horse” either as a volunteer or for compensation or a fee.

“School Horse” means a “horse” provided to a student for the short-term purpose of taking instruction and to practice what is being learned.

“Unguided trail ride” means a “horse rental, trail ride” or “Guides and Outfitters” equestrian service, which was not constantly accompanied by and supervised by the appropriate number of qualified, employed trail guides and drag riders (trail guide crew). The ratios of employed guides and drag rider to guest “riders” to be no less than as follows:

<u>Guest Rider Group Size</u>	<u># of Trail Guides Required per Group</u>	<u># of Drag Riders Required per Group</u>
5 or less	1	0
6 to 12	1	1
13 to 20	2	1
21 to 28	3	1
29 to 36	4	1