



All American Horse Insurance Agency
PO Box 300384 Glenwood, UT 84730
Ph: 435-896-4593 Fax: 435-893-0920
allamericanhorseinsurance@gmail.com

INTERNATIONAL GROUP

EQUINE OPERATIONS LIABILITY INSURANCE APPLICATION

GENERAL QUESTIONS

All SECTIONS MUST BE FULLY COMPLETED. Print or Type. This is an application for liability insurance. This is not your insurance policy.

- Applicant Name (State your name(s) and / or business name exactly as you would want it to appear on the policy.)

- Mailing Address _____
City _____ State _____ County / Parish / Borough _____ Zip _____
Is this the location of your business premises? YES NO If "NO", provide business address(es) under question # 8.
- Applicant is: SOLE PROPRIETOR [] CORPORATION [] LLC [] PARTNERSHIP [] CLUB / ASSOCIATION []
- Contact Person _____ Title _____
- Applicant's Social Security Number or Fed ID Number _____
- Contact Information: Home Phone () _____ Business Phone () _____ Stable Phone () _____
Fax Number () _____ Cell Phone () _____ E-Mail Address _____
Web Site _____
- Number of Years in This Type of Operation _____ Number of Years Experience With Horses _____
- Your Business Premises Locations: (Provide COMPLETE physical address; street, city and state. Do not provide P.O. Box)
Primary Business Location # 1 _____
Location # 1 Acreage _____ Location # 1 is: Owned [] Leased [] Rented []
Business Location # 2 _____
Location # 2 Acreage _____ Location # 2 is: Owned [] Leased [] Rented []
Business Location # 3 _____
Location # 3 Acreage _____ Location # 2 is: Owned [] Leased [] Rented []
- DESIRED LIABILITY LIMITS: \$300,000 [] \$500,000 [] \$1,000,000 [] \$2,000,000 []
- DATE YOU WISH TO START COVERAGE: ____ / ____ / ____
- ADDITIONAL INSURED and / or PROOF OF INSURANCE ♦ Do not list Independent Contractors or Employees here ♦
Clearly explain why entity wants proof of insurance or to be listed as Additional Insured.

NAME and ADDRESS OF CERTIFICATE HOLDER or ADDITIONAL INSURED	Relationship to Your Horses or Business	Requires Proof of Insurance ONLY ✓	Requires Being Listed as Additional Insured ✓
1. _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

12. Provide complete list of insurance companies that have provided liability insurance on your horse operation during the past three years.

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

13. During the past three years, has your liability insurance been cancelled or non-renewed? YES NO If yes, why?

14. During the past three years, have you had any liability incidents that could or did result in claims? YES NO How Many? _____

Provide details on claims or incidents. If you have had more than one, 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:

Comments

YOUR OWNED AND LEASED HORSES

Tell us how many horses, ponies, donkeys and mules you own or lease that are used for the activities listed below. * 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

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

10. Rental and Pack & Trail Horses rented to the public (Maximum number rented at one time)

11. Driving horses used for Horse Drawn Ride Services (Maximum number used at one time)

12. Volunteer Mounted Services or Search & Rescue Horses

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

B 04 LOW USAGE HORSES List only horses that do not go off premises except for training & breeding

14. Brood Mares

15. Stallions NOT at Public Stud

16. Retired Horses

17. Yearlings and two-year olds being raised

18. Horses over 3 years old Held For Sale

19. Replacement or Back-up Horses for your activities (Not in use)

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

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 To the 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? _____

\$ _____ 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 you receive from all 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. Monthly boarding rate \$ _____ Monthly Training Rate \$ _____
5. Who is 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 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 09 EQUINE PRODUCTS RETAIL SALES

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

\$ _____ Total Annual Income

Check if N/A

NOTE: Horse Trailer Sales are not insured under the 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.

D 03 PUBLIC-USE RECREATIONAL TRAILS

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

\$ _____ Total Annual Income

Check if N/A

- D 01 HORSE RIDING INSTRUCTION Answer questions 1-10 below \$ _____ Total Annual Income Check if N/A
- D 02 HORSE DRIVING INSTRUCTION Answer questions 1-10 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 you receive from all instructors operating at your premises.

1. Number of lessons taught per year? _____
2. Number of students taught per year? _____
3. Range of fees charged per lesson? \$ _____ to \$ _____
4. Clinician Fees (if not included in income above) \$ _____
5. 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
6. Minimum age of students: _____
7. Who are the instructor(s) to be covered under this policy?

← Answer questions 1-10 if you provide riding or driving instruction, disabled services, or horse training instruction.

8. Does instructor have a teaching certification, accreditation, or diploma? YES NO
9. Name of college or certifying organization(s)

10. Year first qualified? _____

- C 08 HORSE AUCTIONS \$ _____ Total Annual Income Check if N/A
- 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
- D 05 NON-HORSE EVENTS, EXHIBITIONS, AND COMPETITIONS \$ _____ 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 horse event days you sponsor per year? _____ How many are Rodeos? _____
2. Number of non-horse event days you sponsor per year? _____
3. Do more than 500 people enter your premises on any event day? YES NO
If YES: Number of Days _____ Number of Attendees _____
4. Name or describe horse related events: _____

5. Name or describe all NON-HORSE related events: _____

NOTE: Rodeo participants are not insured by the policy for which you are applying.

- 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? _____
_____ Is your camp 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: From ____/____/____ TO ____/____/____
9. Date your season begins and ends next year: From ____/____/____ TO ____/____/____

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

10. List all camp activities you provide: _____

Comments:

D 10 to D 14 OVERNIGHT ACCOMODATIONS

Check if N/A

1. Type and Number of guest accommodations you provide:
- | | | | |
|--|---------|---------------------|------------------------------|
| <input type="checkbox"/> Cabins / Cottages | # _____ | Daily Rate \$ _____ | Total Annual Income \$ _____ |
| <input type="checkbox"/> Bed & Breakfast | # _____ | Daily Rate \$ _____ | Total Annual Income \$ _____ |
| <input type="checkbox"/> Guest / Dude Ranch | # _____ | Daily Rate \$ _____ | Total Annual Income \$ _____ |
| <input type="checkbox"/> RV Sites | # _____ | Daily Rate \$ _____ | Total Annual Income \$ _____ |
| <input type="checkbox"/> Tent Sites | # _____ | Daily Rate \$ _____ | Total Annual Income \$ _____ |
| <input type="checkbox"/> Dormitories (No. of people you can accommodate) | # _____ | Daily Rate \$ _____ | Total Annual Income \$ _____ |
| <input type="checkbox"/> Other _____ | # _____ | Daily Rate \$ _____ | Total Annual Income \$ _____ |
2. Date your season begins and ends this year: [Seasonal if Camps run less than 9 mos.]
From ____/____/____ TO ____/____/____
3. Date your season begins and ends next year: [Seasonal if Camps run less than 9 mos.]
From ____/____/____ TO ____/____/____
- SEASONAL CAMPGROUNDS:** If you operate a campground for less than 9 months of the year, coverage will be limited to the period you have stated, and your premium will be credited. To extend your season, you must advise your agent in advance, and additional premium will result.
4. List all camp activities you provide: _____

D 16 GUEST / PATRON FOOD SERVICE

\$ _____ Total Annual Income Check if N/A

1. Types of food service you provide:
- Restaurant Picnics, Barbecues, Chuck Wagon Vending Machines
 Snack Bar Daily Meals for Campers or 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 not covered by the policy for which you are applying.

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.

D 17 TO D 19 FOR PROFIT HORSE CLUBS OR ASSOCIATIONS

Check if N/A

- TYPE:** RIDING OR DRIVING CLUB OR ASSOCIATION
 HUNT CLUB OR ASSOCIATION
 POLO CLUB OR ASSOCIATION

1. Number of members _____ \$ _____ Total Annual Income

D 21 EQUINE ASSISTANCE SERVICES TO LICENSED / CERTIFIED THERAPIST Answer questions 1-7 below.

\$ _____ Total Annual Income Check if N/A

DEFINITION: Means the insured's 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 Answer questions 1-7 below.

\$ _____ Total Annual Income Check if N/A

DEFINITION: Means: 1. The insured's 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 1/2 Hour
3. Names of therapeutic services provider(s) who are to be covered under this policy?

4. Do the parties named in Question 3 hold a related certification? YES NO
5. Name of college or certifying organization(s) _____
Year first qualified? _____
6. Are all the therapists you provide services for licensed or certified? YES NO
7. 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

Comments:

[Empty box for comments]

D 22 THERAPEUTIC SERVICES FOR EQUINES

\$ _____ Total Annual Income

Check if N/A

DEFINITION: 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 \$ _____
- Names of provider(s) to be covered under this policy? _____
- Do the parties listed in Question 3 hold a related certification? YES NO
- Name of college or certifying organization(s) _____ Year you qualified? _____
- Type of therapy you provide: _____

F 01 PONY / HORSE RIDES

\$ _____ Total Annual Income

Check if N/A

- 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

G 01 HORSE DRAWN VEHICLE RIDES and / or T 01 TRACTOR DRAWN VEHICLE RIDES

- Check those you do: Horse Drawn Tractor Drawn
- Number of vehicles you use: Wagon _____ Trolley _____ Carriage _____ Cart _____ Other _____
- Maximum number you use at one time? Vehicles _____ Horses _____ Tractors _____
Make, Model, Year of Tractors _____
- 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 _____
- Terrains on which rides are given? FLAT GENTLY ROLLING MODERATE HILLS STEEP
- Check if you provide: Haunted Halloween Rides Rides after dark
- Check safety equipment on your vehicles:
 Working Brake System Reflectors Slow Moving Vehicle Emblem Lights

NOTE: Other types of pulled rides are not insured by the policy for which you are applying.

H 01 HORSE RENTAL - TRAIL RIDES, GUIDES & OUTFITTERS

\$ _____ Total Annual Income

Check if N/A

NOTE: UNGUIDED RIDES ARE NOT INSURABLE UNDER THIS PROGRAM

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

SEASONAL OPERATORS: If you operate less than 9 months of the year, coverage will be limited to the period stated, and your premium will be credited accordingly. To extend your season, you must advise your agent in advance and additional premium will result.

K 01 FARMING OPERATIONS

Check if N/A

- 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
- List crops and produce you raise: _____
- Do you have a pick-your-own produce operation? YES NO
- List all non-equine livestock species you raise and number you have on premises: _____ # _____
_____ # _____
- Do you now have liability coverage for your farming operations? YES NO
- If no, do you want to add this coverage to your equine operations liability policy? YES NO

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. **NOTE:** Policy will exclude coverage for commercial livestock transport.

- 1. Maximum no. of non-owned horses in your care at one time? _____ In how many barns? _____ Are shelters provided in pasture? YES NO
- 2. Average value per horse? _____ Maximum value per horse? _____
- 3. Maximum potential loss (total value) of all non-owned horses in the event of a catastrophic loss, such as a fire? _____
- 4. Are you in the business to commercially transport horses or other livestock? _____

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

- | | | |
|---|---|--|
| <input type="checkbox"/> \$ 5,000 per horse maximum
25,000 aggregate per policy year | <input type="checkbox"/> \$ 15,000 per horse maximum
100,000 aggregate per policy year | <input type="checkbox"/> \$ 50,000 per horse maximum
300,000 aggregate per policy year |
| <input type="checkbox"/> \$ 5,000 per horse maximum
50,000 aggregate per policy year | <input type="checkbox"/> \$ 25,000 per horse maximum
100,000 aggregate per policy year | <input type="checkbox"/> \$ 100,000 per horse maximum
300,000 aggregate per policy year |
| <input type="checkbox"/> \$ 10,000 per horse maximum
50,000 aggregate per policy year | <input type="checkbox"/> \$ 25,000 per horse maximum
250,000 aggregate per policy year | <input type="checkbox"/> \$ 100,000 per horse maximum
500,000 aggregate per policy year |
| <input type="checkbox"/> \$ 10,000 per horse maximum
100,000 aggregate per policy year | <input type="checkbox"/> \$ 50,000 per horse maximum
250,000 aggregate per policy year | |

OTHER ACTIVITIES

WARNING: ACTIVITIES NOT DECLARED ARE NOT INSURED

- 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 Keep horses, dogs, wild animals on premises that have high risk behavior
 - YES NO Child or Infant Care or Day Care Operations

- 3. Check other exposures you would like quoted: FARM BUILDINGS & DWELLINGS [DAMAGE LOSS]
An additional application must be completed to provide a quote . EQUINE TACK and / or FARM EQUIPMENT [DAMAGE LOSS]
 FARRIER SERVICES [LIABILITY & EQUIPMENT LOSS]
 HORSE DRAWN VEHICLES [DAMAGE LOSS]

- 4. 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

- 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. Does your operation require coverage for Sexual Molestation? YES NO

- 8. 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

? *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 applies to your operation.

The program must be reviewed and signed as part of your insurance application to secure insurance under this program.

The key requirements are questioned about in the five sections that follow.

BUSINESS MANAGEMENT

All Applicants Please Respond to Next 10 Questions

➤ **Do you have staff, volunteers, or family members that assist you in your horse business?** YES NO
If "NO" go to Question # 3 below

1. If you have staff, do you agree to maintain a manual that contains procedures for: Communications; Processing, storage, and backup of applications, release agreements, contracts, and safety checklists; Emergency and post-emergency procedures; Business policies; and Mandatory standards your stable must follow for NAHA and any other organization? YES NO

2. If you have staff, do you have staff risk reduction and procedures meetings, first aid training, and fire drills at least once per month and keep notes on who attended and topics covered? YES NO

➤ **Check this box if you do not operate, own or lease the premises and go to Question # 7 below.**

3. Will you post **No Smoking** signs in and around your stable hay storage areas, machine sheds, and maintenance shops? YES NO

4. Will you post Equine Liability signs according to your state's Equine Activities Liability Act requirement? As of 11 / 2010, 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 contain non-owned or boarded horses in fences constructed of barbed wire, single strand electric, non-electric, or single rail fence? YES NO

6. **Will you maintain a dog control policy that meets these standards:** 1. If you allow **dogs owned by others** on premises they must be kept kenneled 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 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. YES NO
[NOTE: Dogs are personal property and dog bite liability is usually insured by Personal Liability of home / farm owner's policy. This program's concern is liability due to dog related incidents incurred by people who are handling horses.]

7. Will you have all equine services customers, or their parents or guardians if a minor, read and sign a Release of Liability and Warning Form that complies with NAHA standards 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 Pony Rides and Horse Drawn Vehicle Rides.]

8. Do your release and warning agreements contain the exact wording required by your state Equine Activities Liability Act? YES NO
[As of 11/2010, 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.]

9. Will you post safety rules at your facility and / or will you give them to each customer? YES NO

10. Will you regularly inspect and keep your trails trimmed, mowed, and cleared of obstructions and hazardous conditions? YES NO

Comments:

Additional Risk Reduction Questions for Equestrian Services
CHECK BOX IF YOU DO NOT OPERATE EQUESTRIAN SERVICES ✓

Answer the next 10 questions if you provide any riding services, including: Riding Instruction (including disabled), Driving Instruction, Horse Training Instruction, Horse Related Camp Activities, Horse Rental-Trail Rides, Guides & Outfitter Services, and or Pony / Horse Rides that are hand led or carrousel – sweep type.)

1. 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 without prior approval from Insurer. Agree to Comply
 Do Not Agree to Comply
2. 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
3. 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 for their safety.) Agree to Comply
 Do Not Agree to Comply
4. 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
5. 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
6. 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
7. Do you or 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? Agree to Comply
 Do Not Agree to Comply
8. **Equestrian Helmet Questions – Review 8 A-E**
 - A. 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.
 - B. You will provide and require SEI Certified ASTM Standard F 1163 Equestrian Helmets to be worn by all able-bodied riders ages 15 and younger.
 - C. 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.
 - D. If you provide disabled riding, helmets must be used according to the direction of the medical professional who oversees the health care of the disabled rider.
 - E. 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 w/ 8A-8E
 Do Not Agree to Comply w/ 8A-8E

Additional Risk Reduction Questions for Pony Ride Services
CHECK BOX IF YOU DO NOT OPERATE THESE SERVICES ✓

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; Those under two years of age; Disabled riders; and any that have limited ability to understand and carry out simple preliminary instructions for the duration of the ride, and / or who lack the strength to hold their backs or necks upright, 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 rides in a solidly fenced enclosure of one-half acre in size or less, that acts as a barrier between ponies and waiting riders and spectators. The enclosure must have clearly marked and controlled entrance and exit points. Agree to Comply
 Do Not Agree to Comply

Additional Risk Reduction Questions for Horse Drawn & Tractor Drawn Vehicle Rides

CHECK BOX IF YOU DO NOT OPERATE THESE SERVICES

1. You will not employ drivers that are younger than 21 years of age, unless the individual has outstanding driving experience and in working with the general public, and this driver is cleared by written approval by the Insurer. Agree to Comply
 Do Not Agree to Comply
2. You will not secure, strap or fasten any passenger or rider onto a drawn vehicle. Agree to Comply
 Do Not Agree to Comply
3. You will not allow alcoholic beverages on board, and will not allow obviously intoxicated people to ride on your vehicles. Agree to Comply
 Do Not Agree to Comply
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) or tractor from the time of hitching, while passengers are entering, sitting and riding upon, and leaving the vehicle, and until the vehicle is unhitched. Agree to Comply
 Do Not Agree to Comply
5. 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. Agree to Comply
 Do Not Agree to Comply
6. 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. Agree to Comply
 Do Not Agree to Comply
7. You will inspect and checklist the condition of your equipment each day prior to use. Agree to Comply
 Do Not Agree to Comply
8. You shall explain your safety instructions to passengers prior to boarding.
[Recommended: You will also consider posting your safety instructions inside the vehicle.] Agree to Comply
 Do Not Agree to Comply
9. Will you **consider** keeping records of passenger names, addresses and phone numbers, date, vehicles used, the names of the horses or model of tractor pulling the vehicle, and the name of the drivers and their assistants? Will keep list
 Will not keep list
10. You will carefully consider routes for safety. If using a public road, you will have an escort vehicle behind the ride vehicle(s). For off-road areas, you will consider ease of access for emergency vehicle. Agree to Comply
 Do Not Agree to Comply

*Those operating only Horse Drawn Rides should respond to questions 11 & 12, and not to questions 13 - 16.
Tractor Drawn Ride operators skip questions 11 & 12 and respond to questions 13 - 16.*

11. A. 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 without prior approval from the Insurer. Agree to Comply
B. You will not use any horse that has participated an accident until cleared for use by insurance company underwriters. Do Not Agree to Comply
12. Your harnesses and bridles must be strongly constructed and maintained in clean, supple, and excellent condition. Reins must be BILLET or stitched type and not attached with snaps. Agree to Comply
 Do Not Agree to Comply
13. You will have the brake, steering, and mechanical function of your tractors inspected by a certified mechanic every year. Agree to Comply
 Do Not Agree to Comply
14. You will not allow anyone to sit, stand or ride on the tractor with the driver. Agree to Comply
 Do Not Agree to Comply
15. You will never attach more than one wagon behind the pulling tractor. Agree to Comply
 Do Not Agree to Comply
16. You will agree to have a qualified staff member ride on and monitor wagons carrying more than 6 passengers. Agree to Comply
 Do Not Agree to Comply

Additional Risk Reduction Questions for *Horse Rental-Trail Rides, Guides and Outfitters*
CHECK BOX IF YOU DO NOT OPERATE THESE SERVICES ✓

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

Guest Rider Group Size	# of Trail Guides Required per Group	# of Drag Riders Required per Group
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, 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.
3. You will not allow obviously intoxicated people to ride or come near horses.
4. You will provide 10 to 15 minutes of pre-ride instruction to all guests according to NAHA topic requirements.
5. You will provide only customer-use horses that have the temperament and training to qualify them as being suitable for riding use by novices.

- Agree to Comply
 Do Not Agree to Comply
- Agree to Comply
 Do Not Agree to Comply
- Agree to Comply
 Do Not Agree to Comply
- Agree to Comply
 Do Not Agree to Comply

Comments:

EMPLOYEES and INDEPENDENT CONTRACTOR INSTRUCTORS

WHO IS AN EMPLOYEE? Generally, an employee is a staff member who is hired by you (the employer) to work for and perform duties on behalf of your business in exchange for payment of a regular wage or salary, or other type of compensation or reciprocal services to which value can be established, such as lodging, board, meals, horse board, training, or instruction. Employees work a regular schedule that is set by the employer. Employees are directed and controlled by the employer in their work, and they use the employer's equipment to perform their duties.

WHO IS AN INDEPENDENT CONTRACTOR [I.C.]? Generally, an independent contractor is someone who provides business services on their own behalf to customers at property not owned or leased by them, but that they contract with the owner for use. The I.C. brings their own equipment sets their own schedule according to time and space availability, and they follow certain rules required by the premises owner. The I.C. sets their rates and does their own billing and collections. Unlike employees, independent contractors are not subject to close direction and control regarding details of their work. The I.C. Riding Instructor or Trainer usually pays the land owner a facilities use fee.

STATE EMPLOYMENT LAW WARNING: Who is an employee is governed by laws of your state and the federal government. You must comply with federal and state labor laws, including your state's Worker Compensation laws.

**EMPLOYEE / STAFF / VOLUNTEER QUESTIONS and
WORKER COMPENSATION COVERAGE EXCLUSION WARNING**

WARNING: Injuries incurred by Employees, Contract Laborers, Exchange Laborers, and Volunteers are expressly not covered under the general liability policy for which you are applying, and the policy also does not provide Worker Compensation or Employer's Liability Insurance. Worker Compensation Insurance is the most effective way and usually the only way to cover staff bodily injury claims and it is usually required by the labor laws of each state.

1. Number of employees or individuals that staff your horse operation? None Part-time _____ Full-time _____
Exchange Labor _____ Family Members _____

2. Do you have any non-paid, non-compensated volunteers who assist you in your operations? YES NO How many? _____
Describe volunteer's duties: _____

3. Annual Payroll \$ _____ (Include the dollar value of exchange labor or payment in kind.)

STAFF MEMBERS WHO REQUIRE PROFESSIONAL LIABILITY

EMPLOYEES are insured for liability they incur while performing their duties in relation to your business activities without being named as an additional insured on your policy. However, employees who are riding instructors, trainers, or therapeutic services providers holding degrees, certifications, and accreditation to perform these services, may want to have professional liability insurance. If they take this insurance, it will protect them only when performing covered services at or on behalf of your business.

List below only the employees who qualify for and want professional liability insurance.

1. **Employee Name** _____ **Phone No.** _____
Address _____
Employee holds a degree, certification, accreditation to perform the following services:
 Riding or Driving Instructor Horse Trainer
 Riding or Driving Instructor for the Disabled Therapeutic Services Provider for Equines
 Equine Assistance Services to Licensed / Certified Therapist
 Equine Assisted Growth & Development Services Other _____
 Name of accreditation school or association _____
 Is the employee 18 or older? YES NO First year qualified to perform these services _____

2. **Employee Name** _____ **Phone No.** _____
Address _____
Employee holds a degree, certification, accreditation to perform the following services:
 Riding or Driving Instructor Horse Trainer
 Riding or Driving Instructor for the Disabled Therapeutic Services Provider for Equines
 Equine Assistance Services to Licensed / Certified Therapist
 Equine Assisted Growth & Development Services Other _____
 Name of accreditation school or association _____
 Is the employee 18 or older? YES NO First year qualified to perform these services _____

3. **Employee Name** _____ **Phone No.** _____
Address _____
Employee holds a degree, certification, accreditation to perform the following services:
 Riding or Driving Instructor Horse Trainer
 Riding or Driving Instructor for the Disabled Therapeutic Services Provider for Equines
 Equine Assistance Services to Licensed / Certified Therapist
 Equine Assisted Growth & Development Services Other _____
 Name of accreditation school or association _____
 Is the employee 18 or older? YES NO First year qualified to perform these services _____

**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

Fraud Notice: 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.

SIGNATURE STATEMENT: 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 _____

Telephone Number () _____ FAX () _____ E-mail Address _____



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 some 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