

Equine Commercial General Liability Independent Trainer / Instructor Change Request

All American Horse Insurance PO Box 300384
Glenwood, UT 84730
Phone 435-896-4593 fax 435-893-0920
allamericanhorseinsurance@gmail.com



Producer: _____ Number: _____

Policy #: _____

Expiration Date: _____

Applicant: _____ Business Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Person: _____

Request to add Trainer / Instructor(s) - On Premises Coverage can be provided for Independent Trainers / Riding Instructors listed below. If any Trainers and/or Instructors require Off Premises coverage, they must complete their own CGL application for a quote.

Request to add an Independent Trainer(s) – (Must be 18 years or older)

Name of trainer: _____ Years experience: _____ Requested effective date: _____

Name of trainer: _____ Years experience: _____ Requested effective date: _____

Request to delete an Independent Trainer(s)

Name of trainer: _____ Desired deletion date: _____ Reason for deletion: _____

Name of trainer: _____ Desired deletion date: _____ Reason for deletion: _____

Training Please provide the following current total training information for your operation with the addition/deletion of the requested Trainer(s).

Average number of horses in full training monthly, **including Independent Trainers'** On Premises Training: _____

Average number of training rides **weekly** on horses not in full training: _____

Request to add an Independent Instructor(s) – (Must be 18 years or older)

Name of instructor: _____ Years experience: _____ Requested effective date: _____

Name of instructor: _____ Years experience: _____ Requested effective date: _____

Request to delete an Independent Instructor(s)

Name of instructor: _____ Desired deletion date: _____ Reason for deletion: _____

Name of instructor: _____ Desired deletion date: _____ Reason for deletion: _____

Riding Instruction Please provide the following current total instruction information for your operation with the addition/deletion of the requested Instructor(s).

Anyone under 21 giving riding instruction: Yes No

Type of instruction: _____

Operation's Total Riding Instruction, both On and Off Premises, **including Independent Instructors'** On Premises Instruction.

Total lessons given annually: _____ Average number of **weekly** lessons given on *Client's Own* horse(s): _____

Average cost per lesson: \$ _____ Average number of **weekly** lessons given on *School/Insured's* horse(s): _____

Any Day Camp activities: Yes No (If yes, the Equestrian Day Camp Supplemental Application must be completed.)

Applicant's Signature: _____

Print Name: _____ Date: _____