

GENERAL INFORMATION

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|---------------------------------------|----------------------------------|---|---------------------------------------|--|----------|
| Policy # | | | | | |
| Desired Coverage: | | <input type="checkbox"/> CGL Farm Liability | | <input type="checkbox"/> Equine Liability Only | |
| Effective Date: | | | Expiration Date: | | |
| <input type="checkbox"/> New Business | <input type="checkbox"/> Renewal | <input type="checkbox"/> Rewrite | <input type="checkbox"/> Account Bill | <input type="checkbox"/> Direct Bill | Pay Plan |

AGENCY INFORMATION

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|--------------------|--------------------|
| Agency Name: | Agency Code: |
| Sub-Producer Name: | Sub-Producer Code: |

APPLICANT INFORMATION

| | | | |
|--|--------|--------|----------|
| Horseshow Organization: | | | |
| Name of Individual to Whom All Correspondence will be Mailed: | | | |
| Address: | | | |
| City: | State: | Zip: | Website: |
| Phone Number: | | Email: | |
| Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other, Describe: | | | |
| Number of Years of Experience in this Type of Operation: | | | |

PRIOR CARRIER AND LOSS HISTORY (PREVIOUS 3 YEARS)

| Company | Type of Policy | Effective Date | Expiration Date | Annual Premium |
|---------|----------------|----------------|-----------------|----------------|
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LOSS HISTORY

No Losses (in last 3 years) Loss Runs Attached Apply Loss Free Credit

Has the insured been canceled or non-renewed in the last 5 years? (N/A for Missouri) YES NO
If yes, please explain:

UNDERWRITING QUESTIONS

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| 1. Is any business other than farming conducted by the insured? If yes, explain: Describe all farming or horse-related operations: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Does the insured rent or lease any land, buildings or stables to others? If yes, explain: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Overall maintenance and condition of the grounds, fencing and buildings: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | |

SHOW / EVENT LOCATION SECTION

| LOC # | LEGAL DESCRIPTION (Include County, State, Zip Code or Section, Township & Range) | # of Acres | Owned | Leased | Other | # of Years at this location |
|-------|---|------------|-------|--------|-------|--------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

RIDING CLUB / EVENTS

| | | | |
|---|--------|---|--------|
| Give description of all premises and functions: What is the maximum number of individual club members each year? List all states with members of named organization: | | | |
| Is the club responsible for the maintenance of any trails: <input type="checkbox"/> YES <input type="checkbox"/> NO | | Used by non-members: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| What is maximum number of individual club members each year (not family memberships): A PUBLIC EVENT IS ANY CLUB ACTIVITY IN WHICH NONMEMBERS ARE INVITED TO PARTICIPATE. DO NOT SHOW ANY ACTIVITIES WHICH ARE LIMITED TO MEMBERS ONLY IN THIS SECTION. MUST DECLARE ALL PUBLIC DAYS. | | | |
| # of Show Days: | Dates: | # of Trail Ride Days: | Dates: |
| # of Clinic Days: | Dates: | # of Rodeo Days: | Dates: |
| # of Parade Days: | Dates: | # of Hunt Days: | Dates: |
| Other: (Polo matches, Parades, Gymkhana, etc.) | | | Dates: |
| Is liquor or food permitted or served at any club functions or events: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: Is cert obtained from vendor: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Will spectators ever exceed 500 for any of the above days: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which events: Number of Spectators each day: Number of Participants each day: | | | |
| NOTE: If dates have not been set, prior notice of the event must be submitted to the company before the event date. Coverage will not be provided for dates that have not been declared in advance of event. | | | |

LIABILITY SECTION

CGL Farm Liability

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| REQUESTED LIMITS OF LIABILITY (PER OCCURRENCE) | | | |
| <input type="checkbox"/> \$300,000 OCC / \$600,000 AGG | <input type="checkbox"/> \$500,000 OCC / \$1,000,000 AGG | <input type="checkbox"/> \$1,000,000 OCC / \$2,000,000 AGG | <input type="checkbox"/> OTHER / |
| \$5,000 MEDICAL PAYMENTS COVERAGE IS INCLUDED. \$50,000 FIRE LEGAL LIABILITY IS INCLUDED. INQUIRE ABOUT THE AVAILABILITY OF HIGHER LIMITS AND TRIPLE AGGREGATE. | | | |

CGL FARM LIABILITY ONLY

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| Deductible Type <input type="checkbox"/> N/A <input type="checkbox"/> PD Deductible Basis - <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 Per Occurrence | | | | |
| <input type="checkbox"/> Damage to Premises Rented to You (\$100,000 included) Increase to: <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000 | | | | |
| Personal and Advertising Injury - <input type="checkbox"/> Include <input type="checkbox"/> Exclude | | | | |
| <input type="checkbox"/> Personal Liability: | | | | |
| Insured Name: | <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | |
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CERTIFICATES OF INSURANCE REQUESTED FOR

Certificate Holder Only Additional Insured, Subject to Company Approval

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| <input type="checkbox"/> Owner of Premises: | |
| Name: | Location #: |
| Mailing Address / City / State Zip: | |
| <input type="checkbox"/> Certificate Holder Only | <input type="checkbox"/> Additional Insured, Subject to Company Approval |
| <input type="checkbox"/> Other (Explain insurable interest, if any): | |
| Name: | |
| Mailing Address / City / State Zip: | |

Complete the following sections if non-members participate in club activities:

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| SADDLE ANIMALS FOR HIRE HOURLY OR DAILY RENTALS - TRAIL RIDES - LEASING - PONY RIDES | <input type="checkbox"/> CHECK IF NO EXPOSURE |
| Do you have this type of exposure? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, describe: | |

| | |
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| EQUESTRIAN SCHOOLS RIDING INSTRUCTION - CLINICS | <input type="checkbox"/> CHECK IF NO EXPOSURE |
| Do you have this type of exposure? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, describe: | |

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| BOARDING (STALL RENTALS/PADDOCKS) PASTURING - TRAINING | <input type="checkbox"/> CHECK IF NO EXPOSURE |
| Do you have this type of exposure? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, describe: | |

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|---|--|--|---|
| HAY, SLEIGH, CARRIAGE or OTHER RIDES (UW Approval Required) | | | <input type="checkbox"/> CHECK IF NO EXPOSURE |
| Do you have hay rides: <input type="checkbox"/> YES <input type="checkbox"/> NO Describe: How often: Receipts: Number of participants: | Do you have sleigh rides: <input type="checkbox"/> YES <input type="checkbox"/> NO Describe: How often: Receipts: Number of participants: | Do you have Carriage rides: <input type="checkbox"/> YES <input type="checkbox"/> NO Describe: How often: Receipts: Number of participants: | Do you have other rides: <input type="checkbox"/> YES <input type="checkbox"/> NO Describe: How often: Receipts: Number of participants: |

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| HUNT CLUBS | <input type="checkbox"/> CHECK IF NO EXPOSURE |
| In addition to any exposures above, how many hounds does the hunt own or use: | |
| If the hunt owns or uses horses other than those owned by participants, how many are used by staff (hunt masters, whips, etc): | |
| Are any ever rented or loaned to riders: <input type="checkbox"/> YES <input type="checkbox"/> NO | How many: |
| If horses are rented or loaned to others, is a release taken for all such riders or from parents or guardians of minors: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Any other operations not described above: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If yes, please describe fully, including receipts: | |

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|---|-----------------|------------------------------------|-----------------|---|
| CARE, CUSTODY AND CONTROL | | | | <input type="checkbox"/> CHECK IF NO EXPOSURE |
| Number of Horses: | Breed: | Use: | | |
| Per Horse Limit/Aggregate Limit: <input type="checkbox"/> \$2,500/\$25,000 <input type="checkbox"/> \$5,000/\$25,000 <input type="checkbox"/> \$5,000/\$50,000 <input type="checkbox"/> \$10,000/\$50,000 | | | | |
| <input type="checkbox"/> \$10,000/\$100,000 <input type="checkbox"/> \$15,000/\$150,000 <input type="checkbox"/> \$25,000/\$250,000 <input type="checkbox"/> \$50,000/\$250,000 <input type="checkbox"/> \$75,000/\$300,000 | | | | |
| <input type="checkbox"/> \$100,000/\$300,000 <input type="checkbox"/> \$150,000/\$400,000 <input type="checkbox"/> \$200,000/\$500,000 <input type="checkbox"/> \$500,000/\$1,000,000 | | | | |
| Number of Stalls: | Stable/Barn #1: | Stable/Barn #2: | Stable/Barn #3: | Stable/Barn #4: |
| Is any stable over 25 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| If yes, when was the last time electrical wiring was checked and certified suitable for current usage? | | | | |
| Do the buildings have properly marked and charged fire extinguishers? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Minimum # of Non-Owned Horses in Your Care: | | Minimum Value of Non-Owned Horses: | | |
| Average # of Non-Owned Horses in Your Care: | | Average Value of Non-Owned Horses: | | |
| Maximum # of Non-Owned Horses in Your Care: | | Maximum Value of Non-Owned Horses: | | |

