

Farm, Ranch, and Equine

# RIDING CLUB

# **GENERAL INFORMATION**

Policy #							
Desired Coverage:		🗆 CGL Farm Li	ability	1		🗆 Equine L	iability Only
Effective Date:				Expiration Date	e:		
New Business	🗆 Renewal	🗆 Rewrite		Account Bill		Direct Bill	Pay Plan

## AGENCY INFORMATION

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:	Address:					
City:	State:	Zip:	Website:			
Phone Number:	Phone Number: Email:					
Entity Type: Corporation Joint Venture LLC Partnership Other, Describe:						
Number of Years of I	Experience in this Type of O	peration:				

# PRIOR CARRIER AND LOSS HISTORY (PREVIOUS 3 YEARS)

Company	Type of Policy	Effective Date	Expiration Date	Annual Premium

LOSS HISTORY

 $\Box$  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

1.	Is any business other than farming conducted by the insured? If yes, explain: Describe all farming or horse-related operations:	□YES	□NO
2.	Does the insured rent or lease any land, buildings or stables to others? If yes, explain:	□YES	□NO
3.	Overall maintenance and condition of the grounds, fencing and buildings:		

4.	Are all fences/gates in good conditions where the event is taking place?	□YES	□NO		
	How often are they checked and by whom?				
	Any wire fencing used on the premises? What type (example: high-tensile smooth or barbed wire, no climb or woven wire)? If barbed wire is used, please describe where it is used.	□YES	□NO		
	Are all pastures totally fenced? Describe type of fencing: Height of fencing:				
	Who is responsible for fence repair?				
	Is the warm up area fenced?	□YES	□NO		
	Security on site?	□YES	□NO		
	Ambulance or EMT?	□YES	□NO		
	Has any animal ever escaped? If yes, please explain:	□YES	□NO		
5.	Does the insured have dogs?       Number:     Breed:	□YES	□NO		
	Do you have dogs on the premises? Number: Breed:	□YES	□NO		
	Do you allow your clients to bring their dogs? If yes, on leashes:  UYES  NO	□YES	□NO		
	Dog bitten or caused injury to anyone? If yes, please explain:	□YES	□NO		
6.	Any recreational vehicles, such as ATVs or golf carts on the premises? If yes, number and type:	□YES	□NO		
	Who is allowed to use? Used off premises at shows or events?	□YES	□NO		
	Leased or rented from show or event?				
	Any youthful driver?				
7.					
8.	Riding facilities:  Indoor Arena  Outdoor Arena  Open Fields  Trails				
9.	Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for Bodily Injury and Property Damage? Is yes, please attach a copy to the application.	□YES	□NO		
	Do you have Workers' Compensation Insurance? Note: Workers' Compensation and Employer's Liability is not covered under this policy. Payroll for Horse Operations	□YES	□NO		
	Do you require all individual under the age of 18 to wear approved safety helmet at all times while riding on				
	your premises? If no, please explain:	□YES	□NO		
13.	Do you sell any tack, clothing or media? If yes, what are the annual receipts? If yes, describe:	□YES	□NO		
	Do you repair any tack or riding equipment? If yes, please explain:	□YES	□NO		
	Do you provide any type of farrier services? If yes, please explain:	□YES	□NO		
	16. Do you provide, prepare any type of feed for sale to the general public? If yes, please explain:				
	How do you dispose of the animal waste? Is hunting/finishing permitted on the property?	□YES			
	What is the minimum age of participant?				
20.	<ul> <li>20. Do you operate a Bed and Breakfast or other overnight accommodations or food service? If yes, please describe:</li> </ul>				
21.	Are all of the followed posted clearly?				
	Emergency Phone Numbers:   YES  NO				
	Safety and Barn Rules:  □YES □NO				
1	No Smoking Signs: □YES □NO				
	State Equine Liability Warning: 🛛 🗆 YES 🗆 NO		I		

# 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	What is the maximum number of individual club members each year?						
List all states with members o							
Is the club responsible for the	maintenance of any trails: □YES	□NO	Used by non-members:  UYES  NO				
What is maximum number of i	ndividual club members each yea	r (not family membersh	nips):				
A PUBLIC	EVENT IS ANY CLUB ACTIVITY IN V	WHICH NONMEMBERS AR	E INVITED TO PARTICIPATE.				
DO NOT SHOW ANY ACT	IVITIES WHICH ARE LIMITED TO ME	EMBERS ONLY IN THIS SE	ECTION. 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, Parade	s, Gymkhana, etc.)		Dates:				
Is liquor or food permitted or	served at any club functions or ev	vents:  UYES  NO					
If yes, describe:							
Is cert obtained from vendor:	□YES □NO						
Will spectators ever exceed 5	00 for any of the above days: $\Box$ Y	'ES □NO					
If yes, which events:							
Number of Spectators each day:							
Number of Participants each day:							
			company before the event date. Coverage will				
not be provided for dates that	t have not been declared in advar	nce of event.					

### LIABILITY SECTION

#### $\Box$ CGL Farm Liability

REQUESTED LIMITS OF LIABILITY (PER OCCURRENCE)						
□ \$300,000 OCC / \$600,000	□ \$500,000 OCC / \$1,000,000	□ \$1,000,000 OCC /	OTHER /			
AGG	AGG	\$2,000,000 AGG				
\$5,000 MEDICAL PAYMENTS COVERAGE IS INCLUDED. \$50,000 FIRE LEGAL LIABILITY IS INCLUDED. INQUIRE ABOUT THE						
	AVAILABLITY OF HIGHER LIM	ITS AND TRIPLE AGGREGATE.				

#### CGL FARM LIABILITY ONLY

Deductible Type □N/A □ PD Deductible Basis - □\$1,000 □\$3,000 □\$5,000 Per Occurrence								
□ Damage to Premises Rented to You (\$100,000 included) Increase to: □\$300,000 □\$500,000 □ \$750,000 □\$1,000,000								
Personal and Advertising Injury - 🗆 Include 🗀 Exclude								
Personal Liability:								
Insured Name:								

# **CERTIFICATES OF INSURANCE REQUESTED FOR**

□ Certificate Holder Only □ Additional Insured, Subject to Company Approval

Owner of Premises:					
Name:		Location #:			
Mailing Address / City / State Zip	:				
Certificate Holder Only	$\square$ Additional Insured, Subject to Company Approval				
□ Other (Explain insurable interest, if any):					
Name:					
Mailing Address / City / State Zip	:				

Complete the following sections if non-members participate in club activities: SADDLE ANIMALS FOR HIRE □ CHECK IF NO EXPOSURE HOURLY OR DAILY RENTALS - TRAIL RIDES - LEASING - PONY RIDES Do you have this type of exposure? If yes, describe:

EQUESTRIAN SCHOOLS RIDING INSTRUCTION - CLINICS	🗆 СН		
Do you have this type of exposure?	□YES	□NO	
If yes, describe:			

BOARDING (STALL RENTALS/PADDOCKS) PASTURING - TRAINING		
Do you have this type of exposure?	□YES	□NO
If yes, describe:		

HAY, SLEIGH, CARRIAGE or OT			
Do you have hay rides:	Do you have sleigh rides:	Do you have Carriage rides:	Do you have other rides:
□YES □NO	□YES □NO		□YES □NO
Describe:	Describe:	Describe:	Describe:
How often:	How often:	How often:	How often:
Receipts:	Receipts:	Receipts:	Receipts:
Number of participants:	Number of participants:	Number of participants:	Number of participants:

HUNT CLUBS						
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 sta	aff (hunt masters, whips, etc):					
Are any ever rented or loaned to riders: $\Box$ YES $\Box$ 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: □YES □NO						
Any other operations not described above: $\Box$ YES $\Box$ NO If yes, please describe fully, including receipts:						

CARE, CUSTODY AND CONTROL						□ C	HECK IF NO EXPOSURE
Number of Horses:	Breed:			I	Use:		
Per Horse Limit/Aggregate Limit: 🗆 \$2,500/\$25,000 🗆 \$5,000/\$25,000 🗆 \$5,000/\$50,000 🗆 \$10,000/\$50,000							50,000
□\$10,000/\$100,000 □\$15,000/\$150,000 □\$25,000/\$250,000 □\$50,000/\$250,000 □\$75,000/\$300,000							
□\$100,000/\$300,000 □\$150,000/\$400,000 □\$200,000/\$500,000 □\$500,000/\$1,000,000							
Number of Stalls: Stable/Ba	arn #1:	Stable/Barn #	#2:	Stable/Barn #3:			Stable/Barn #4:
Is any stable over 25 years old?  YES  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?							
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:							

□NO

Do you transport horses for others? $\Box$ Yes $\Box$ No If Yes, please answer que	estions below:
Maximum number of trips per year:	
Maximum number of non-owned horses per trip:	
Radius of normal operations: miles	
Number of trips and destinations exceeding 175 mile radius: Trips:	Destinations:
How often are trailer or van boards checked?	
How many persons go on each trip?	
Are working fire extinguishers carried on the van or truck? □YES	

□ Transportation Extension: Waive the 175 mile radius of operation for damages arising out of transportation (Care, Custody or Control).

#### EXCLUSION: CG 21 01 - Athletic or Sports Participation will be attached to your policy - See form for specific exclusion

#### FRAUD WARNING:

In AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

In CO: 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.

In FL and OK: 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)\*. \*Applies in FL Only.

In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

In KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

In ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

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

In OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

In PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

#### <u>I hereby certify that I am an authorized representative of the applicant and to the best of my knowledge and belief the information provided is true</u> and correct and that no information which would materially affect this insurance has been withheld.

#### If there are any material changes in your stable operations during the policy year, please notify your agent at once.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

INSURED'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
x		x	/ /

#### IMPORTANT - ORIGINAL MUST BE RETURNED

INSURED'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE