AGENCY CUSTOMER ID: _____

LOC #: _____

EQUINE LIABILITY SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE
INFORMATION PROVIDED APPLIES TO ALL LOCATIONS: (Y/N) ☐		

SUMMARY OF HORSE OPERATIONS - Complete All Applicable

DESCRIPTION OF OPERATIONS	PAYROLL	RECEIPTS	# OWNED HORSES	# NON-OWNED HORSES
SHOW/PLEASURE/PERSONAL USE				
TRAINING (RACE OR SHOW)				
RIDING INSTRUCTIONS				
BREEDING				
BOARDED (STALL OR PASTURE)				
RACE				
HORSE SALES				
SALE OF YEARLINGS/WEANLINGS				
RENTALS/TRAIL RIDES AND/OR PONY RIDES				
HAY/SLEIGH/CARRIAGE RIDES				
RODEOS				

RATING/UNDERWRITING

DESCRIPTION OF ALL FARMING OR HORSE-RELATED OPERATIONS

TOTAL STALLS:	MONTHLY BOARDING RATE: $	NUMBER OF EVENTS IN WHICH YOU PARTICIPATE ANNUALLY:

WORKERS' COMPENSATION INSURANCE	☐ NONE	POLICY NUMBER		COMPANY NAME
PASTURE FENCING	☐ NONE	TOTALLY FENCED (Y/N) ☐		TYPE OF FENCING
		FENCE MAINTENANCE SCHEDULE		FENCE CONDITION
RIDING FACILITIES (Check all that apply)	☐ NONE	☐ INDOOR ☐ OUTDOOR ☐ OPEN FIELDS ☐ TRAILS		
RIDING INSTRUCTION	☐ NONE	ANNUAL STUDENT COUNT	ANNUAL RECEIPTS $	# OF HORSES USED AT ONE TIME
HORSE SALES	ANNUAL COUNT OF HORSES SOLD		BREEDS SOLD	
ANNUAL PUBLIC EVENTS CONDUCTED / SPONSORED	# EVENTS	☐ EXPOSURE LOCATION (check one or both) ☐ ON PREMISES ☐ OFF PREMISES	COUNTS PARTICIPANTS:	SPECTATORS:
		ARE RELEASES SECURED FROM ALL ENTRANTS? (Y/N) ☐		
TACK SALES	☐ NONE	ANNUAL RECEIPTS $	ITEMS SOLD	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DO YOU CONDUCT OR SPONSOR ANY HORSE EVENTS ON PREMISES SUCH AS SHOWS OR RODEOS?	☐
2. ARE SIGNED RELEASES OBTAINED? (Applies to various activites including but not limited to training, test rides, hay rides, etc.)	☐
3. DO YOU POST RULES AND/OR WARNING SIGNS?	☐

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LOC #: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
4. IS ANY SAFETY PROGRAM IN EXISTENCE? (If yes, describe and attach relevant information)	☐
5. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES? If so, how many?:	☐
a. DO THEY CARRY THEIR OWN INSURANCE?	☐
b. ARE YOU NAMED AS AN ADDITIONAL INSURED ON THEIR POLICY? If "YES", please provide a copy of the certificate of insurance obtained.	☐
6. IS BUYER ALLOWED TO TEST RIDE? IN AN ARENA? (Y/N): ☐ IN AN OPEN FIELD? (Y/N): ☐	☐
7. DO YOU SELL FROM PREMISES OTHER THAN YOUR OWN ?	☐
8. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS?	☐
9. DO YOU PROVIDE RIDING FOR THE HANDICAPPED?	☐
10. DO YOU TRANSPORT HORSES FOR OTHERS?	☐

REMARKS