



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) <input type="checkbox"/>		

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	<input type="checkbox"/> NONE	POLICY NUMBER	COMPANY NAME	
PASTURE FENCING	<input type="checkbox"/> NONE	TOTALLY FENCED (Y/N) <input type="checkbox"/>	TYPE OF FENCING	
		FENCE MAINTENANCE SCHEDULE	FENCE CONDITION	
RIDING FACILITIES (Check all that apply)	<input type="checkbox"/> NONE	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	<input type="checkbox"/> OPEN FIELDS <input type="checkbox"/> TRAILS
RIDING INSTRUCTION	<input type="checkbox"/> 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)		COUNTS
		<input type="checkbox"/> ON PREMISES	<input type="checkbox"/> OFF PREMISES	PARTICIPANTS:
		ARE RELEASES SECURED FROM ALL ENTRANTS? (Y/N)		SPECTATORS:
TACK SALES	<input type="checkbox"/> 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?	<input type="checkbox"/>
2. ARE SIGNED RELEASES OBTAINED? (Applies to various activities including but not limited to training, test rides, hay rides, etc.)	<input type="checkbox"/>
3. DO YOU POST RULES AND/OR WARNING SIGNS?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
4. IS ANY SAFETY PROGRAM IN EXISTENCE? (If yes, describe and attach relevant information)	<input type="checkbox"/>
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.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. IS BUYER ALLOWED TO TEST RIDE? IN AN ARENA? (Y/N): <input type="checkbox"/> IN AN OPEN FIELD? (Y/N): <input type="checkbox"/>	<input type="checkbox"/>
7. DO YOU SELL FROM PREMISES OTHER THAN YOUR OWN ?	<input type="checkbox"/>
8. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS?	<input type="checkbox"/>
9. DO YOU PROVIDE RIDING FOR THE HANDICAPPED?	<input type="checkbox"/>
10. DO YOU TRANSPORT HORSES FOR OTHERS?	<input type="checkbox"/>

REMARKS