APX INSURANCE

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EQUINE LIABILITY APPLICATION

Company Use Only Application Date: _____

Customer/SubID: _____ Producer: _____

Entity Type: ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ _____

Billing: ☐ Direct Bill ☐ Agency Bill Pay Plan: _____

Quote Needed By: _____

Requested Effective Date: _____ **Bill To:** ☐ Insured ☐ Mortgagee

Applicant Information:

Name Insured: _____

☐ Additional Named Insured Supplemental Attached (Required for multiple Named Insureds)

Mailing Address: _____

County: _____ Phone: _____ FEIN No.: _____

Web Address: _____ Email: _____

Inspection Contact Name: _____ Phone: _____

Coverages To Be Quoted:

☐ Package	☐ Monoline Liability	☐ Equine Care, Custody, Control
☐ Umbrella	☐ Monoline Property	☐ Scheduled Personal Property
☐ Auto	☐ Watercraft	☐ Employee Benefits Liability

A State specific ACORD Auto Application is required in order to quote Auto. ACORD Watercraft Application required for Watercraft. Employee Benefits Liability Supplemental Questionnaire required for EBL Coverage.

GENERAL UNDERWRITING QUESTIONS

Loss History: ☐ None (List all losses for the past 5 years that affect coverage lines requested above.)

Date	Coverage Line	Description	Paid	Open/Closed

Prior Carrier Information

Coverage Line	Company	No. Of Years	Expiring Premium
Property			
Liability			
Care, Custody, Control			
Umbrella			

1. Are you age 18 or over? ☐ Yes ☐ No

2. Have you been declined, canceled or non-renewed in the past 3 years? ☐ Yes ☐ No

   If yes, explain: _____

3. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? ☐ Yes ☐ No

4. During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud,bribery, arson, or any other arson-related crime in connection with this or any other property? ☐ Yes ☐ No

5. How many years experience/in the business with horses? ☐ Yes ☐ No

Location Schedule: ☐ Additional Locations Supplemental Attached PC = Protection Class

Street Address	City/State	Country	Zip	PC	Owned	Acres

If no Property Coverage is desired, please skip to the General Liability Section on page 3.

1. Is Loss of Farm Income Coverage needed? ☐ Yes ☐ No If Yes, Limit? _____

2. Is Extra Expense Coverage needed? ☐ Yes ☐ No If Yes, Limit? _____

   If yes, explain: _____

3. Are there any vacant or unoccupied structures on your property? ☐ Yes ☐ No

   If yes, please describe structure and explain oversight/security and plans for occupancy or sale:

   _____

4. Do any buildings on any of your property have a Wood-Burning Stove? ☐ Yes ☐ No

   If Yes, request a Wood-Burning Stove Questionnaire for each building with a Wood Stove

Mortgagees: ☐ Additional Mortgagees Supplemental Attached

Mortgagee Name/Address	Loan No.	Loc No.	Buildings

Scheduled Personal Property: ☐ Additional Scheduled Personal Property Supplemental Attached
(An appraisal or sales receipt with photos must accompany all items with an individual value of $10,000 or more)

Loc No.	Category: Jewelry/Fine Arts/Etc	Item Description	Limit

Farm Personal Property: ☐ Additional Schedule Farm Personal Property Supplemental Attached

Deductible: ☐ $500 ☐ $1000 ☐ $2500 ☐ $5000 Other: _____

Cause of Loss: ☐ Basic ☐ Broad ☐ Special ☐ Equine Coverage Extension Endorsement

☐ Replacement Cost on Scheduled Tack ☐ Replacement Cost on Scheduled Office Contents

Location	Year/Make/Model or Description	Serial No.	Limit

Loss Payee Schedule ☐ Additional Loss Payee Supplemental Attached

(For Item No., use the number corresponding to that particular Farm Personal Property item above.)

Name	Address	Item No.

GENERAL LIABILITY UNDERWRITING QUESTIONS

Company Use Only: _____

Limits: ☐ $100,000 / 200,000 ☐ $300,000 / 600,000 ☐ $500,000 / 1,000,000 ☐ $1,000,000 / 2,000,000

1. List all Equine Operations: _____

   Are you engaged in any other farm business, profession, or trade including, but not limited to, hay sales and custom farming? ☐ Yes ☐ No

   If yes, please provide details: _____

2. Is the applicant involved in any of the following activities? (Please check applicable activities)

   ☐ Entertainment/Amusements involving Animal Farms/Agrotourism/Agritainment
   ☐ Dude Ranch
   ☐ Therapeutic or Riding for the Handicapped
   ☐ Hunting/Fishing on premises (non-residents)
   ☐ Motorcycles, ATVs (other than resident)
   ☐ Vaulting
   ☐ Holding Races on Premises
   ☐ Gymkana/Mounted Games
   ☐ Mounted Shooting
   ☐ Equine Sports Therapy (including massage)
   ☐ Polo/Horse Ball
   ☐ Pony Rides/Petting Zoos
   ☐ Hay/Carriage/Sleigh Rides
   ☐ Public Horse Rentals/Trail Rides
   ☐ Fox Hunting
   ☐ Parades
   ☐ Rodeos
   ☐ Equine Assisted Therapy

   Please explain any checked activities: _____

   _____

3. Are dogs owned? ☐ Yes ☐ No How many?: ____ Breed: _____

Any past claims? If yes, explain: _____

If yes, please describe structure and explain oversight/security and plans for occupancy or sale:

_____

Are clients' dogs allowed at the facility? ☐ Yes ☐ No Leashes Required? ☐ Yes ☐ No

4. If liability coverage desired for any owned snowmobiles/ATVs/GolfCarts, please provide the following:

ATVs: _____ **No. of wheels:** _____ **Age of Drivers:** _____

Use of vehicles: ☐ Farm ☐ Off Premises ☐ Recreational/Hunting

5. Is Unlicensed Farm Vehicle Liability Coverage needed? ☐ Yes ☐ No **How many vehicles?:** _____

6. Do any non-Boarders, Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc. use your facility? ☐ Yes ☐ No

If yes, explain: _____

Do you lease any part of the building/land to someone else? ☐ Yes ☐ No

If yes, explain: _____

7. Are all fences/gates in good condition? ☐ Yes ☐ No

Type of Fencing: _____

8. Is there a pool, aqua treadmill, hyperbaric chamber or similar item on your property? ☐ Yes ☐ No

Please provide details: _____

9. Is there an airstrip on the premises? ☐ Yes ☐ No

10. Do you lease horses to or from others? ☐ Yes ☐ No

11. Do you judge shows? ☐ Yes ☐ No **Receipts:** _____

12. Do you have any operations or horses in any country outside of the U.S.? ☐ Yes ☐ No

Additional Insureds ☐ Supplemental Additional Insureds Schedule Attached

Name/Address	Relationship to Insured

If you are requesting a quote for Monoline Liability and would like to schedule any locations, please request an additional Location Supplemental.

Personal Liability ☐ Yes ☐ No

Please list all individuals for who Personal Liability is desired. Make sure to list any children over the age of 18. (Married couples may be listed together):

_____

_____

RIDING INSTRUCTION (TEACHING THE RIDER)

☐ Not Applicable

1. Riding Instruction provided by: ◯ You ◯ Independent Instructor ◯ Employee
2. How many Independent Instructors are giving instruction? _____
3. Describe the experience/qualifications of you and your employees: _____

_____

Are you/employee a certified instructor? ◯ Yes ◯ No By whom? _____

4. Number of students per week given lessons by you or your employee: _____
5. Number of students per week given lessons by an independent contractor: _____
6. What is the minimum age of the students? _____
7. What is the maximum number of students per instructor per lesson? _____
8. School Horses Receipts: _____ Number of school Horses used at one time _____

Student Horses Receipts: _____

DAY CAMPS

1. Do you hold day camps? ◯ Yes ◯ No

If yes, please complete the separate Day Camp Supplemental on page 9.

HORSE TRAINING (TRAINING OF HORSES)

☐ Not Applicable

1. What type of training is given? _____
2. Total payroll related to Training? _____
3. What is the average number of horses trained per year? _____

BOARDING OF NON-OWNED HORSES

☐ Not Applicable

1. What is the total No. of non-owned horses including non-owned broodmares? _____
2. Is temporary overnight boarding provided? ◯ Yes ◯ No Describe: _____
3. Is board self-board or full-care? ◯ Self ◯ Full
4. Annual Payroll: _____

BREEDING

☐ Not Applicable

1. Breeding Payroll: _____ No. of Owned Broodmares: _____

No. of Owned Stallions: _____ No. of Non-Owned Broodmares: _____

2. Do you offer foaling services? ◯ Yes ◯ No

OWNED HORSES

☐ Not Applicable

Only include Owned horses not otherwise accounted for in Breeding/Training sections

1. What is the total number of equines you own or lease for your own use? _____

2. Of those, how many are used for the following activities:

   Sales Prep: _____ Showing: _____ Pleasure Riding: _____

   Instruction: _____ Retired: _____

3. Carts, Buggies, Wagons - Owned or used by you in public events or road Use. ☐ Yes ☐ No how many? _____

SALES BY YOU

☐ Not Applicable

1. Are you in the business of selling horses? ☐ Yes ☐ No

   How many horses do you sell per year? Owned by you: _____ Owned by Others: _____

   What are the annual Net Receipts for Horse Sales? _____

   What is the method of sale? (private treaty, auction, consignments) _____

2. Do you sell tack or clothing? ☐ New ☐ Used ☐ Reconditioned Tack ☐ None

   Receipts: _____

3. Do you offer repair of tack or riding equipment? ☐ Yes ☐ No

4. Do you/employee perform any type of farrier services? ☐ Yes ☐ No

CLINICS

☐ Not Applicable

1. Do you hold/sponsor clinics for non-students on your premises? ☐ Yes ☐ No

   Off Premises: ☐ Yes ☐ No Details: _____

2. Types of clinics: _____

3. Number of clinics: _____ Number of days per clinics: _____

4. Average attendance: _____

5. Who teaches the clinics? _____

6. Do you require outside clinicians to provide proof of insurance? ☐ Yes ☐ No

HORSE SHOWS

☐ Not Applicable

1. Do you manage/sponsor any horse shows on your premises? ☐ Yes ☐ No

   Off Premises: ☐ Yes ☐ No

2. Number of spectators per day: _____ Number of participants per day: _____

3. Dates of shows: _____

4. Types of shows: _____

5. Waiver Athletic Sports Participants Exclusion ☐ Yes ☐ No

   (The Athletic Sports Participation Exclusion is automatically applied to foxhunting, cross country jumping, polo, vaulting, barrel racing and rodeo type events.)

6. Do you have bleachers or grandstands? ☐ Yes ☐ No Construction: _____

   Height: _____ Seating Capacity: _____ ☐ Owned ☐ Rented

7. Do you sell feed, grain, hay or shavings to participants? ○ Yes ○ No Receipts: _____

8. Do you provide RV or camper hookups during these shows? ○ Yes ○ No Receipts: _____

Number of hookups: _____

9. Do you directly provide concessions during these shows? ○ Yes ○ No Receipts: _____

If yes, explain: _____

10. Do you have vendors on the premises during these shows? ○ Yes ○ No

If yes, explain items sold: _____

11. Describe any entertainment/activities managed by you at the event (other than equine-related):

_____

RISK MANAGEMENT CONTROLS (REQUIRED FOR GENERAL LIABILITY AND CARE, CUSTODY, CONTROL)

Review http://horse-insurance.com/law.html for state requirements

1.	Certificate of Insurance on file for Independent Contractors (Riding Instruction/Training)	○ Yes	○ No	○ N/A
2.	Certificate of Insurance shows WC coverage for Independent Trainers (Racehorse Training only)	○ Yes	○ No	○ N/A
3.	Certificate of Insurance obtained from all Vendors (Horse Shows/Clinics)	○ Yes	○ No	○ N/A
4.	Release/Hold Harmless agreement in use (Riding Instruction/Training/Boarding/Breeding/Shows)	○ Yes	○ No	○ N/A
5.	Boarding Contract in Place (Boarding)	○ Yes	○ No	○ N/A
6.	Lease Agreement in Place (Owned Horses Leased to Others)	○ Yes	○ No	○ N/A
7.	State Equine Liability Signs Posted (All Exposures)	○ Yes	○ No	○ N/A
8.	24 Hour Supervision of facility (All Exposures)	○ Yes	○ No	○ N/A

EQUINE CARE, CUSTODY, CONTROL SECTION

☐ Coverage is not desired

Limits:

- ○ $5,000 per horse / $25,000 aggregate
- ○ $5,000 per horse / $50,000 aggregate
- ○ $10,000 per horse / $50,000 aggregate
- ○ $10,000 per horse / $100,000 aggregate
- ○ $25,000 per horse / $250,000 aggregate
- ○ $50,000 per horse / $250,000 aggregate
- ○ $100,000 per horse / $300,000 aggregate
- ○ $200,000 per horse / $500,000 aggregate

1. What is the maximum number of non-owned horses you have at any one location at any time? _____

2. Are you for hire to transport non-owned horses not normally in your care? ○ Yes ○ No
Commercial Hauling of non-owned horses other than those you train/breed/board is excluded
Maximum trips per year _____ Radius _____ No. of horses per trip _____

3. Describe any losses or potential claims involving non-owned horses in the past 3 years including deaths of any animals in your custody, even if a claim was not presented:

_____

_____

UMBRELLA SECTION

☐ Coverage is not desired

1. Requested Limit of Insurance: ○ $1,000,000 ○ $3,000,000 ○ $5,000,000 ○ $2,000,000 ○ $4,000,000 ○ $ _____

2. Schedule of Underlying Insurance ☐ Umbrella Additional Underlying Policy Supplemental Attached

Company	Type of Coverage	Limits
☐ _____ Policy# _____ Eff _____ To _____	Employer's Liability	$ _____ Each Accident $ _____ Each Policy $ _____ Each Employee by disease
☐ _____ Policy# _____ Eff _____ To _____	Automobile Liability ○ Personal ○ Commercial ○ Non-owned ○ Hired	$ _____ Combined Single Limit $ _____ Bodily Injury – Each Person $ _____ Bodily Injury – Each Accident $ _____ Property Damage
☐ _____ Policy# _____ Eff _____ To _____	General Liability ○ Farm ○ Commercial ○ Personal	$ _____ General Aggregate $ _____ Products/Completed Ops $ _____ Personal & Advertising Injury $ _____ Each Occurrence
☐ _____ Policy# _____ Eff _____ To _____	Watercraft Liability	$ _____ Per Occurrence $ _____ Aggregate

3. Does the applicant have any of the following exposures?: ☐ N/A

☐ Owned or Leased Aircraft
☐ Migrant workers used in farming operations
☐ Customer Application of Farm Chemicals for Others
☐ Watercraft

2. Are you for hire to transport non-owned horses not normally in your care?

No. of Private Passenger Vehicles: _____
No. of Heavy Truck Tractors: _____
No. of Light Trucks: _____
No. of Extra Heavy Truck Tractors: _____
No. of Medium Trucks: _____
No. of Buses: _____
No. of Heavy Trucks: _____

Are there any drivers under the age of 21? ○ Yes ○ No

Uninsured/Underinsured Motorist Coverage (UM/UIM) is excluded on the Umbrella with the following exceptions:

LA, NH and VT: UM/UIM is included but the maximum selected Umbrella limit is $1,000,000.

FL and WV: Is UM/UIM coverage desired? ○ Yes ○ No
If yes, the maximum selected Umbrella limit is $1,000,000.

CAMP SUPPLEMENT

☐ If none, check here

Named Insured: _____ Policy No.: _____

1. What are the main camp activities? _____
   i.e. basic horse skills such as grooming, braiding or more advanced with instruction etc.
2. The camp is operated from: ____/____ (Month/Day) To ____/____ (Month/Day)
3. Camp Receipts $ _____
4. Number of campers per day: _____ per week: _____
5. Ages of campers? _____
6. Are there any campers who are physically or emotionally handicapped? ○ Yes ○ No
7. The hours of the camp are from _____ am/pm to _____ am/pm and _____ days per week.
8. Are overnight accommodations provided? ○ Yes ○ No
   Type: room, cabin, tent etc. _____
   Excluding tents, do all structures used for sleeping quarters have working smoke detectors? ○ Yes ○ No
9. Are meals prepared and/or provided by you? ○ Yes ○ No
10. Number of adult supervisors? _____
11. There are _____ supervisors under the age of 18.
12. What are the ages of the counselors? _____
    What type of training do they receive? _____
13. Is or has any camp counselor/employee/supervisor been under or currently under investigation for, or have a previous record of, child abuse? ○ Yes ○ No
14. How are medications kept and distributed to children with prescription/non-prescription needs?
    _____
15. Are campers under adult supervision at all times? ○ Yes ○ No
    If children are not in the direct vision of adults, are adults aware of where they are and what they are doing? ○ Yes ○ No
16. Are all buildings and equipment maintained in a safe, clean condition and in good repair, with indoor and outdoor environments safe, clean and spacious? ○ Yes ○ No
17. Is there a swimming pool? ○ Yes ○ No
    If the answer is yes, answer the following:
    Is the pool fenced? ○ Yes ○ No
    What is the pool depth? _____
    Is there a diving board? ○ Yes ○ No
    Is there a lifeguard on duty? ○ Yes ○ No
18. What type of certification is required of the lifeguard? _____
19. Are swimming lessons given? ○ Yes ○ No
20. What type of certification is required of the instructor? _____
21. How many fire extinguishers are in the buildings in which the campers will be conducting activities?
    _____
22. Are all poisonous/toxic materials kept under lock and key and out of children's reach? ○ Yes ○ No
23. Are there any off-premises activities? ○ Yes ○ No
    If yes, describe activities in detail _____
24. Do you provide transportation to campers for any reason? ○ Yes ○ No
    If yes, we will require a COI from your auto carrier and complete driver information of all drivers.
    * If parent volunteers are used to transport, we will need the same COI and driver information.
    * If you provide transportation by a means other then above we will need details: i.e. chartered bus, etc.

Please provide any additional information that you feel may be helpful in our review of this exposure.

STATEMENT OF NO LOSS

Name: _____ Address: _____

Re: New Application

To Whom It May Concern,

_____ and/or _____ have not
Name Insured Responsible Party

sustained a loss or have had any claims against us in the past five (5) years. We have no knowledge or reason to anticipate a future claims or loss.

Sincerely,

Signature of Responsible Party: _____

Name of Responsible Party: _____

Title: _____

Date: _____

FRAUD STATEMENTS

READ and INITIAL next to the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attached application to your agent.

Initial	State	Limits
	ALABAMA	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
	ARKANSAS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
	COLORADO	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 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.
	FLORIDA	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.
	KENTUCKY	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
	MAINE	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 or a denial of insurance benefits.
	MARYLAND	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
	NEW JERSEY	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
	NEW MEXICO	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
	NEW YORK	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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. For policies covering the peril of fire or explosion, the proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of any material fact or circumstances shall be grounds to rescind the insurance policy.
	OHIO	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
	PENNSYLVANIA	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.
	TENNESSEE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
	VIRGINIA	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fine and denial of insurance benefits.
	WASHINGTON	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
	GENERAL: AZ, CA, DE, ID, IN, MN, NH, TX, UT	Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicant's Signature: _____

Print Name: _____ Date: _____

Agent's Signature: _____ Date: _____

Agent's License No.: _____

WHEN SUBMITTING THIS DOCUMENT, ALSO INCLUDE:

- ☐ Any Release/Hold Harmless Agreement in use
- ☐ Any Boarding Contract in place