



EQUINE INSTRUCTOR/TRAINER PROFESSIONAL LIABILITY

EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - NEW OR REWRITE BUSINESS

THIS APPLICATION IS USED TO APPLY FOR INSURANCE AND IS NOT A BINDER. EXPOSURES NOT DECLARED ARE *NOT* COVERED.

IMPORTANT!! All submissions must include complete and signed application. Incomplete applications will be returned. Coverage is not bound until approved by Company Underwriting. The Company's receipt of premium does not bind coverage.

SECTION 1: APPLICANT INFORMATION

DESIRED EFFECTIVE DATE: _____

1.1. Applicant Name: _____

1.2. Business/LLC/Corporation Name: _____

I am applying for insurance: I am the authorized representative for the business/facility listed above
 I am the instructor

1.3. Mailing Address _____ City _____ State _____ Zip Code _____

1.4. Physical Address(if different) _____ City _____ State _____ Zip Code _____

1.5. Telephone # _____ Email _____ Website _____

1.6. Applicant Is: Corporation or Limited Liability Corp (LLC) Individual Joint Venture
 Non-Profit Partnership Sole Proprietorship

If applicant is a Corporation or Limited Liability Corp (LLC)

Name of officers, partners	Active in Equestrian Activities listed in section 3 or 4 of this application	Their Duties:
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Note: Non-Equine activities are excluded from coverage consideration under this policy

1.7. Please list all EAAT Riding/Instruction Association(s) or Groups you are affiliated/accredited with?

Certification: Program _____ Certificate/Certification Level _____

1.8. Are you over the age of 18? Yes No

1.9. How did you hear about Equisure? _____

1.10. Do you have Directors and Officers Liability insurance for this group? Yes No

1.11. Do you offer instruction all year? Yes No If no, please provide the dates of your program _____

SECTION 2: COVERAGE INFORMATION

2.1. Limits of Liability: Please choose only one option

- I choose the **standard policy limits** of **\$1,000,000/\$1,000,000** occurrence/aggregate
- I choose to **decrease the policy limits** to **\$250,000/\$500,000** occurrence/aggregate
- I choose to **decrease the policy limits** to **\$500,000/\$1,000,000** occurrence/aggregate
- I choose to **increase the policy limits** to **\$1,000,000/\$2,000,000** occurrence/aggregate
- I choose to **increase the policy limits** to **\$1,000,000/\$3,000,000** occurrence/aggregate

2.2. Care, Custody or Control Limits for any Non-Owned Horses used in your business: Please choose an option to increase limits.

- Standard** policy limits of **\$50,000 for any one non-owned horse, \$100,000 aggregate** automatically included
- I choose to **increase the policy limits** to **\$100,000 for any one non-owned horse subject to \$200,000** aggregate
- I choose to **increase the policy limits** to **\$150,000 for any one non-owned horse subject to \$300,000** aggregate
- I choose to **increase the policy limits** to **\$200,000 for any one non-owned horse subject to \$400,000** aggregate

SECTION 3: PROFESSIONAL / GENERAL LIABILITY UNDERWRITING INFORMATION

3.1. How many years of experience do you have managing a Therapeutic/EAAT program? _____

3.2. How many years of experience as an equestrian instructor? _____

3.3. Give a brief description of all horse related activities. _____



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3.4. Please indicate Yes for all equestrian activities that apply to the applicant individual/business (s) or facility applying for insurance coverage, or No:

<input type="checkbox"/>	Judge	<input type="checkbox"/>	Professional Rider/Driver	<input type="checkbox"/>	Clinician
<input type="checkbox"/>	Show Official/Manager	<input type="checkbox"/>	Course Designer	<input type="checkbox"/>	Groom
<input type="checkbox"/>	Riding Instructor	<input type="checkbox"/>	Steward	<input type="checkbox"/>	Technical Delegate
<input type="checkbox"/>	Horse Trainer	<input type="checkbox"/>	Horse Trainer (without overnight boarding)	<input type="checkbox"/>	Horse Trainer (with overnight boarding)
<input type="checkbox"/>	Trail Riding to regular weekly or monthly students (includes arena instruction)				
<input type="checkbox"/>	Other (describe _____)				

3.5. If yes to clinician in 3.4, how many clinic days per year? _____ NOTE: Clinics are defined as events outside of regularly scheduled sessions/lessons/activities with reoccurring clients/students.

3.6. Estimated average number of years' experience performing the equine activities noted in 3.4? _____

3.7. Total Monthly Number of Clients + Students/Participants + Horses (in training) for applicant and any assistant's trainers/instructors (a student having weekly lessons only counts as one student per month):

0 - 15 16 - 29 30 - 49 50 - 100 101+ (submit for rate)

3.8. Indicate "Yes" for any equine assisted activities that apply to your program.

<input type="checkbox"/>	Equine Assisted Activities (EAA)	<input type="checkbox"/>	Equine Assisted Learning (EAL)
<input type="checkbox"/>	Interactive Vaulting	<input type="checkbox"/>	Therapeutic Driving
<input type="checkbox"/>	Therapeutic Riding	<input type="checkbox"/>	Equine Facilitated Learning
<input type="checkbox"/>	Therapeutic Services including Developing Equestrian Skills		
<input type="checkbox"/>	Other _____		

3.9. Indicate "Yes" for any equine assisted therapies that apply to your program.

<input type="checkbox"/>	Equine Assisted Therapy (EAT)	<input type="checkbox"/>	Equine Facilitated Psychotherapy (EFP)
<input type="checkbox"/>	Hippotherapy		
<input type="checkbox"/>	Other Therapy _____		

If yes to any therapies listed in 3.9, a copy of the professional/malpractice liability declaration insurance page covering this work must be provided with your application. This includes any assistants/staff/contractors, licensed/certified mental health care professional(s) or licensed clinical professionals.

Note: No coverage is provided under the policy to which you are applying, for the professional/malpractice liability of licensed clinical work.

Note: No coverage is provided under the policy to which you are applying, for the transportation of participants or volunteers. No auto liability is provided by this policy.

3.10. Total Gross Annual Receipts (GAR) including Donations (before expenses) for all equestrian exposures, including EAAT Activities and Traditional Instruction/Training listed in question #4 above. **Please exclude boarding receipts & anything not listed in 3.4.**

\$0-50,000 \$50,001-\$100,000 \$100,001-150,000

\$150,001-\$200,000 \$200,001+ _____ {Must provide actual GAR if over \$200,001}

3.11. The equine activities declared on this application are provided by:

Applicant Only Assistants (employees) Other: Explain _____

3.12. Do you use Assistants and/or Staff to help with any of your equestrian activities? Yes No

3.12.1. If Yes, how many? _____ Are your Assistants/Staff 16 or older? Yes No

3.12.2. If Yes, list names and addresses _____

3.13. Do you use Volunteers and/or Working Students for any of your Equine Activities? Yes No

IF Yes, how many volunteers and/or working students on average per month?
 1-6 7-12 13-18 19-24 25-50 50+

3.14. Do volunteers or working students receive any remuneration for their services to you? Yes No If yes, explain _____

Please Note: Injury to an employee/assistant(s), working students or volunteer(s) while acting on behalf of the applicant is excluded.



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- 3.15. Do you have Workers Compensation insurance? Yes No
[Please Note: Workers' Compensation related claims are excluded from this policy. Check with your State for the laws pertaining to Workers' Compensation Insurance requirements.]
- 3.16. Is proper safety equipment required for use by all participants? Yes No
- 3.17. Boarding: Yes, I am responsible for non-owned horses in my care **overnight**.
 No, I am **not** responsible for non-owned horses in my care **overnight**.
- 3.18. If Yes, Average # of Non-owned horses boarded monthly: 1-15 16-25 26-35 36-45
 46-55 56-99 100+
- 3.19. If Yes, Provide Gross Annual Receipts for All Boarding ONLY \$ _____ (Note: If "none" indicate as \$0.00)
- 3.20. Are you responsible for non-owned horses overnight at shows? Yes No If yes, # of non-owned horses. _____
- 3.21. What is the Maximum value of any Non-Owned/Boarded Horse in your care, custody, control? \$ _____
- 3.22. Does applicant have other insurance for boarding? Yes No
 If Yes, Provide: Carrier _____ Policy # _____ Effective Date _____
- 3.23. Do you wish to include boarding coverage on this policy? Yes No
- 3.24. Breeding Yes No
- 3.24.1. If Yes, Is applicant responsible for non-owned horse(s) during breeding? Yes No
- 3.24.2. If Yes, Gross Annual Receipts for Breeding: \$ _____ (Note: if "none" indicate as \$0.00)
- 3.25. Does the applicant supply food, manufacture and/or repair any goods sold? Yes No
 If yes, describe _____ (Please Note: If yes, no products liability will be provided by this policy)
- 3.26. Do you obtain a release signed by boarders, student and volunteers relieving you of claims for bodily injury & property damage?
 Yes No **If yes, a copy must accompany this application**

MANDATORY REQUIREMENT: A copy of the equestrian release/waiver form used in your business must accompany this application. Equisure's receipt of such release/waiver form and subsequent possible issuance of a policy does not mean that Equisure has evaluated such release/waiver for its legalities or validity. *Note: Liability Release should release the applicant and/or the business name of the applicant from liability.* Copy Attached? Yes No

SECTION 4: ADDITIONAL EQUINE ACTIVITIES AND LIABILITY EXPOSURES

NOTE: Coverage for selected activities requires Underwriting approval.

- 4.1. Additional equine activities (indicate Yes for all that apply or No) - Applicable supplemental questionnaire obtained from Equisure must be completed in order to receive a quote. Coverage for selected activities requires Underwriting approval.
- | | |
|--|---------------------------------|
| _____ Pony Rides | _____ Horse Drawn Vehicle Rides |
| _____ Day Camps | _____ Horse Sales |
| _____ Trail Riding to client impromptu or scheduled not your regular student (short lesson or video) | |
| _____ Other (describe) _____ | |

Do you wish to obtain a quote for the above activities? Yes No (If Yes, a supplemental application is required, or you can download the supplemental application(s) from our website: www.equisure-inc.com, and forward along with this application. If No, these equine activities will be excluded from coverage.)

Note: This policy does not provide coverage for the above activities until properly endorsed. The above activities will be excluded from the policy until receipt of supplemental application, underwriter approval, and receipt of additional premium.

- 4.2. Does applicant lease/own any ATV, Golf Cart or other off-road (non-licensed) vehicles for use in equestrian activities listed on this application? Yes No
 If Yes, do you wish to receive a quote for Liability coverage only? *[Physical damage is not available]* Yes No
 If Yes, indicate number and type of vehicles: _____
 Explain use of the vehicles: _____

NOTE: If purchased liability coverage only applies during the declared equine activities.
NOTE: This policy does not provide coverage for any claim made or suit brought against any 'insured person' for bodily injury or property damage caused by an unlicensed operator or any operator 16 years old or younger.



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SECTION 5: INSURANCE HISTORY

- 5.1. Have you previously had insurance? Yes No If yes, please list the prior insurance carrier for your equine related activities:
Carrier Name: _____
- 5.2. Did this carrier offer renewal of your policy? Yes No If no, why was the policy not renewed?

- 5.3. Has the applicant had *any* losses/claims within the past 3 years? Yes Losses/Claims No Losses/Claims
(If yes, on a separate page provide details of any loss(es) or claims including dates, details and amount paid within the past 3 years).

SECTION 6: PERSONAL EQUINE LIABILITY OPTION Yes No

This is an optional endorsement to the business policy, designed to protect you against claims arising out of bodily injury or property damage caused by your horse during **personal** use (trail riding, showing, pasturing). For owners with 4 or less horses.

Declared Private Owned Horses (OWNED or LEASED 100% BY THE APPLICANT)

Application must be submitted for a rate if you own/lease more than four horses.

HORSE NAME	SEX	USE	AGE	REGISTRATION/ COLOR/MARKINGS	BREED

CHANGES MADE TO THE DECLARED OWNED/LEASED HORSES DURING THE POLICY TERM NEED TO BE MADE IN WRITING.

PONY RIDES: Check if NO exposure

Only equine operations providing Pony Rides as an incidental part of their overall equine operations will be considered for coverage. All Pony Rides must utilize Safety Helmets to be eligible for coverage consideration. Operations which fasten or tie children to the saddle or pony are not eligible for coverage consideration. All pony rides must be given in an enclosed area to be eligible for coverage consideration. Rope or Wire enclosures are not permitted.

- 1. Maximum Number of Ponies used at any one time: _____ Estimated number of riders: _____
- 2. Minimum age of riders: _____ Are the parents present during the ride? Yes No
- 3. Do you operate your Pony Ride operations under another name? Yes No
If YES, please detail: _____
- 4. Do you offer Pony Ride operations in cooperation with other organizations? Yes No
If YES, please detail: _____
- 5. How many years' experience giving Pony Rides? _____
- 6. Ride is; *check all that apply* In a Ring Handled (Side-walkers) Pony Carousel (Merry go round)
 Other _____
- 7. Length of Pony Ride is: _____
Are the riders required to wear any safety gear? Yes No
Are any belts, ties, or other restraints (saddle) used? Yes No If YES, please detail: _____
- 8. Are all Pony Rides conducted in an enclosed area? Yes No If NO, please detail: _____
- 9. Type of enclosure is: Round Pen Small Arena Paddock (less than 1/2 acre) Other _____
- 10. Please describe enclosure/fencing: _____
- 11. Do you offer *other* activities to Pony Ride participants? Yes No If YES, please detail: _____
- 12. Do you secure a signed release from all riders (parents or guardian)? Yes No (EQUISURE'S RECEIPT OF SUCH
WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT



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EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENT FOR ITS LEGALITIES OR VALIDITY.)

- 13. Do you supervise all pony rides? Yes No If NO, please detail: _____
- 14. Is a riding instructor always present? Yes No If NO, please detail: _____
- 15. What are the annual gross receipts for this activity? \$ _____ Average charge per Pony Ride: \$ _____
- 16. Estimated # of pony ride days per year? _____

DAY CAMPS: Check if NO Exposure

Operations must utilize Liability Waivers signed by Parent/Legal Guardian to be eligible for coverage consideration.
 Operations which fasten or tie children to the saddle, pony, or carousel are not eligible for coverage consideration. Note: If dates have not been set, written notice of Day Camp must be received in our office prior to the commencement of the Day Camp. Coverage is not provided for Day Camps that have not been declared to the Company in advance of the Day Camp.

- 1. Do you operate your Equestrian Day Camp operation under another name? Yes No
If YES, please detail: _____
- 2. Do you offer your Equestrian Day Camp operations in cooperation with other organizations? Yes No
If YES, provide details: _____
- 3. How many years' experience with Day Camps: _____ Average Cost per camper per session: \$ _____
- 4. What are the gross annual receipts expected from Day Camps? \$ _____
- 5. Expected Dates of Day Camps for the year: _____
- 6. What are the age groups of those attending? _____ Are Helmets required? Yes No
- 7. Are any belts, ties, or other restraints used? Yes No If YES, provide details: _____
- 8. List all Equestrian Day Camp Activities: _____
- 9. Minimum age of Campers: _____
- 10. Are all Day Campers regular students in your riding lesson program? Yes No
If NO provide approximately how many are NOT your regular students: _____
- 11. Number of campers per session/Camp? _____ Number of Days per Camp? _____ Number of camps per year? _____
- 12. Purpose of camp? _____
- 13. What is the number of counselors per students? _____ Minimum age of trainers? _____
- 14. What type of training do the counselors receive? _____
- 15. How long have your counselors worked for your operation? Average: _____ Minimum: _____ Maximum: _____
- 16. Names of all counselors: _____
- 17. Are all rides conducted in an enclosed arena? Yes No Round Pen Small Arena Small Paddock (less than 1/2 acre) Other describe: _____
Describe enclosure fencing: _____
- 18. Is liquor served at any time during the camp? Yes No If YES, provide details: _____
- 19. Is this an Overnight Camp? Yes No What are the Camp hours? _____

We require proof of current Molestation Policy

If Overnight, please provide the following:

Number of Chaperones: _____ Age range of Chaperones: _____

Name & Ages of Chaperones: _____

Describe all overnight and any off-premises activities: _____

- 20. What type of background checks are performed on counselors/employees? _____
- 21. Do you serve or prepare meals for participants? Yes No



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If YES please detail _____

22. Do you get signed waivers/hold harmless release agreements? Yes No If YES copy is required.

(EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUEANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENTS FOR ITS LEGALITIES OR VALIDITY.)

23. Are any camp services provided by non-employees? Yes No

If YES, please detail _____

24. Do you permit early drop off and/or late pick up of campers? Yes No

If YES, please detail _____

25. Do campers have access to trampolines, climbing apparatus, or other equipment? Yes No

If YES please detail _____

26. Do you have off premises activities? Yes No

If YES, please detail _____

27. List activities conducted *other* than Equine related (i.e. Swimming Pool): _____

Please note, we do not offer liability arising from the use of swimming pools.

28. Are any campers physically or emotionally handicapped? Yes No

If YES, please detail: _____

29. Is any camp counselor/employee/supervisor under investigation for, or has a previous record of child abuse? Yes No

30. 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

31. Are all buildings and equipment maintained in a safe, clean condition and in good repair, and Indoor/Outdoor environments safe, clean and spacious? Yes No If NO, please detail: _____

32. Do you provide transportation for campers for any reason? Yes No

If YES, please detail: _____

IF YES, WE REQUIRE A CERTIFICATE OF INSURANCE FROM YOUR AUTO INSURANCE CARRIER AND COMPLETE DRIVER INFORMATION ON ALL DRIVERS.

GUIDED TRAIL RIDES: Check if NO Exposure _____

1. Average number of horses used for any one trail ride: _____ Maximum number of horses used on any one trail ride: _____

2. Do any rides occur overnight? Yes No If YES, please detail: _____

3. Describe the housing accommodations which you provide for the campers provide: _____

4. Who are the chaperones for overnight rides? _____

5. Describe all overnight activities: _____

6. Is liquor served at any time during an overnight ride? Yes No If YES, please detail: _____

7. Do you Serve or prepare meals for riders? Yes No If YES, please detail: _____

8. Wrangler/Guide/Instructor ratio to riders: _____:

9. What type of training do the Wrangler/Guide/Instructors receive? _____

10. How long have your Wrangler/Guide/Instructors worked for your operation? Average _____ Minimum _____ Maximum _____

11. What is age range of Wranglers/Guides/Instructors? _____

12. When is a second Wrangler/Guide/Instructor used? _____



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- 13. Age of riders – Youngest _____ Oldest _____
- 14. Does Wrangler/Guide/Instructor hand lead any horses during the ride? ___ Yes ___ No
If YES, please detail: _____
- 15. Is double riding allowed at any time? ___ Yes ___ No
If YES, please detail: _____
- 16. Is a signed waiver/release used for all riders? ___ Yes ___ No If YES, please attach a copy.
(EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENT FOR IT'S LEGALITIES OR VALIDITY.)
- 17. Are trail rides for: ___ Lesson program for regular students _____ General Public for an hourly fee
- 18. Is cantering, loping, or galloping allowed? ___ Yes ___ No If YES, please detail: _____
- 19. Length of rides: ___ 1 hour ___ 1 ½ hours ___ 2 hours ___ Longer than 2 hours. If longer than 2 hours, please provide specifics of the longer trail ride: _____
- 20. Who maintains the trails? _____ Who owns the trail Property? _____
- 21. Other than trail riding, what other activities do you offer participants? _____
- 22. What other activities do you provide to ride participants? _____
- 23. Approximately how many trail ride days per year? _____
- 24. Gross Annual receipts estimated for trail rides: \$ _____

HORSE DRAWN VEHICLE RIDES:

Check if NO Exposure _____

Horse Drawn Vehicle Rides given primarily on metropolitan roads, used as a taxi service and hired hourly by general public are not eligible for coverage consideration.

- 1. Do you operate you Horse Drawn Vehicle Rides under another name? ___ Yes ___ No If YES, please detail: _____
- 2. Number of year's you have provided Horse Drawn Vehicle Rides. _____
- 3. Indicate the type of ride(s): ___ Wagon/Carriage Ride ___ Sleigh Rides ___ Hay Rides ___ Haunted Hay Rides
___ Tractor Drawn Rides ___ Other: _____
- 4. Who is involved in the rides? ___ Applicant/Owner ___ Spouse ___ Children (under 16yrs) ___ Employees ___
___ Other: _____
- 5. How many wagons, sleds or carriages are used? _____ Max. # of passengers _____ Max. # horses per vehicle _____
- 6. Sleigh, or carriage is drawn by: ___ Horse ___ Horse Team ___ Other: _____
- 7. Type of wagon/sleigh used: _____
- 8. Age of wagon/sleigh? _____ Who maintains the wagon/sleigh and how often? _____
- 9. Are nighttime rides given? ___ Yes ___ No If YES, does wagon/sleigh have the following equipment:
___ Lights ___ Reflectors ___ Hydraulic brakes ___ Slow moving emblems ___ Ladder ___ Mobile Steps
___ Other: _____
- 10. Are rides given on, or cross over, public roads? ___ Yes ___ No If YES, please detail: _____
- 11. Are rides given on city and/or metropolitan roads? ___ Yes ___ No If YES, please detail: _____
- 12. Average number of days rides are given per week? _____
- 13. Do you have any rides off premises? ___ Yes ___ No If YES, please detail: _____



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14. Do you ever drive in parades? Yes No If YES, Number of Parade days annually: _____
 Parade Names: _____ Dates: _____ Locations: _____
 Details on passengers, such as parade marshals, royalty, elected officials, etc: _____
15. What other events do you provide rides for? _____
16. Do you offer other activities to ride passengers? Yes No If YES, please detail: _____
17. Is liquor served or allowed during a ride? Yes No If YES, please detail: _____
18. Average number of ride days provided annually? _____
19. What are the gross annual receipts for this activity? \$ _____
20. Do you get signed waivers/hold harmless release agreements? Yes No If YES, a copy is required.
 (EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUEANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENTS FOR IT'S LEGALITIES OR VALIDITY.)

HORSE SALES: Check if NO Exposure _____

A sample copy of your Bill of Sale used in horse sales transactions and a copy of your Hold Harmless agreement must accompany this form prior to receiving a quote.

1. What are your Annual Gross Receipts for this exposure? \$ _____
2. Give the estimated number of horses sold annually: _____
3. Is the buyer allowed to test ride? Yes No
 If YES, provide type of test: Open field Arena Other: _____
4. Is supervision provided during the test ride? Yes No If NO, please detail: _____
5. Are waivers signed for all test rides? Yes No If NO, It is MANDATORY that releases be signed by all test riders.
6. Do you sell horses for others (agent/broker)? Yes No If YES, It is MANDATORY that you use a Hold Harmless Agreement or coverage will be declined.
7. Provide the number of horses sold that are: Owned by you: _____ Owned by others: _____
8. Do you give any representations, guarantees or warranties? Yes No If YES, please detail: _____
9. What are the average values of the horses you sell? \$ _____ Maximum Value: \$ _____

PETTING ZOOS: Check if NO Exposure _____

LIST ANIMAL TYPES AND NUMBER IN THE ZOO:

<u>DOMESTIC/LIVESTOCK/WILDLIFE ANIMALS</u>	<u>NUMBER OF ANIMALS</u>	<u>WILD/EXOTIC ANIMALS</u>	<u>NUMBER OF ANIMALS</u>
<u>OTHER ANIMALS</u>	<u>NUMBER OF ANIMALS</u>	<u>OTHER ANIMALS</u>	<u>NUMBER OF ANIMALS</u>

1. Total gross annual receipts – for petting zoo only (total amount of money received before subtracting taxes, costs, or expenses) \$ _____
2. Do you transport any animals to another location for petting zoo purposes? Yes No
 If Yes, please describe and detail which animals. _____
3. Are all animals in pens or behind fences, separating them from visitors at all times? Yes No
 If No, which animals are allowed full contact with visitors? _____



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4. Are visitors allowed to feed the animals? Yes No
If Yes, which animals are visitors allowed to feed? _____
5. Are visitors required to sign liability waivers specific to the petting zoo? Yes No If Yes, please attach waiver.
6. Do you post information on safety & health precautions on site? Yes No
If Yes, please detail _____
7. Do you provide hand washing stations with running water and soap? Yes No
If Yes, how many? _____ How frequently are stations checked and replenished? _____
If No, please describe hand sanitation policy. _____
8. Do you provide hand sanitizer? Yes No
9. Do you allow outside food or drink into the petting zoo? Yes No
10. Do you provide concessions of any kind? Yes No If Yes, provide total Gross Annual Receipts \$ _____
11. Are photos taken with animals by you or staff members for an additional fee? Yes No
If Yes, which animals can photos be taken with? _____
If Yes, provide total Gross Annual Receipts – for photos only \$ _____
12. Do you allow strollers, pacifiers, baby bottles, spill-proof cups, or toys into the animal area? Yes No
13. Please detail the cleaning and disinfecting procedures of the petting zoo including frequency.

14. Do you allow visitors to ride any animals? Yes No If Yes, please complete Riding Information below

RIDING INFORMATION

15. Please list all animals' visitors can ride.

16. Total Gross Annual Receipts – from rides only (*total amount of money received before subtracting taxes, costs or expenses*). \$ _____
17. How many days in one calendar year are rides given? _____
18. What is the minimum age of riders? _____
19. Is it mandatory that parents are present during the entire ride? Yes No
20. Are riders required to wear any safety gear? Yes No
21. Are riders required to sign liability waivers? Yes No
22. Are all riders supervised by facility personnel? Yes No
23. Are all rides at the designated petting zoo location only? Yes No
If No, detail where rides take place. _____

DISCLAIMERS

- I. The applicant is required to keep records of the information we need for premium computation. At our discretion we may ask for copies to verify the risk information you have provided.
- II. This policy does not provide coverage for any claim made or suit brought against any 'insured person' for bodily injury or 'property damage' caused by or contributed to a bite by any canine owned by, or in the care or custody of any 'insured' person.

TERMS AND CONDITIONS

I acknowledge that this application is applicable to **Equine Assisted Activities Therapy Liability only**. I understand that no other coverage is included and that any additional coverage must be purchased separately. I acknowledge that I have read and agree to the following Terms and Conditions.



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- I. All quotes provided are good faith estimates only and are based on information provided to us by the customer, and by the insurance companies quoting. All quotes are subject to underwriting rules and requirements, such as loss history. Various cancellation penalties and minimum earned premiums may apply.
- II. The insured expressly grants the agency the authority to cancel any or all policies in order to recover monies due because of non-payment of premium on any policy.
- III. It is imperative that all claims be reported promptly to the agency or the insurance company in writing.
- IV. The agency endeavors to explain coverages and available options but makes no claim or warranty that all possible coverages or options have been offered. It is the buyer's sole responsibility to judge the suitability of the insurance program for their purposes and to understand the limits, perils insured against, exclusions, and limitations of the policies they buy.
- V. All coverages are afforded by a written binder or by a company issued policy. No coverage is in force until written confirmation is received from the agency or the insurance company. All additions, deletions, or other changes must be issued by the insurance company to be valid.
- VI. The insurance policy is the contract between you and the insurance company. Read your policy and bring to your agent's attention any aspect that you do not understand, or any desired changes to limits or coverages.
- VII. Some policies have territorial limits of which you should make yourself aware if you do business or have business travel outside the territorial limits of the United States.
- VIII. Acceptance of this application by signature and by payment of premium constitutes acceptance of, understanding of, and agreement to these terms and conditions.

I would like information about the following available coverages.

Yes No Club Liability
 Yes No Crime
 Yes No Cyber Liability
 Yes No Directors & Officers Liability
 Yes No Personal Equine Liability
 Yes No Animal Mortality
 Yes No Special Event Liability
 Yes No Other (describe) _____



To cut down on our paper consumption, we now offer electronic policy delivery. Please select one of the options below.

- I prefer to receive my policy documents via e-mail.
 - I prefer to receive my policy documents via hard copy in the mail.

FRAUD WARNING NOTICES

STANDARD: Any person, who knowingly and with intent to defraud any insurance company or other person, files an applications for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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. The insurer shall not offer an optional extension period for this policy in New Mexico.

NOTICE TO OHIO APPLICANTS: 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.



EQUINE INSTRUCTOR/TRAINER PROFESSIONAL LIABILITY

EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - NEW OR REWRITE BUSINESS

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: 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 may be guilty of insurance fraud which may subject such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any 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 (\$5,000) and the stated value of the claim for each such violation.

THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.



Authorized Signature

Date

Print Name

By applying for this insurance, you are also applying for membership in the Association Resource Group Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.) and organized in Colorado. Your membership will be effective once your completed application and membership fee have been approved and payment received.

CHECKLIST

1. Be sure to provide answers to ALL questions on this application.
2. Sign and print your name above
3. Complete the certificate request form, if needed, on page 7
4. Attach your release or waiver
5. Include State Affidavit if Applicable (see below)

**If your Physical Address is in one of the following states additional information will be required prior to policy issuance:
AR, CA, CT, DE, FL, KS, MA, NC, NJ, NY, OH, RI, WV or WY**



EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - NEW OR REWRITE BUSINESS

CERTIFICATE of INSURANCE REQUEST FORM

This is not a binder. Please type or print clearly.

ALL CERTIFICATES REQUESTED BELOW WILL BE EMAILED/MAILED TO THE APPLICANT ON THIS PAGE FOR DISTRIBUTION UNLESS SPECIAL ARRANGEMENTS HAVE BEEN AGREED UPON.

Applicant Name: _____ **Email Address:** _____

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if certificate requires specific wording.

Certificate Holder Definitions

- **Additional Insured's**, if added will provide insurance rights to the other party (the additional insured) if involved in a covered claim.
- **Proof of insurance** will provide a certificate proving you have insurance but does not provide certificate holder with any coverage. **Please note we must have complete mailing addresses for either request.**

CERTIFICATE HOLDER (Select One) PROOF OF INSURANCE OR ADDITIONAL INSURED (AI)

Check all that apply

ASSISTANT LANDOWNER FACILITY OWNER SPONSOR EQUIPMENT LESSOR

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

CERTIFICATE HOLDER (Select One) PROOF OF INSURANCE OR ADDITIONAL INSURED (AI)

Check all that apply

ASSISTANT LANDOWNER FACILITY OWNER SPONSOR EQUIPMENT LESSOR

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

CERTIFICATE HOLDER (Select One) PROOF OF INSURANCE OR ADDITIONAL INSURED (AI)

Check all that apply

ASSISTANT LANDOWNER FACILITY OWNER SPONSOR EQUIPMENT LESSOR

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____



EQUINE PROFESSIONAL & GENERAL LIABILITY

PROUD SPONSORS OF



EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - NEW OR REWRITE BUSINESS

***RATING WORKSHEET FOR ANNUAL POLICY PREMIUM: Liability Limits \$1,000,000 Occurrence/\$1,000,000 Aggregate. All other limit requests please Submit for Rate**

STEP 1: TOTAL INCOME (BEFORE EXPENSES) Refer to Section 3

Number of Horses/Students	GAR \$0-50,000	\$50,001-\$100,000	\$100,001-150,000
0-15	\$ 1049.00	\$ 1668.00	\$ 2308.00
16-29	\$ 1668.00	\$ 1916.00	\$ 2508.00
30-49	\$ 2167.00	\$ 2266.00	\$ 2908.00
50-100	\$ 2895.00	\$ 3062.00	\$ 3448.00

**Horses over 100 or GAR over \$150,000
SUBMIT FOR RATE**

(Example: 20 students, Total Income \$55,000 = \$1918.00)

STEP 1 INCOME Premium: \$ _____

STEP 2: CLINICS - Events outside of regularly scheduled sessions/lessons/activities with reoccurring clients/students

I want coverage for Clinics Yes No, I do not want coverage for clinics

1-6 days per year – no charge 7-25 days per year - \$125.00 additional premium

26-100 days per year - \$250 additional premium 101+ days – SUBMIT

STEP 2 CLINICS Premium: \$ _____

STEP 3: ASSISTANTS/PARTNERS

I want coverage for Assistants/Partners (including spouse and LLC/Corporation members working in the business)

Yes \$325.00 x _____ # of assistants/partners

No, I do not want coverage for assistants/partners

STEP 3 ASSISTANT Premium: \$ _____

STEP 4: VOLUNTEER/WORKING STUDENT PROGRAM

I want coverage for Volunteers/Working Students

<input type="checkbox"/> Yes	1-6 per Month Included	19-24 per Month	\$375.00 additional premium
	7-12 per Month \$125.00 additional premium	25-50 per Month	\$500.00 additional premium
	13-18 per Month \$250.00 additional premium	50+ per Month	Submit for Rate

No, I do not want coverage for volunteers/working students

STEP 4 VOLUNTEER Premium: \$ _____

STEP 5: BOARDING (with or without income) – Refer to Section 3

a. I want coverage for overnight Boarding

Yes No, I do not want coverage for overnight boarding

1-15 Horses OR GAR up to \$100,000	16-25 Horses OR GAR \$100,001 to \$150,000	26-35 Horses OR GAR \$150,001 to \$200,000	36-45 Horses OR GAR \$200,001 to \$250,000
\$ 771.00	\$ 974.00	\$ 1365.00	\$1911.00

**Horses over 45 or GAR over \$250,000
SUBMIT FOR RATE**

STEP 5 BOARDING Premium: \$ _____

STEP 6: BREEDING (with or without income) – Refer to Section 3

a. I want coverage for Breeding *Professional Liability does not apply*

Yes \$300.00- If receipts are over \$50,000 Submit for Rate

No, I do not want coverage for breeding

STEP 6 BREEDING Premium: \$ _____

STEP 7: ADDITIONAL EQUINE ACTIVITIES – Supplement Application required in order to quote

- a. Pony Rides: Submit supplemental application for Rate. Yes No, I do not want coverage for pony rides
- b. Day Camps: Submit supplemental application for Rate. Yes No, I do not want coverage for day camps
- c. Horse Sales: Submit supplemental application for Rate. Yes No, I do not want coverage for horse sales
- d. Other: _____: Provide details/brochure for rate. Yes No, I do not want coverage for other

STEP 8: PERSONAL EQUINE LIABILITY **Section 6 above must be completed when adding this option. **

Yes, I want coverage for Personal Equine Liability \$110 additional annual premium

No, I do not want coverage for Personal Equine Liability

STEP 8 PERSONAL EQUINE Premium: \$ _____

STEP 9: TOTAL ANNUAL POLICY PREMIUM *

TOTAL (add steps 1-8) \$ _____

***NOTE: This is a premium indication ONLY based upon information provided by the applicant. This worksheet does not represent all combinations, changes in limits of insurance, claims history or pending claims.**



PAYMENT OPTIONS FORM

Please select only one payment option. Return form with completed application. Print legible.

Applicant Name * _____ Client Code _____

Business/Club Name _____

Address* _____ City * _____ State* _____ Zip* _____

Phone* _____ Fax _____

Email* _____ * required

___ Request Quote Only (No payment enclosed)

___ Full Payment Credit Card (****complete authorization form on next page****)

___ Full Payment Check or Money Order (made payable to: Equisure, Inc.) \$ _____

___ Premium Financing - **Minimum 30% down payment (credit card, check or money order made payable to Equisure, Inc.) required for financing.**

Premium Down Payment: ___ Credit Card (****complete authorization form on next page****)

___ Check or Money Order (made payable to: Equisure, Inc.) \$ _____

The remaining balance, after the 30% down payment to Equisure, Inc., will be billed and paid to IPFS Corporation (IPFS)² and is *not* financed by Equisure, Inc.

Optional Endorsement and Mortality Major Medical premiums must be paid in full and cannot be financed.

FINANCE AUTHORIZATION

By signing this confirmation as the named insured, you authorize a representative of Equisure, Inc. to prepare and sign the Premium Finance Agreement on your behalf and agree to all provisions of the Premium Finance Agreement. A copy of the Premium Finance Agreement will be provided to you. *(Please be advised that interest rates may vary and may exceed 20% APR).*



Signature

Date

___ Yes, I would like to receive my finance notices, finance invoices and finance statements via email from IPFS Corporation (IPFS). Please print the name and provide an email address to receive IPFS eForms. [Note: IPFS will continue to utilize the US Postal Service (USPS) for the purpose of legal notifications required by premium financing statutes. These notices will be emailed and also mailed through the USPS].

Name

Email address



EQUINE PROFESSIONAL & GENERAL LIABILITY

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EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - NEW OR REWRITE BUSINESS

CREDIT CARD AUTHORIZATION FORM

Return form with completed application if paying with a credit card. Print legible.

___ VISA or ___ MasterCard **Amount Authorized \$** _____

We do not accept American Express or Discover

Name on Credit Card _____

Credit Card # _____

Credit Card Expiration date: _____

Signature as shown on Credit Card _____