

# Equine Commercial General Liability

## Equi-Nes Insurance Incorporated

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Columbus, Ohio 43235

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Producer: \_\_\_\_\_ Number: \_\_\_\_\_

Policy and/or Renewal #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Business Name (DBA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Website address: \_\_\_\_\_ Email address: \_\_\_\_\_

*Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.*

Use: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Past and/or present Insurance Company: \_\_\_\_\_ Last Year's Premium: \$ \_\_\_\_\_

Does Insured:  Own  Lease *Ownership:*  Individual  Corporation  Association  Partnership

### Equestrian Commercial General Liability

<b>Each Occurrence Limit</b>	<b>\$300,000</b> <input type="checkbox"/>	<b>\$500,000</b> <input type="checkbox"/>	<b>\$1,000,000</b> <input type="checkbox"/>
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)	\$5,000	\$5,000	\$5,000
<b>Double Aggregate</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Personal Endorsement</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Products and Completed Operations</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Professional Endorsement</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

List Additional Insureds with relationship descriptions. **(Do not include Independent Instructors/Trainers in this section. Employees are Not Qualified.)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Has the applicant had any liability claims or reported incidents in the past three years? Yes  No

Has coverage been denied and/or cancelled in the last three years: Yes  No

Attach a separate sheet to explain all claims and reported incidents for the past three-year period. Give dates, cause of loss, and amount paid.

### Definitions and Instructions

- **COMMERCIAL GENERAL LIABILITY:** Coverage for Commercial Equine Activities, which are both declared on the application and approved by AEIG.
- **DOUBLE AGGREGATE:** Doubles the amount of coverage that is available during the policy period, but does not increase the occurrence limit.
- **EXCESS LIMITS:** Increases the per occurrence and aggregate limit. Primary limits of 1mm per occurrence and 2mm aggregate are required.
- **PRODUCTS AND COMPLETED OPERATIONS:** Coverage for instances when a product you are responsible for causes bodily injury or property damage. For example, this coverage would protect you if you were serving refreshments at a hosted show and a third party became ill from them.
- **PERSONAL HORSE OWNER'S COVERAGE:** Provides coverage for personal, non-commercially owned pleasure horses both on and off premises.
- **EQUESTRIAN PROFESSIONAL COVERAGE:** Professional Equestrian Errors and Omissions coverage.
- **ADDITIONAL INSURED:** List Land Owners and/or Owners of facilities leased, etc. Spouses are covered automatically, but if children are of legal age and are part of your commercial operations, they need to be listed as Additional Insureds. Independent Instructors / Trainers and Employees are not qualified. (An Employee is an insured while working within their job description.)
- **INDEPENDENT TRAINERS / INSTRUCTORS:** List all Trainers and Riding Instructors who utilize your facility. On Premises Coverage will be provided for those Independent Trainers / Riding Instructors listed. If any Trainers and/or Instructors require Off Premises coverage, they must complete their own application. We will provide a quotation to cover your Riding Instructor's activities, which will avoid duplication of coverage and cost. If your Trainer or Independent Instructor has coverage elsewhere, please send proof of coverage listing you and your business as an additional insured. (An Employee is an insured while working within their job description.)
  - **CARE, CUSTODY & CONTROL:** CCC coverage is to protect you in the event of a lawsuit claiming negligence by you or an employee resulting in the injury or death of a horse that is in your Care, Custody and Control. There is NO Coverage provided under the Commercial General Liability for other people's horses in your care.

**Remember:** If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be approved. Any events or activities not described/disclosed are not covered.

## Summary of Equestrian Activities

Total number of horses owned / leased by you or your business: \_\_\_\_\_ Total professional years in this type of an operation: \_\_\_\_\_

Max. no. of horses owned / leased taken off premises (horse shows etc.): \_\_\_\_\_ Max. no. of horses used for **Riding Instruction / School Horses**: \_\_\_\_\_

Give a brief description of operation: \_\_\_\_\_  
 \_\_\_\_\_

Briefly list officiating, judging, instructors licenses and/or competition experience: \_\_\_\_\_

If you are not the primary manager, Manager's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Years Exp: \_\_\_\_\_

24-hour supervision of facility	Yes <input type="radio"/>	No <input type="radio"/>
Emergency numbers posted	Yes <input type="radio"/>	No <input type="radio"/>
Safety & Barn Rules posted and written out	Yes <input type="radio"/>	No <input type="radio"/>
Current liability waivers utilized	Yes <input type="radio"/>	No <input type="radio"/>
State Equine Liability signs posted	Yes <input type="radio"/>	No <input type="radio"/>
Smoking allowed in barns	Yes <input type="radio"/>	No <input type="radio"/>
Shoes with heels required	Yes <input type="radio"/>	No <input type="radio"/>

**Helmets are Required:**

- By everyone ALL OF THE TIME
- 18 and under ALL OF THE TIME
- Everyone while jumping/speed work
- Only 18 and under while jumping  Optional

Describe precautions taken to keep horse(s) from having access to public roads: \_\_\_\_\_  
 \_\_\_\_\_

**Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.**

<b>Breeding</b>	Yes <input type="radio"/>	No <input type="radio"/>	What is your average Stud Fee charged: _____ \$
Total number of stallions standing stud on your premises: _____			Total number of stallions, which you own or have partial ownership, standing at stud off premises: _____
Total number of mares covered annually on premises: _____			Total number of mares, which you own, covered annually off premises: _____

<b>Boarding</b>	Yes <input type="radio"/>	No <input type="radio"/>	Average number of horses boarded monthly: _____
<b>Horse Sales</b>	Yes <input type="radio"/>	No <input type="radio"/>	Total horses sold annually: _____
<b>Training</b>	Yes <input type="radio"/>	No <input type="radio"/>	Average number of horses in training monthly: _____

<b>Independent Trainers</b>	Yes <input type="radio"/>	No <input type="radio"/>	(Must be 18 years old.)
1. _____	Years Exp. _____	2. _____	Years Exp. _____

<b>Riding Instruction</b>	Yes <input type="radio"/>	No <input type="radio"/>	Anyone under 21 giving riding instruction: Yes <input type="radio"/> No <input type="radio"/>
Any Day Camp activities:	Yes <input type="radio"/>	No <input type="radio"/>	(If yes, the Equestrian Day Camp Supplemental Application must be completed.)
Type of instruction: _____			
Operation's Total Riding Instruction, both On and Off Premises, <u>including all Independents' On Premises Instruction.</u>			
Total lessons given annually: _____			Average number of weekly lessons given on Client's Own horse(s): _____
Average cost per lesson: \$ _____			Average number of weekly lessons given on School/Insured's horse(s): _____

<b>On Premises Riding Clinics</b>	Yes <input type="radio"/>	No <input type="radio"/>	Total Clinic Days: _____ Clinic Dates: _____ No. of participants per day: _____
<b>Off Premises Riding Clinics</b>	Yes <input type="radio"/>	No <input type="radio"/>	Total Clinic Days: _____ Clinic Dates: _____ No. of participants per day: _____

<b>Independent Instructors</b>	Yes <input type="radio"/>	No <input type="radio"/>	(Must be 18 years old.)
1. _____	Years Exp. _____	2. _____	Years Exp. _____

<b>Officiating/Judging</b>	Yes <input type="radio"/>	No <input type="radio"/>	Total show days Judging / Officiating annually: _____
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<b>Host Shows / Events</b>	Yes <input type="radio"/>	No <input type="radio"/>	Please provide a description of the event (such as show, clinic, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bio or flyer or last year's flyer. Use extra pages as necessary.
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<b>Hosted Sanctioned Show Days</b> per year: _____	Event/Show date(s): _____
Sanctioning Organization(s): _____	Description of event activities: _____
Average number of competitors per Show / Event: _____	Average number of spectators per Show / Event Day: _____
Maximum number of competitors: _____	Maximum number of spectators: _____

<b>Hosted Non-Sanctioned Show Days</b> per year: _____	Event/Show date(s): _____
Description of event activities: _____	
Average number of competitors per Show / Event: _____	Average number of spectators per Show / Event Day: _____
Maximum number of competitors: _____	Maximum number of spectators: _____

**Note:** If dates have not been set, Written Notice of the event must be received in our office prior to the show date. Coverage is not provided for show dates that have not been declared to the company in advance of the event.

**Pony & Horse Drawn Vehicle Rides** Yes  No  (If yes, the Pony Ride / Horse Drawn Vehicle Rides Supplemental Application must be completed.)

**Do you own dogs?** Yes  No  If yes, how many, what type, and for what purpose: \_\_\_\_\_  
 Are other dogs permitted at your facility or at any events you host? Yes  No   
 If yes, please explain your policy regarding dogs: \_\_\_\_\_  
 \_\_\_\_\_  
 Has any dog which you own or on your premises bitten or caused injury to anyone. (If yes, attach details on a separate page.) Yes  No

**Other animals on premises** Yes  No  If yes, describe: \_\_\_\_\_  
**Hunting on premises?** Yes  No  If yes, by:  Owners  Others Do you charge a fee? Yes  No   
**Swimming pool on premises?** Yes  No  Do you have a security fence around your pool? Yes  No

Is alcohol permitted on your premises? Yes  No  If yes, describe: \_\_\_\_\_  
 Is alcohol sold on your premises? Yes  No  If yes, describe: \_\_\_\_\_  
**Note: The sale of alcohol is not covered by the policy.**

Is **CARE, CUSTODY & CONTROL (CCC)** coverage desired? Yes  No   
 If you selected "No", please sign here to verify that CCC coverage has been explained to you and you have opted to decline the coverage: \_\_\_\_\_

The rates below include "Transportation Coverage" for transportation of non-owned horses in your care while in the Continental U.S. and Canada.  
**(Excludes Licensed Commercial Haulers.)**  
**Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.**  
 Select from the limits below. Premiums shown are for up to 20 horses.

	Maximum Limit Per Horse	Aggregate Limit Per Year	Annual Base Premium	Per horse over 20 horses
<input type="radio"/> 1)	\$5,000	\$25,000	\$300.00	\$5.00
<input type="radio"/> 2)	\$5,000	\$50,000	\$375.00	\$8.00
<input type="radio"/> 3)	\$10,000	\$50,000	\$400.00	\$9.00
<input type="radio"/> 4)	\$10,000	\$100,000	\$475.00	\$10.00
<input type="radio"/> 5)	\$15,000	\$100,000	\$500.00	\$13.00
<input type="radio"/> 6)	\$25,000	\$100,000	\$550.00	\$15.00
<input type="radio"/> 7)	\$25,000	\$250,000	\$600.00	\$17.00
<input type="radio"/> 8)	\$25,000	\$300,000	\$700.00	\$18.00
<input type="radio"/> 9)	\$50,000	\$300,000	\$1,100.00	\$20.00
<input type="radio"/> 10)	\$100,000	\$300,000	\$1,400.00	\$25.00
<input type="radio"/> 11)	\$100,000	\$500,000	Submit for Quote	
<input type="radio"/> 12)	\$250,000	\$500,000	Submit for Quote	
<input type="radio"/> 13)	\$500,000	\$1,000,000	Submit for Quote	

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium. No   
 (If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody & Control (Breeding, Boarding, Training, etc.): \_\_\_\_\_  
 Maximum number of non-owned horses in your Care, Custody & Control (Breeding, Boarding, Training, etc.): \_\_\_\_\_

Are your horse trailers in good repair and on a proper maintenance program: Yes  No   
 How often and for what reasons do you transport horses for others: \_\_\_\_\_

**ANNUAL GROSS REVENUES FROM EQUINE ACTIVITIES**

Breeding: \$ _____	Boarding: \$ _____	Horse Sales: \$ _____
Training: \$ _____	Riding Instruction: \$ _____	Riding Clinics: \$ _____
Judging: \$ _____	Hosting Shows: \$ _____	Tack / Retail Sales: \$ _____
Pony Rides: \$ _____	Horse Wagon Rides: \$ _____	Equestrian Day Camps: \$ _____
Other ( ): \$ _____ (Explain activity below.)	<b>Total Annual Gross Revenue: \$ _____</b>	

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.  
**(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)**

**NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!**  
 I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement. I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage.

(Must be signed and dated)  
 Applicant's Signature: \_\_\_\_\_  
 Print name: \_\_\_\_\_ Date: \_\_\_\_\_