

Complete only if four or more personal horses on premises.

SUPPLEMENTAL HORSE QUESTIONNAIRE

INSURED	AGENT
ALL OPERATIONS MUST BE DECLARED	ALL HORSE RELATED OPERATIONS MUST BE INSURED

I. GENERAL UNDERWRITING & LOSS INFORMATION

DESCRIPTION OF OPERATIONS _____

NO. OF YEARS EXPERIENCE IN THIS TYPE OF OPERATION: _____ NUMBER OF YEARS AT THIS LOCATION: _____

IF THIS IS A NEW OPERATION, PLEASE PROVIDE BRIEF HISTORY OF PAST EXPERIENCE _____

IS THERE 24 HOUR SUPERVISION? YES NO | IF YES, NAMES OF INDIVIDUALS _____

FULLY DESCRIBE ANY OTHER BUSINESS OPERATIONS WHICH YOU OWN, OPERATE, OR HAVE AN INTEREST IN: _____

II. SUMMARY OF HORSES AT PEAK SEASON

TOTAL OWNED: _____ TOTAL LEASED: _____

NUMBER USED FOR: INSTRUCTION _____ PLEASURE _____ SHOW _____
 BREEDING STALLIONS _____ BROOD MARES _____ YEARLINGS, WEANLINGS AND SUCKLINGS _____
 SHOW TRAINING _____ RACE TRAINING _____ RENTAL _____
 OTHER (Describe) _____

TOTAL NON-OWNED: _____

NUMBER USED FOR: INSTRUCTION _____ PLEASURE _____ SHOW _____
 BREEDING STALLIONS _____ BROOD MARES _____ YEARLINGS, WEANLINGS AND SUCKLINGS _____
 SHOW TRAINING _____ RACE TRAINING _____ RENTAL _____
 OTHER (Describe) _____

BREEDS: _____

III. EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS

CHECK IF NO EXPOSURES AND INITIAL _____

MAXIMUM NUMBER OF OWNED HORSES AVAILABLE FOR INSTRUCTION AT PEAK. (DO NOT INCLUDE STUDENTS ON THEIR OWN HORSES.): _____	MAXIMUM NUMBER OF HORSES AVAILABLE FOR INSTRUCTION USED AT ANY ONE TIME: _____	
GROSS RECEIPTS FOR INSTRUCTION USING YOUR HORSES? \$ _____	STALLIONS USED FOR INSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____	RETIRED RACEHORSES USED FOR INSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____ IF YES, HOW SOON AFTER RETIREMENT? _____
DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY STUDENTS PER YEAR? _____	DO YOU HAVE RIDING INSTRUCTION FOR THE HANDICAPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO
GROSS RECEIPTS FOR INSTRUCTIONS TO STUDENTS ON THEIR OWN HORSES? \$ _____	TOTAL AREA AVAILABLE FOR RIDING INSTRUCTION? INDOORS _____ SQ. FT. OUTDOORS _____ SQ. FT.	
INSTRUCTORS NAMES	CERTIFICATION/TRAINING	EMPLOYEE - E INDEPENDENT - I NO. YEARS EXPERIENCE
A.		E or I
B.		E or I
C.		E or I
HOW MANY HORSES PROVIDED FOR LESSONS BY INDEPENDENTS?	GROSS RECEIPTS ? \$ _____	HOW MANY STUDENTS EACH YEAR?
DO YOU TEACH <input type="checkbox"/> ENGLISH <input type="checkbox"/> WESTERN <input type="checkbox"/> JUMPING <input type="checkbox"/> DRESSAGE <input type="checkbox"/> VAULTING <input type="checkbox"/> POLO <input type="checkbox"/> RODEO <input type="checkbox"/> GAITED <input type="checkbox"/> CUTTING <input type="checkbox"/> REINING <input type="checkbox"/> BARRELS <input type="checkbox"/> OTHER _____		
DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY TIMES PER YEAR? _____	INJURY TO STUDENTS OR HORSES BEING TRANSPORTED IS NOT COVERED.
DO YOU HOLD CLINICS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY? _____	AVERAGE ATTENDANCE? _____ RECEIPTS FROM CLINICS \$ _____
IS A RELEASE SIGNED BY ALL STUDENTS, OR IF A MINOR, BY THEIR PARENT OR GUARDIAN? <input type="checkbox"/> YES(Attach Sample) <input type="checkbox"/> NO	WHAT TYPE OF SAFETY GEAR IS REQUIRED? _____	

If we are not naming the independent instructors/trainers operating on your premises we will require a certificate of insurance issued for coverage with limits equal to those carried by you. We will also require that they name you as an additional insured under their policy and provide a copy of this endorsement.

IV. NON-OWNED - BOARDED - TRAINING - BREEDING - RACING

CHECK IF NO EXPOSURES AND INITIAL _____

MAXIMUM NUMBER BOARDED (NON-OWNED)	TOTAL NUMBER STALLS	PASTURED	AVERAGE LENGTH OF STAY	GROSS RECEIPTS \$
DO YOU OBTAIN RELEASES FROM BOARDERS RELIEVING YOU OF CLAIMS FOR BODILY INJURY AND PROPERTY DAMAGE? <input type="checkbox"/> YES(Attach Sample) <input type="checkbox"/> NO			WHAT IS YOUR MONTHLY RATE FOR BOARDING?	

SHOW TRAINING

MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING ON PREMISES?	GROSS RECEIPTS FOR NON-OWNED TRAINING: \$	DO YOU ATTEND OFF-PREMISES SHOWS WITH HORSES IN TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY?	DOES OWNER ATTEND? <input type="checkbox"/> YES <input type="checkbox"/> NO
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BREEDING

NUMBER OF NON-OWNED: STALLIONS _____	BROOD MARES _____
YEARLINGS _____	SUCKLINGS/WEANLINGS _____

RACE TRAINING

HOW MANY DO YOU TRAIN FOR OTHERS?	WHAT BREEDS?
TRAINING TRACK ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS THERE AN OBSERVATION TOWER? <input type="checkbox"/> YES <input type="checkbox"/> NO

V. SALES: HORSES, FOOD, CLOTHING, TACK, FEED, HORSESHOEING

CHECK IF NO EXPOSURES AND INITIAL _____

DO YOU SELL HORSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT USES & BREEDS?	HOW MANY PER YEAR?	GROSS RECEIPTS FROM HORSE SALES? \$
DO YOU SELL FROM YOUR OWN PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUYER ALLOWED TO TEST RIDE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, <input type="checkbox"/> IN OPEN FIELD <input type="checkbox"/> IN ARENA	DO YOU SELL OFF PREMISES AT SHOWS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU SELL FOOD OR HAVE A SNACK BAR? (LIQUOR LIABILITY NOT COVERED) <input type="checkbox"/> YES <input type="checkbox"/> NO		LOCATION USED SQ. FT.	GROSS RECEIPTS \$
DO YOU SELL TACK AND/OR CLOTHING? <input type="checkbox"/> YES <input type="checkbox"/> NO		AREA USED SQ. FT.	GROSS RECEIPTS \$
DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	GROSS RECEIPTS FROM REPAIRS \$	DO YOU SELL HAY OR FEED? <input type="checkbox"/> YES <input type="checkbox"/> NO	GROSS RECEIPTS FROM HAY OR FEED SALES \$
DO YOU PREPARE OR MIX FEED FOR SALE OR CONSUMPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU DO ANY HORSESHOEING? (INJURY TO HORSE NOT COVERED) <input type="checkbox"/> YES <input type="checkbox"/> NO		GROSS RECEIPTS \$

NOTE: Products liability for any and all activities involving sale of horses or other livestock, repair of tack, and sale of feed if mixed or prepared by the insured is excluded.

VI. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES

CHECK IF NO EXPOSURES AND INITIAL _____

TOTAL NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES: _____	GROSS RECEIPTS RENTAL \$ _____ TRAIL RIDES \$ _____
DO YOU CONDUCT PACK TRIPS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU RENT OR LEASE ANIMALS TO CAMPS/RESORTS OR INDIVIDUALS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT TYPES OF ANIMALS ARE USED? _____	
DO YOU GIVE PONY RIDES AND/OR HOLD PONY PARTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, <input type="checkbox"/> ON PREMISES, <input type="checkbox"/> OFF PREMISES, <input type="checkbox"/> BOTH, RECEIPTS \$ _____	

RIDES

TYPE OF RIDES	NUMBER OF PASSENGERS	GROSS RECEIPTS	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF MOTOR VEHICLES	NUMBER OF TRIPS	ON or OFF PREMISES?
<input type="checkbox"/> HAY		\$					
<input type="checkbox"/> SLEIGH		\$					
<input type="checkbox"/> CARRIAGE		\$					

SHOWS - ON PREMISES

DO YOU MANAGE ANY HORSE SHOWS WHICH ARE OPEN TO NON-STUDENTS OR BOARDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE THESE EVENTS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOCIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SHOW DATES	NUMBER OF PARTICIPANTS	NUMBER OF SPECTATORS	RECEIPTS (ALL SHOWS)
1. 3.	1. 3.	1. 3.	
2. 4.	2. 4.	2. 4.	

DO YOU SECURE RELEASES FROM ALL ENTRANTS? (IF YES, ATTACH SAMPLE) <input type="checkbox"/> YES <input type="checkbox"/> NO
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DESCRIBE SAFETY MEASURES AND SECURITY _____

DO YOU HAVE BLEACHERS OR GRANDSTANDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONSTRUCTION	YEAR BUILT	SEATING CAPACITY NUMBER: _____
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DO YOU CONDUCT ANY HUNTS OR RACING EVENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT TYPE? _____
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