

**INSURANCE CARRIER: STARNET INSURANCE COMPANY**

U-W Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005 (866) 298-5525

**Equine Liability Application**

<b>Name of Applicant/Mailing Address</b> _____ _____ _____ _____	<b>Applicant Is:</b> <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Manager <input type="checkbox"/> Absentee Owner <input type="checkbox"/> Other Explain Other: _____
<b>Telephone:</b> (Day) (____) _____ (Evening) (____) _____ <b>(Fax)</b> (____) _____  <b>E-Mail:</b> _____ <b>Website:</b> _____ <b>Bill Type:</b> ___ Agency Bill ___ Direct Bill Pay Plan: <b>Requested Coverage Date:</b> _____	<b>Agency:</b> _____ _____ _____  <b>Agent Number:</b> _____ <b>Phone:</b> (____) _____ <b>Fax:</b> (____) _____ <b>E-Mail:</b> _____

Location of actual operations: (If more than 3 locations say various under #1 below)

Address	County	Acreage	Premises (Check One)	
1. _____	_____	_____	<input type="checkbox"/> Own	<input type="checkbox"/> Lease
2. _____	_____	_____	<input type="checkbox"/> Own	<input type="checkbox"/> Lease
3. _____	_____	_____	<input type="checkbox"/> Own	<input type="checkbox"/> Lease

Names of all partners or officers of corporation: \_\_\_\_\_  
 \_\_\_\_\_

<b>Additional Insureds</b>	
Please list all individuals or organizations that you are requesting to be added as Additional Insured(s). Individuals or organizations must have an insurable interest in the applicant for consideration in adding as an Additional Insured.	
Name: _____ Address: _____	Relationship to Insured: _____ Telephone: (____) _____
Name: _____ Address: _____	Relationship to Insured: _____ Telephone: (____) _____
Name: _____ Address: _____	Relationship to Insured: _____ Telephone: (____) _____

**Section I**

**UNDERWRITING AND SAFETY INFORMATION**

1. Give a brief description of all farming and/or horse related operations: \_\_\_\_\_  
\_\_\_\_\_
2. How many employees: Full Time: \_\_\_\_\_, Part Time: \_\_\_\_\_, Annual Payroll \$ \_\_\_\_\_  
Do you have workers compensation insurance?  Yes  No  
Number of years experience: \_\_\_\_\_. How many years at present location? \_\_\_\_\_  
Are you the primary manager of your facility?  Yes  No  
If no, what is the manager's name: \_\_\_\_\_, age: \_\_\_\_\_, years' experience: \_\_\_\_\_
3. Is there 24 hour supervision of the facility?  Yes  No. Please explain the supervision: \_\_\_\_\_  
\_\_\_\_\_
4.  Yes  No Are emergency numbers clearly posted?  
 Yes  No Are Safety and Barn rules posted at the facility?  
 Yes  No Is game hunting permitted on the premises?  
 Yes  No Is there a swimming pool on the premises?  
 Yes  No Are no smoking signs clearly posted?  
 Yes  No Are there smoke alarms in your barn?  
 Yes  No Are State Equine Liability signs clearly posted (if applicable)?  
 Yes  No Do you have all clients sign a current waiver? **(Enclose sample copies of all waiver forms)**  
 Yes  No Are shoes with heels required for all riders?
5. Are ASTM or equivalent helmets required while mounted? **(check box below)**  
 By Everyone ALL OF THE TIME  
 18 and under ALL OF THE TIME  
 Everyone while jumping and/or doing speed work  
 Only 18 and under while jumping and/or speed work  
 Never required. Why? \_\_\_\_\_  
\_\_\_\_\_  
Are any other safety procedures or gear used? \_\_\_\_\_  
\_\_\_\_\_
6. Do you lease any part of any building or land to or from someone? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Any dogs owned by the applicant?  Yes  No If yes, how many? \_\_\_\_\_ Breed(s): \_\_\_\_\_  
Any past incidents (i.e. bites, attacks, etc)?  Yes  No If yes, explain: \_\_\_\_\_
8. Fencing: Is all fencing in good condition?  Yes  No. Type of fencing used: \_\_\_\_\_  
\_\_\_\_\_  
The fencing is checked:  Daily  Weekly  Monthly  Never  
Has an animal ever escaped?  Yes  No. If 'yes', please explain: \_\_\_\_\_  
\_\_\_\_\_

**Section II**

Check If No Exposure

**OWNED HORSES/LEASED HORSES**

**Mark Total Number Of Horses For Each Use (Only Mark One Use Per Horse)**

1. Breeding: _____	4. Showing: _____	7. Racing Or Race Training: _____
2. Pleasure: _____	5. Foals/Weanlings: _____	8. Retired Horses: _____
3. For Sale: _____	6. Used For Giving Lessons To Others: _____	

**Section III** **Check If No Exposure****NON-OWNED HORSES**

1. What is the maximum number of horses boarded? \_\_\_\_\_; Monthly boarding rate \$ \_\_\_\_\_  
Annual Gross Receipts \$ \_\_\_\_\_
2. What is the maximum number of non-owned horses in show training? \_\_\_\_\_  
Monthly training rate \$ \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
3. What is the maximum number of non-owned breeding stallions? \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
4. What is the maximum number of non-owned mares? \_\_\_\_\_  
Do mares stay on your premises until after foaling?  **Yes**  **No**
5. What is the maximum number of non-owned racehorses or racehorses in training? \_\_\_\_\_
6. Maximum number of non-owned racehorses you train for others? \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
7. Do you sell horses as an agent for others?  **Yes**  **No**  
How many horses do you sell annually that are: owned by you? \_\_\_\_\_; owned by others? \_\_\_\_\_  
Average value of horses sold and owned by you \$ \_\_\_\_\_; owned by others \$ \_\_\_\_\_  
Do you allow buyers to ride the horse prior to purchasing?  **Yes**  **No**
8. Do you desire coverage for non-owned horses in your Care, Custody and Control?  **Yes**  **No**  
\_\_\_\_\_ (please initial) **(Separate application required)**

**Section IV** **Check If No Exposure****RIDING INSTRUCTION PROVIDED BY YOU**

1. Number of years experience as a riding instructor: \_\_\_\_\_  
Do you hold any national officiating/judging/and/or instructors licenses?  **Yes**  **No**  
If yes, give details and competition experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Maximum number of school horses available: \_\_\_\_\_; Maximum number used at one time: \_\_\_\_\_  
Yearly gross receipts for riding instruction on school horses: \$ \_\_\_\_\_.
3. Do you give instructions to students on their own horses?  **Yes**  **No**  
If yes, number of students per week: \_\_\_\_\_; Yearly gross receipts \$ \_\_\_\_\_
4. What riding discipline do you instruct? \_\_\_\_\_
5. Do you attend off-premises shows with any of your students?  **Yes**  **No**  
How many times a year? \_\_\_\_\_; Gross annual receipts \$ \_\_\_\_\_
6. Do you hold clinics for non-students?  **Yes**  **No**, how many? \_\_\_\_\_, average attendance: \_\_\_\_\_  
What are the dates? \_\_\_\_\_; Gross receipts \$ \_\_\_\_\_
7. Do you operate a day camp or an overnight camp?  **Yes**  **No**; Yearly gross receipts \$ \_\_\_\_\_  
**If answered 'yes', a Camp Supplement Form must be completed and submitted prior to quoting.**
8. Do you provide riding for the handicapped?  **Yes**  **No**; If yes, annual gross receipts \$ \_\_\_\_\_  
**If answered 'yes', a Therapeutic Riding Program Supplemental Form must be completed and submitted prior to quoting.**
9. Do you desire Equine Professional Liability Coverage?  **Yes**  **No**

**Section V**  Check If No Exposure

**INDEPENDENT TRAINERS AND INSTRUCTORS**

1. Do independent trainers utilize your facility?  Yes  No
2. Do all independent trainers carry their own insurance?  Yes  No
3. How many horses are provided for lessons by independent instructors: \_\_\_\_\_; gross receipts \$ \_\_\_\_\_
4. Gross receipts for instructions to students on their own horses: \$ \_\_\_\_\_
5. Number of boarded horses trained by independent trainers: \_\_\_\_\_

**IF YES, PROOF OF COVERAGE IS REQUIRED. THE LIMITS MUST BE AT LEAST EQUAL TO THOSE YOU CARRY. THEY MUST NAME YOU AS ADDITIONAL INSURED UNDER THEIR POLICY. INDEPENDENT INSTRUCTORS OR TRAINERS THAT DO NOT CARRY THEIR OWN INSURANCE WILL BE ADDED AS AN ADDITIONAL INSURED TO YOUR POLICY FOR ADDITIONAL PREMIUM CHARGE. COVERAGE IS LIMITED TO ON-PREMISES ONLY AND TO OFF PREMISE SHOWS WITH HORSES AND/OR RIDERS IN TRAINING.**

**NAMES OF INDEPENDENT INSTRUCTORS AND ADDRESS**

Name: _____	Address: _____
Age: _____	Years experience in current class instructing: _____
Any licenses or certificates for training? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give details: _____	
Name: _____	Address: _____
Age: _____	Years experience in current class instructing: _____
Any licenses or certificates for training? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give details: _____	

**Section VI**  Check If No Exposure

**HORSE SALES**

1. Do you sell horses?  Yes  No. If yes, number sold annually: \_\_\_\_\_
2. Do you sell for others?  Yes  No.
3. Do you sell on your premises?  Yes  No
4. Gross annual receipts \$ \_\_\_\_\_

**Section VII**  Check If No Exposure

**TACK STORE OR RETAIL SALES (snack shop)**

Gross Sales Receipts				
Snacks	Clothing	Tack	Feed	Total
\$	\$	\$	\$	\$

1. Do you manufacture or repair any goods sold?  Yes  No. If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
2. Do you perform any type of farrier service?  Yes  No; gross annual receipts \$ \_\_\_\_\_

**NOTE-LIQUOR LIABILITY IS NOT COVERED.** Do you allow alcohol consumption on the premises?  Yes  No

**Section VIII** Check If No Exposure**OPEN HORSE SHOWS & COMPETITIONS**

- Total number of show dates: \_\_\_\_\_; gross annual receipts \$ \_\_\_\_\_  
Average number of competitors on grounds per show day: \_\_\_\_\_  
Maximum number of spectators per day: \_\_\_\_\_; list actual show dates: \_\_\_\_\_  
\_\_\_\_\_  
Number of years hosting shows: \_\_\_\_\_; years hosting at this location: \_\_\_\_\_  
Are shows sanctioned?  Yes  No; By Who? \_\_\_\_\_  
If no, name any other National Organization that sanctions the shows: \_\_\_\_\_  
Do you secure releases from all entrants?  Yes  No (If yes, please attach a sample copy)  
Do you have an EMT present at all shows & clinics?  Yes  No  
If yes, do you obtain proof of Insurance or a certificate of insurance from the EMT?  Yes  No
- Do you manage any hunts or racing events?  Yes  No; if yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- Do you own/use any hounds for hunts?  Yes  No; if 'yes', how many hounds? \_\_\_\_\_
- If any shows involve rodeos, please describe type of events: \_\_\_\_\_  
\_\_\_\_\_
- Describe any other type of events or operations that are not mentioned above: \_\_\_\_\_  
\_\_\_\_\_
- Do you desire coverage for use of your golf cart(s) used for your "equine activities?  Yes  No  
Number Golf Carts? \_\_\_\_\_

**NOTE: COVERAGE IS NOT PROVIDED FOR INJURY TO PARTICIPANTS IN HORSE RACES RODEOS, RODEO-TYPE EVENTS, HUNTS, AND POLO MATCHES/PRACTICES.**

**Section IX** Check If No Exposure**PONY RIDES/SADDLE ANIMALS FOR HIRE/TRAIL RIDES**

- Number of animals used for trail rides or rentals: \_\_\_\_\_  
Gross annual receipts for trail rides \$ \_\_\_\_\_; Gross annual receipts for rentals \$ \_\_\_\_\_
- Do you rent ponies to others?  Yes  No. If yes, please explain to who and the number leased: \_\_\_\_\_  
\_\_\_\_\_
- Do you conduct packing trips?  Yes  No
- Do you conduct hay, sleigh, or carriage rides?  Yes  No. If yes, gross annual receipts \$ \_\_\_\_\_
- Pony Rides/Parties: Number Of Ponies \_\_\_\_\_; Gross annual receipts \$ \_\_\_\_\_

**Please provide a detailed explanation of your safety program:** \_\_\_\_\_  
\_\_\_\_\_

**Section X****PREVIOUS INFORMATION**

Have you had coverage cancelled or refused in the past 5 years?  Yes  No

Have you had any losses in the last 5 years?  Yes  No

If yes, please supply approximate dates, description of loss, and amount of any medical payments made for you: \_\_\_\_\_  
\_\_\_\_\_

Are you currently insured?  Yes  No; If yes, with what company? \_\_\_\_\_

If no, who was the last Company you had coverage with? \_\_\_\_\_

What was the expiration date of coverage? \_\_\_\_\_

## Section XI

### FARM LIABILITY COVERAGE LIMITS:

REQUESTED LIMITS OF LIABILITY (Please Check Only The Limit You Are Applying For):

- \$300,000 each occurrence / \$600,000 aggregate  
 \$500,000 each occurrence / \$1,000,000 aggregate  
 \$1,000,000 each occurrence / \$2,000,000 aggregate

(The Aggregate Limit Is the Maximum Paid Out Per Policy Period)

**Coverage H: Bodily Injury and Property Damage Liability.**

**Coverage I: Personal Injury and Advertising Injury Liability.**

If you wish to decline all of Coverage I or Advertising Injury Liability Coverage, mark the appropriate box below:

- I decline Coverage I: Personal Injury and Advertising Injury Liability.  
 I decline Advertising Injury Liability Coverage only.

Liability Limits include \$5,000 Medical Payments Coverage and \$100,000 Fire Legal Liability Coverage. Higher limits for Medical Payments Coverage are available upon request. **No coverage will be provided for Horse Races.**

## Section XII

### TACK COVERAGE (Equestrian Equipment Only) – Coverage E- Farm Personal Property

Cause of Loss = Basic / Valuation = Actual Cash Value / Minimum Deductible = \$250

#### List Schedule of Tack

Item	# of Items	Item Price	Total Limit of Insurance
Saddles		\$	\$
Bits, Bridles, Reins		\$	\$
Blankets, Hoods		\$	\$
Sheets, Coolers		\$	\$
Grooming Equipment		\$	\$
Buggies		\$	\$

#### List Any Other Tack Items Below

Item	# of Items	Item Price	Total Limit of Insurance
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

### PLEASE ANSWER THE FOLLOWING – A FIRE PROTECTION CREDIT TO YOUR PREMIUM CHARGE MAY APPLY:

How many miles is it to the nearest Fire Department from where the above Tack is primarily stored? \_\_\_\_\_

How many feet to nearest hydrant/water pump from where the above Tack is primarily stored? \_\_\_\_\_

#### Agent's Use Only

I ( have /  have not) inspected the premises. I found the horsemanship to be:  excellent,  good,  fair,  poor.  
Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Please sign and date the application on the following page after reading the Fraud Notices

## FRAUD NOTICES AND APPLICANT'S SIGNATURE

**STANDARD:** 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**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 KENTUCKY APPLICANTS:** Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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 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 YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 for each such violation.

**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 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.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: 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 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 subject the person to criminal and civil penalties.

**NOTICE TO TENNESSEE 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 VIRGINIA 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 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.

**I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT THAT BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.**

Date	Signature of Applicant
Date	Signature of Applicant