American Reliable Insurance Company®
Farm, Ranch, and Equine

PRIVATE HORSE OWNERS LIABILITY APPLICATION

GENERAL INFORMATION

Policy #					
Desired Coverage:		☐ CGL Farm Liability		☐ Equine Liability Only	
Effective Date:			Expiration Date:		
☐ New Business	☐ Renewal	☐ Rewrite	☐ Account Bill	☐ Direct Bill	Pay Plan Choose an item

AGENCY INFORMATION

Agency Name:	Agency Code:
Sub-Producer Name:	Sub-Producer Code:

APPLICANT INFORMATION

First Name Insured:				
Address:				
City:	State:	Zip:	Website:	
Phone Number:			Email:	
Insured's Occupation:			Spouse's Occupation:	
Entity Type: ☐Corporation ☐Individual/Sole Proprietor ☐Joint Venture ☐LLC ☐Partnership ☐Trust or Estate ☐Other,				
If Named Insured is not an individual, list the individuals that make up the entity and the percentage of ownership for each:				
Number Years of Experience in this Type of Operation:				
Additional Insureds:				

PRIOR CARRIER AND LOSS HISTORY (PREVIOUS 3 YEARS)

Company	Type of Policy	Effective Date	Expiration Date	Annual Premium

LOSS HISTORY
☐ No Losses (in last 3 years)   ☐ Loss Runs Attached   ☐ Apply Loss Free Credit

LOCATION SECTION

LOC #	LEGAL DESCRIPTION (Include County, State, Zip Code or Section, Township & Range)	# of Acres	Owned	Leased	Other	# of Years at this location
1						
2						
3						
4						
5						

UNDERWRITING QUESTIONS

1. Is any business other than farming conducted by the insured? If yes, explain: Describe all farming or horse-related operations:	☐YES ☐NO
2. Does the insured rent or lease any land, buildings or stables to others? If yes, explain:	☐YES ☐NO
3. Overall maintenance and condition of the grounds, fencing and buildings: ☐ Excellent ☐ Good ☐ Fair ☐ Poor	
4. Are all fences/gates in good conditions? How often are they checked and by whom? Any wire fencing used on the premises? What type (example: high-tensile smooth or barbed wire, no climb or woven wire)? If barbed wire is used, please describe where it is used. Are all pastures totally fenced? Describe type of fencing: Height of fencing: Who is responsible for fence repair?	☐YES ☐NO ☐YES ☐NO ☐YES ☐NO ☐YES ☐NO
5. Does the insured have dogs? Number: Breed: Do you have dogs on the premises? Number: Breed: Do you allow your clients to bring their dogs? If yes, on leashes: ☐YES ☐NO Dog bitten or caused injury to anyone? If yes, please explain:	☐YES ☐NO ☐YES ☐NO ☐YES ☐NO ☐YES ☐NO
6. Any recreational vehicles, such as ATVs or golf carts on the premises? If yes, number and type: Who is allowed to use? Used off premises at shows or events? Leased or rented from show or event? Any youthful driver?	☐YES ☐NO ☐YES ☐NO ☐YES ☐NO ☐YES ☐NO
7. Is there 24-hour supervision of the facility? If yes, please describe:	☐YES ☐NO
8. Riding facilities: ☐Indoor Arena ☐Outdoor Arena ☐Open Fields ☐Trails	
9. Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for Bodily Injury and Property Damage? Is yes, please attach a copy to the application.	☐YES ☐NO
10. Do you have Workers' Compensation Insurance? Note: Workers' Compensation and Employer's Liability is not covered under this policy.	☐YES ☐NO
11. Payroll for Horse Operations	
12. Is alcohol consumption allowed on the premises? If yes, please explain:	☐YES ☐NO
13. Do you require all individual under the age of 18 to wear approved safety helmet at all times while riding on your premises? If no, please explain:	☐YES ☐NO
14. Do you sell any tack or clothing? If yes, what are the annual receipts?	☐YES ☐NO
15. Do you repair any tack or riding equipment? If yes, please explain:	☐YES ☐NO
16. Do you provide any type of farrier services? If yes, please explain:	☐YES ☐NO
17. Do you provide, prepare any type of feed for sale to the general public? If yes, please explain:	☐YES ☐NO
18. How do you dispose of the animal waste?	
19. Is there a swimming pool on the property? If yes, is it restricted to private use?	☐YES ☐NO ☐YES ☐NO
20. Is hunting/finishing permitted on the property?	☐YES ☐NO
21. What is the minimum age of participant?	

22. Do you operate a Bed and Breakfast or other overnight accommodations or food service? If yes, please describe:		☐YES ☐NO

23. Are all of the followed posted clearly?	
Emergency Phone Numbers:	☐YES ☐NO
Safety and Barn Rules:	☐YES ☐NO
No Smoking Signs:	☐YES ☐NO
State Equine Liability Warning:	☐YES ☐NO

LIABILITY SECTION

☐ CGL Farm Liability

REQUESTED LIMITS OF LIABILITY (PER OCCURRENCE)		
☐ $300,000 OCC / $600,000 AGG	☐ $500,000 OCC / $1,000,000 AGG	☐ $1,000,000 OCC / $2,000,000 AGG
MEDICAL PAYMENTS ☐ $5,000 (included) ☐ $10,000		

CGL FARM LIABILITY ONLY

Deductible Type ☐N/A ☐ PD Deductible Basis - ☐$1,000 ☐$3,000 ☐$5,000 Per Occurrence
☐ Damage to Premises Rented to You ($100,000 included) Increase to: ☐$300,000 ☐$500,000 ☐ $750,000 ☐$1,000,000
Personal and Advertising Injury - ☐ Include ☐ Exclude

SUMMARY OF HORSES

(16405) PRIVATE HORSE OWNER
☐ Saddle Animals – Private
1. Number of Horses:
2. Are your horses stabled on premises?   If yes, what are your homeowners limits? (Stall rental at racetrack or boarding stable does not constitute leased premises.)
3. Are any of your horses leased to others or used for instruction to others? Do you have a written agreement? ☐YES   ☐NO
4. Do you board, breed or train horses or riders for compensation or operate any commercial equine activities?
5. Schedule of all owned horses:

Name of Horse	Breed	Use	% of Ownership

I hereby certify that I am an authorized representative of the applicant and to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

If there are any material changes in your stable operations during the policy year, please notify your agent at once.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

INSURED'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
x	/ /	x	/ /

IMPORTANT – ORIGINAL MUST BE RETURNED
INSURED'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE