



Broker: Global Insurance Alliance Broker Number: 372
 Broker License Number: (AZ) 119780
 Policy and/or Renewal #: _____
 Requested Effective Date: _____

Note: Incomplete applications will be returned to the applicant.

Applicant: _____ Business Name: _____
 Mailing Address: _____ Contact Person: _____ Is applicant 18 or over? Yes No
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Website: _____ Email: _____

Applicant's Ownership Structure: Individual Corporation Association Partnership

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

Use: _____
 Address: _____
 City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own or Lease Pay Plan Desired? Yes No **Ask your broker for more information.**

Is applicant currently insured? Yes No
Most recent or present insurance company: _____ **Annual premium:** \$ _____

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

Has the applicant had coverage cancelled or refused in the past five years? **(Not applicable in Missouri.)** Yes No

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

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes No
If yes, attach a separate sheet and explain.

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes No
If yes, attach a separate sheet and explain.

Limits of Insurance

Each Occurrence	\$1,000,000
General Aggregate	\$1,000,000
Damage To Premises Rented To You – Any One Premises	\$50,000
Medical Expense Limit – Any One Person	\$5,000
Double Aggregate desired Yes <input type="checkbox"/> No <input type="checkbox"/>	\$2,000,000
Triple Aggregate desired Yes <input type="checkbox"/> No <input type="checkbox"/>	\$3,000,000

Optional Coverages – Subject to eligibility and underwriting approval.

Equine Personal Liability Yes No **Equine Professional Liability** Yes No **Personal and Advertising Injury** Yes No

Current liability waivers utilized Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Enclose copies.</i>	Riding Helmets are Required: <input type="checkbox"/> Not required
Shoes with heels required for riders Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> By everyone ALL OF THE TIME <input type="checkbox"/> 18 and under ALL OF THE TIME
	<input type="checkbox"/> Everyone while jumping/speed work <input type="checkbox"/> Only 18 and under while jumping

Additional Insureds
List Additional Insureds and describe their connection to your equine activities
 Name: _____ Address: _____ Relationship: _____

1. _____
2. _____
3. _____

Summary of Equine Activities

Description of your operation: _____

Years experience with horses: _____ Professional years operating this type of an operation as a business: _____
Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: _____

Owned / Leased Horses Total number of horses you own: _____
Total number of horses you lease from others: _____
Maximum number of horses you own or lease from others taken off premises (horse shows etc.): _____
Maximum number of horses used for **Riding Instruction / School Horses**: _____
Do you use any horses for driving, pulling, or work? Yes No
If yes, please explain: _____

Training Yes No
Average number of horses in full training monthly _____ Average number of training rides **weekly** on horses not in full training: _____

Riding Instruction Yes No
Type of instruction: _____
Operation's Total Riding Instruction, both On and Off Premises
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): _____

Equestrian Day Camps Yes No *If yes, the Equestrian Day Camp Supplemental Application must be completed.*

Officiating/Judging Yes No Total show days Judging / Officiating annually: _____

Riding Clinics Yes No Total Clinic Days: _____ No. of participants per day: _____
Clinic Dates: _____
Description of Clinic: _____

Horse Sales Yes No
How many horses do you sell annually: _____ Owned by you: _____ Owned by others: _____ Total: _____
Average value of horses sold: _____ Owned by you: \$ _____ Owned by others: \$ _____

Annual Gross Revenues from Equine Activities
Training: \$ _____ Riding Instruction: \$ _____ Riding Clinics: \$ _____
Officiating: \$ _____ Horse Sales: \$ _____

Total Annual Gross Revenue: \$ _____

CARE, CUSTODY, OR CONTROL (CCC)

Is CARE, CUSTODY, OR CONTROL (CCC) coverage desired?

Yes No

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care.
Coverage is not available to Commercial Haulers.

Select from the limits below. Premiums shown are for up to 20 horses.

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

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 your premises as stated in the Declarations of the policy.)

Average number of non-owned horses in your Care, Custody, or Control (Sales, Training): _____

Maximum number of non-owned horses in your Care, Custody, or Control (Sales, Training): _____

Maximum value of an individual non-owned horse in your Care, Custody, or Control (Sales, Training): _____

Do you transport horses in your Care, Custody, or Control?

Yes No

If yes, how often, for what reasons, and for whom you transport horses: _____

Do you transport horses not usually in your Care, Custody, or Control? *(Coverage not provided for Commercial Haulers.)*

Yes No

If yes, please describe: _____

Type and capacity of your horse trailer(s): _____

Are your horse trailers in good repair?

Yes No

Are your horse trailers on a regular maintenance program?

Yes No

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 RIDING ACTIVITIES!

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

Note: *If you have activities which are not described within this application, please use the full Commercial General Liability Application form. Any events or activities not described/disclosed are not covered. Coverage will be provided only for exposures marked "Yes."*

GENERAL FRAUD STATEMENT
(Not applicable in the states mentioned below where a specific warning applies.)

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 committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia - 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.

Colorado - 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Florida - 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.

Kansas - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky - 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.

Maine - 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 denial of insurance benefits.

Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, New Mexico - 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.

Ohio - 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.

Oklahoma - 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.

Oregon - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania - 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.

Tennessee, Virginia, Washington - 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.

DECLARATION

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.

New York - 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

- I/We agree to allow information to be sent electronically, including policy documents, notices and other supporting documents.
- I/We select the option to receive both electronic and paper copies of policy documents, notices and other supporting documents.
- I/We reject the option of receiving documents in connection with my insurance policy electronically and will continue to receive paper copies.

(Must be signed and dated)

Applicant's Signature: _____ Date: _____

Broker Signature: _____ Date: _____
(required in NH)