

<b>EQUINE QUESTIONNAIRE</b>		Date (MM/DD/YY)		
Insured/Applicant's Name and Mailing Address		Producer		
		Agency #		
<b>General Underwriting Information (Use Remarks Section if additional space is needed)</b>				
1 Location of actual operations.				
2 Describe horse operations.				
3 How many years experience in this type of horse operations?				
4 If less than 5 years, give a brief description of your other horse business operations.				
5 Type or breed of horses owned.				
6 Number of employees? Average length of their employment?				
7 Do you have Workers' Compensation Insurance? ~ Yes ~ No				
8 If yes, name of Workers' Compensation carrier and policy number.				
9 How many corporate officers or partners are there?				
10 Are no smoking signs posted on the premises? ~ Yes ~ No				
If so, are they strictly enforced? ~ Yes ~ No				
<b>Remarks</b>				
<b>Explain all "No" Responses</b>			<b>Yes</b>	<b>No</b>
11 Is there 24 hour supervision of the facility?				
12 Are you in compliance with the equine liability laws in the state(s) where the horse operation is located?				
13 Do you obtain a waiver/hold harmless agreement relieving you from claims for bodily injury and property damage? If yes, provide a copy. <b>IF NO, REFER TO UNDERWRITER.</b>				
14 Are boarding contracts signed by all boarders? If yes, provide a copy. <b>IF NO, REFER TO UNDERWRITER.</b>				
15 Is the property properly fenced and maintained?				
16 How often is fencing checked for repair?				
<b>Remarks</b>				
<b>Summary of Horses at Peak Season</b> (If horse used for more than 1 activity, count only primary use)				
	Payroll	Receipts	# Owned	# Non-owned
Boarding/Pasturing				
Breeding Only (Mares)				
Riding Instruction				
Race Horses (in training or at track)				
Personal Use—Pleasure				
Personal Use—Show				
Rentals/Pack Trips/				
Yearlings/Weanlings				
Draft Animals				
Other				
TOTAL				

17 How many of the Personal Use horses indicated in the summary are taken off the premises at any one time? \_\_\_\_\_

18 What is the area of the  
 barn \_\_\_\_\_ stables \_\_\_\_\_ indoor arenas \_\_\_\_\_ outdoor arenas \_\_\_\_\_

19 Any apartments over or attached to barn or farm buildings? ~ Yes ~ No If so, provide details.

**Remarks**

Check if not applicable

**Boarding/Pasturing, Breeding, Racing and Training**

Explain all "Yes" Responses	Yes	No
20 Do you provide riding facilities for boarders?		
21 Do you provide riding facilities for nonboarders?		
22 Are any medications prescribed or dispensed?		
23 Do you have a trainer on staff? If so, what is the payroll?		
24 Is the training related to racing?		
25 Are any trainers independent contractors?		
26 Do you obtain certificates of insurance from all independent contractors? If so, provide copies		
27 Independent contractors operating under your name can be added as additional insured with appropriate charges, but coverage is limited to your operations only. Names/addresses to be added _____ _____ Describe experience, qualifications _____ _____		

**Remarks**

Check if not applicable

**Equestrian Schools—Riding Instruction—Clinics**

28 Do you teach ~ Western ~ English ~ Jumping ~ Other (explain)

29 Describe any riding provided for the handicapped.

Explain all "Yes" Responses	Yes	No
30 Is safety gear required? If so, describe the equipment.		
31 Are students allowed to ride on the premises without an instructor present?		
32 Do you attend off premises shows with your student?		
33 Do you hold clinics for non-students? If yes, what is the average attendance?		

**Remarks**

<b>Explain all "Yes" Responses</b>	<b>Yes</b>	<b>No</b>
34 Any instruction given on your premises by independent contractors? If so, how many instructors? _____ How many students? _____		
35 Do you obtain certificates of insurance from all independent contractors? If so, provide copies.		
36 Independent contractors operating under your name can be added as additional insured with appropriate charges, but coverage is limited to your operations only. Names/addresses to be added _____ _____ _____  Describe experience, qualifications _____ _____ _____		
<b>Remarks</b>		

<b>~ Check if not applicable</b>
<b>Premises Sales Operations By You</b>
37 Number of horses sold per year and receipts.
38 Type and breed of those horses.
39 Method of Sales.
40 Is there a food or snack bar on premises? _____ If so, what are the receipts? _____
41 Is there any sale or repair of tack or clothing on the premises? _____ If so, what are the receipts? _____
42 Do you cut and bale hay? _____ If so, what are the receipts? _____
43 Do you prepare or mix feed? _____ If so, what are the receipts? _____
44 Do you do any horseshoeing? _____ If so, what are the receipts? _____
<b>Remarks</b>

<b>~ Check if not applicable</b>
<b>Special Events/Shows</b> Refer to underwriting if applicable.
45 Number of shows on premises?
46 Average number of attendees per show?
47 Average number of participants per show?
48 Annual receipts for all shows?
49 Nature of shows or events?
50 Do you have bleachers or grandstands? ~ Yes ~ No If yes, provide the following: construction _____ seating capacity _____ indoor or outdoor _____
51 Are back and side railings provided? ~ Yes ~ No If no, provide details.

<b>Remarks</b>
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~ <b>Check if not applicable</b>		
<b>Hay/Sleigh Rides, Rentals and Pack Trips</b>		
Refer to underwriting if applicable.		
52 Do you have hayrides?	If so, how many annually?	How many passengers per trip?
53 Do you have sleigh rides?	If so, how many annually?	How many passengers per trip?
54 Total number of wagons/sleds/carts/carriages/buggies, etc.		
55 Total number of horses available for rental at peak season.		
<b>Remarks</b>		

A copy of the most recent quarterly 941 report must be attached if either stable code 99111 or 9911a applies.

Nonowned horses in your care, custody or control are not covered for injury or death by this policy unless endorsed.

Signature of Agent	Signature of Insured/Applicant
Name of Agency	Title of Insured/Applicant