



HORSE SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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Part occupied by Named Insured: Entire Portion (%) Other (Lessor's Risk Only)

BUSINESS INFORMATION

1. Number of years' experience with horses:

Describe your equine education, competition experience, officiating, judging, and instructor's licenses:

2. If you are not the primary manager, indicate Manager's Name:

Age:	Years' Experience:
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3. Are operations seasonal?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, provide details (dates of operation, details regarding off-season, etc.):

4. Advise if any of the following are provided:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. 24-hour supervision of the facility | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Emergency numbers posted | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Safety & Barn Rules posted and written out | <input type="checkbox"/> | <input type="checkbox"/> |
| d. No Smoking signs posted | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Smoke Alarms | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Is smoking allowed in barns? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. State Equine Activity signs posted | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Current liability waivers utilized – If yes, provide copies. | <input type="checkbox"/> | <input type="checkbox"/> |

5. Do you own any horse drawn vehicles (i.e. carriages, wagons, hay rides, and sleigh rides)?

Yes No

If yes, provide details:

6. Do you use any horses for driving, pulling or work?

Yes No

If yes, explain:

7. Do you own any dogs or other animals?

Yes No

If yes, explain your policy regarding dogs/animals:

8. Provide details of fencing and confirm in good condition:

9. Annual Gross Revenues from Equine Activities:

Arena Rentals	\$	Officiating	\$
Boarding	\$	Pony Rides	\$
Breeding	\$	Racing	\$
Horse Sales	\$	Tack/Retail Sales	\$
Hosting Shows	\$	Training	\$
Leasing Out Horses	\$	Other:	\$
Total Annual Gross Revenue: \$			

EQUINE ACTIVITIES

Arena Rental

Do you rent your facility to others (arena, etc.)? Yes No

If yes, list types of event, how often, to whom and provide a copy of the written guidelines for use of the facility and any rental agreements/user guides:

Boarding

1. Total number of horses boarded monthly:

Maximum:

Minimum:

2. Total number of stalls on premises:

Hosting Shows/Events

Complete Special Events Supplement, S62-CG.

Owned/Leased Horses

1. Do you lease horses to others? Yes No

2. Total number of horses you:

Own:

Lease from others:

3. Maximum number of horses you:

Own or lease from others taken off premises:
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Lease to others on premises:

Lease to others off premises:

4. Are any of the horses used for riding instruction/school horses? Yes No

If yes, describe:

5. Are pony rides offered? Yes No

If yes, complete Special Events Supplement, S62-CG.

6. Do you own race horses? Yes No

If yes, indicate breed, type of racing activity, and a description of your race horse participation:

Tack Store/Retail Store

Types of items sold:

Training of Horses

1. Describe all business operations conducted by you:

2. Average number of:

a. Horses in training monthly, including Independent Trainers' on Premises Training:

b. Training rides weekly on horses not in full training:

3. If Independent Trainers are hired, provide names and years of experience:

4. Do you operate a riding academy or related exposure (camps, etc.)? Yes No

If yes, provide details:

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address
