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## EQUESTRIAN RISKS

### A. General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new business?  Yes  No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**B. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**C. Other Insurance**

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**D. Desired Insurance**

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
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<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**E. Business Activities**

1. Do you provide instruction or board horses?  Yes  No

If yes, complete the following table of Annual Gross Receipts:

SERVICES	MONTHLY RATE	ANNUAL GROSS
Boarding Fee		
Training Fee		

2. Do you require a signed release of liability:

a. For students?  Yes  No

b. For boarders?  Yes  No

3. Are there signs posted showing rules or warnings?  Yes  No

4. Do you give a safety talk to all participants and explain the risks involved as well as the applicable rules?  
 Yes  No

If no, explain: \_\_\_\_\_

5. Do you train race horses?  Yes  No

If yes, answer the following:

a. Number of horses in training: Show: \_\_\_\_\_ Pleasure: \_\_\_\_\_

b. Do you attend off-premise shows with horses in training?  Yes  No

c. What breeds? \_\_\_\_\_

d. How many do you train for others? \_\_\_\_\_

e. Do you train your own race horses?  Yes  No

f. What states do you race in? \_\_\_\_\_

g. How many of your horses are being trained by independent trainers? \_\_\_\_\_

6. Do you rent or lease horses to camps, resorts, clubs, or individuals?  Yes  No

If yes:

a. Please describe: \_\_\_\_\_

b. Number of animals available for rental or for trail rides: \_\_\_\_\_

c. Number of ponies: \_\_\_\_\_

7. Do you conduct pack trips?  Yes  No

8. Do you sell horses?  Yes  No

If yes, answer:

a. How many sold per year? \_\_\_\_\_

b. Do you sell from your own premises?  Yes  No

- c. Is the buyer allowed to test ride?  Yes  No  
 If yes, where? \_\_\_\_\_

9. Do you:
- a. Sell food or have a snack bar?  Yes  No
  - b. Do you sell saddles and other such equipment?  Yes  No
  - c. Do you sell clothing?  Yes  No
  - d. Do you sell feed or hay?  Yes  No
  - e. Do you repair riding equipment for others?  Yes  No
  - f. Do you provide any type of farrier services?  Yes  No  
 (injury to horse is not covered)

10. Do you conduct hay rides, wagon rides, or sleigh rides?  Yes  No  
 If yes, please complete the following table:

<b>RIDES</b>	<b>NUMBER OF PASSENGERS</b>	<b>NUMBER OF WAGONS</b>	<b>NUMBER OF HORSES</b>	<b>NUMBER OF TRIPS</b>	<b>ON OR OFF PREMISES?</b>
HAY RIDES/ WAGONS					
SLEIGH RIDES					
CARRIAGE RIDES					

11. Do you manage any shows open to boarders or non-students:  Yes  No  
 If yes,
- a. Are these shows recognized by the American Horse Shows Association?  Yes  No
  - b. Do you require a release of all claims from all participants?  Yes  No
  - c. What kind of crowd control measures do you have in place? \_\_\_\_\_

12. Do you have existing structure for such events, such as a grandstand or stadium?  Yes  No  
 If yes,
- a. How many spectators can be seated? \_\_\_\_\_
  - b. Year built \_\_\_\_\_ Construction: \_\_\_\_\_
  - c. Please complete the following table:

	<b>NUMBER OF PARTICIPANTS</b>	<b>EXPECTED NUMBER OF SPECTATORS</b>	<b>NUMBER OF SHOWS PER DAY</b>	<b>DATE(S) OF ALL SHOWS</b>
SHOWS ON PREMISES				
RODEOS ON PREMISES				

13. Do you manage any other type of events?  Yes  No  
 If yes, give a full description of all such events. All operations must be declared. \_\_\_\_\_

14. Do you operate any kind of bed and breakfast?

Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**F. Horses**

15. Answer the following questions about horses used by the insured:

a. Are the animals now insured?

Yes  No

b. Number of animals owned? Average: \_\_\_\_\_ Maximum: \_\_\_\_\_

c. Number of animals leased? Average: \_\_\_\_\_ Maximum: \_\_\_\_\_

d. Number of animals otherwise? Average: \_\_\_\_\_ Maximum: \_\_\_\_\_

e. Please provide a list of all horses noting their ages & number of years that you have owned each horse. Describe completely the horse selection procedures, and records or other documentation of all the information required above. It is critical that you include all requested information.

16. Breeding:

a. Number of non-owned stallions \_\_\_\_\_

Breed(s): \_\_\_\_\_

b. Maximum number of outside mares \_\_\_\_\_

Are they kept on premise until foaling?

Yes  No

17. Number of horses boarded, pastured, or stalled: Average: \_\_\_\_\_ Maximum: \_\_\_\_\_

NOTE: This coverage excludes Care Custody & Control. Specifically it does not cover damage or death of boarded horses under any circumstances or for any reason.

18. Are you a member of any professional organizations? If so, please list them: \_\_\_\_\_  
 \_\_\_\_\_

19. Do you maintain any other kind of animals on the premises:

Yes  No

If yes, what kind and have you had any claims or incidents regarding these animals: \_\_\_\_\_  
 \_\_\_\_\_

20. Account for each animal only once based on its primary use in the following table:

Owned/Leased/Used by Insured		Number	
Rentals/Trail/Pack Trips		Racing	
Pony Rides		Pleasure	
Used for instruction to students		Training	
Boarded horses used for instruction		Foals/Weanlings	
Furnished by independent instructors		Retired	
Breeding		Other	
Show		Other	
For Sale		Other	
Non Owned by Insured		Number	
Boarding/pasturing		Racing	
Breeding only		Lay ups	
Stallions		On consignment	
Mares		Other	
Show Training		Other	

**G. Riding Instruction, Schools, Clinics**

21. Gross receipts annually: \$ \_\_\_\_\_
22. Charge per lesson: \$ \_\_\_\_\_
23. What styles of riding do you teach (check all that apply):  English  Jumping  Saddle Seat  
 Western  Dressage  Other: \_\_\_\_\_
24. Do you require helmets for jumping instruction?  Yes  No
25. Describe the safety gear required: \_\_\_\_\_

26. Instruction on riding is given by:  Applicant  An Independent Contractor
27. Do independent trainers or instructors operate on your premises?  Yes  No  
 If yes, how many: \_\_\_\_\_  
 If yes, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry.

Name of Independent Instructor	Years of Experience	Years of Working on your premises

28. Are instructors certified?  Yes  No
29. Is any instruction provided on a student's own horse?  Yes  No  
 If yes, what percentage? \_\_\_\_\_%
30. Maximum number of students assigned to an instructor: \_\_\_\_\_
31. Normal ratio of students per instructor: \_\_\_\_\_
32. Provide an estimate of the number of lessons that will be given in the next 12 months: \_\_\_\_\_
33. Is any outside or independent instruction performed on your premises?  Yes  No  
 If so, you must require proof of insurance or add this coverage.
34. Are sidewalkers used?  Yes  No
35. Maximum number of school horses used: \_\_\_\_\_
36. How many horses are provided for lessons by independent instruction: \_\_\_\_\_
37. Is there any period of the year that no instruction is given?  Yes  No  
 If yes, please give dates: \_\_\_\_\_

**H. Boarding**

38. Describe all activities on premises for boarders. Include a diagram of premises.
39. Maximum number of animals boarded: \_\_\_\_\_
40. Maximum number of animals pastured: \_\_\_\_\_
41. Gross receipts for boarding, annually: \$ \_\_\_\_\_
42. Provide a breakdown of income and charge per horse, etc.
43. Are boarders required to sign a contract that specifically makes them responsible for bodily injury or property damage to others while on your premises?  Yes  No  
 If yes, please attach a copy. NOTE: This Coverage Contract specifically excludes Care Custody & Control

44. Describe all training activities, and list who is responsible for each. Include a statement of each trainer's experience. \_\_\_\_\_  
\_\_\_\_\_

45. Describe breeding operation, and list who oversees it. Include a statement of experience.  
\_\_\_\_\_  
\_\_\_\_\_

**I. Facilities:**

46. Please attach a list of all location(s) and provide the following information for each:

- a. Total number of acres owned: \_\_\_\_\_
- b. Total number of acres leased: \_\_\_\_\_

47. Do you lease any part of the land, buildings, stalls, stables, operations to others:  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

48. Do you have some kind of security on the premises:  Yes  No  
Explain: \_\_\_\_\_

49. Are all pastures completely fenced:  Yes  No  
If yes, answer:  
a. Describe type of fencing: \_\_\_\_\_  
\_\_\_\_\_

- b. Fencing is in what type of condition:  Excellent  Good  Fair  Poor
- c. How often do you check and repair fencing: \_\_\_\_\_

50. Riding Facilities are:  Indoors  Outdoors  Open Fields  Trails

51. What kind of fire suppression devices to you have in place in:  
a. Riding Area: \_\_\_\_\_  
b. Stables: \_\_\_\_\_  
c. Other Structures: \_\_\_\_\_

52. Are fire extinguishers visible and accessible in your stables?  Yes  No

53. Do you have a swimming pool on the premises?  Yes  No

54. Is hunting permitted on the property:  Yes  No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

55. Number of wagons/sleds/carriages/carts/buggies, etc.. \_\_\_\_\_  
Describe use: \_\_\_\_\_  
\_\_\_\_\_

56. Total number of stables: \_\_\_\_\_

57. Total number of stalls: \_\_\_\_\_

**Attachments:** Please attach each of the following:

- A list of all location(s).
- Attach a specific description of facilities, activities, etc

- A list of all horses noting age and the number of years that you have owned each. Describe completely the horse selection procedures and records & documentation of all the above required information.

It is critical that you include all requested information. Any additional activities, including riding, stables, wagon or buggy rides, special events, rodeos, etc., all must be added separately to include coverage. We will furnish you with the specific application or supplement needed to receive a quote.

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_

\_\_\_\_\_  
Signature Signature

\_\_\_\_\_  
Print Name Print Name