



Equine Liability Questionnaire

Quote New Business Renewal

Broker:	Broker Code	Policy #:
Name of Applicant:		
Mailing Address:		Postal Code: Fire#:
Location of operation:		
Does Insured have a web site? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide: _____		

General Information

1. Past and/or present Insurance Company _____
2. Has the applicant had any liability claims or reported incidents in the past three years?
 Yes No If yes, explain _____
3. Has coverage been denied and/or cancelled in the last three years?
 Yes No If yes, explain _____
4. All operations must be declared. Check all that apply.

<input type="checkbox"/> Boarding/Breeding	<input type="checkbox"/> Horse Shows (Hosting)	<input type="checkbox"/> Horse Shows (participating)
<input type="checkbox"/> Day Camps	<input type="checkbox"/> Overnight Camps	<input type="checkbox"/> Training: Race or Show
<input type="checkbox"/> Hay/Sleigh Rides	<input type="checkbox"/> Pleasure	<input type="checkbox"/> Rodeo
<input type="checkbox"/> Horse Sales	<input type="checkbox"/> Pony Rides	<input type="checkbox"/> Trail/Endurance Rides
<input type="checkbox"/> Leasing Horses	<input type="checkbox"/> Trailering for others	<input type="checkbox"/> Racing
<input type="checkbox"/> Rodeo	<input type="checkbox"/> Clinics	<input type="checkbox"/> Ferrier
<input type="checkbox"/> Other: _____		
5. Do you live on the premises? Yes No Own Rent

General Safety Procedures

Do you have the following:

24-hour supervision of facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency evacuation procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency numbers posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety and Barn rules posted and written out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current liability waiver utilized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoking allowed in barns	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rider Safety Issues

Equipment: Riders must have a minimum mandatory dress. 18 years and under must include safety helmets, boots or shoes with acceptable heel. Because of the inherent risk in riding horses, all riders should have proper foot wear.

Saddles:	Is there a pre-ride check list? Provide copy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Style of Stirrup:	<input type="checkbox"/> Regular <input type="checkbox"/> Breakaway	
Safety Helmets:	Type of helmet required? _____	
	Is student required to supply their own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, how many are available: _____	
Indoor/Outdoor Riding Arena		
	Do you have a physical separation of spectators to animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have proper bleachers or grandstands available for spectators?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Boarding		n/a <input type="checkbox"/> Check if no Exposures & Initial ___	
Total Number of Stalls	Maximum Number Boarded	Pastured	Gross Annual \$
Do you provide riding facilities for your boarders? <input type="checkbox"/> Indoor Arena <input type="checkbox"/> Outdoor Arena <input type="checkbox"/> Trails <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require a boarding agreement in place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require proof of liability insurance from all boarders?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require Care, Custody or Control coverage for non owned horses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide Incidental Trailing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Breeding		n/a <input type="checkbox"/> Check if no Exposures & Initial ___	
Total Number of Stalls	Are outside mares kept on premises until foaling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Annual \$	
Method of breeding conducted by applicant on premises: <input type="checkbox"/> Live Breeding and/or <input type="checkbox"/> Artificial Insemination			
Are owned stallions shipped off premises for breeding?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any sales and/or shipment of semen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Training		n/a <input type="checkbox"/> Check if no Exposures & Initial ___	
Training is given by: <input type="checkbox"/> Applicant <input type="checkbox"/> Your Employee <input type="checkbox"/> Independent Trainer			
How many independent horse trainers utilize your facility: _____			
Type of Training: <input type="checkbox"/> Race <input type="checkbox"/> Show Type: _____		<input type="checkbox"/> Other _____	
Do you attend off-premises shows with horses in training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do ALL independent horse trainers carry their own general liability insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain Certificate of Insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide any incidental trailing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Clinics		n/a <input type="checkbox"/> Check if no Exposures & Initial ___	
On Premises Riding Clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Clinic Days: _____	Participants/day: _____
Off Premises Riding Clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Clinic Days: _____	Participants/day: _____
Are there any clinics conducted by an independent Clinician?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do they have their own insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain Certificate of Insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hosted Shows/Horse Sales/Auctions		n/a <input type="checkbox"/> Check if no Exposures & Initial ___	
Hosted Shows/Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide a description of the event (such as a show, rodeo, gymkhana, etc) along with descriptions of the type of classes/events offered. Where possible, please provide a show/event bill or flyer.	
Total Sanctioned Show or Sale Days per year: _____		List date(s): _____	
Sanctioning Organization(s): _____			
Description of activities: _____			
Describe security and safety procedures at events. _____			
Do you secure releases from all show entrants?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does number of spectators ever exceed 500 per day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Average competitors per show/event: _____		Average spectators/show/event day: _____	
Maximum competitors per show/event: _____		Maximum spectators per show/event day: _____	

Incidental Sales – Horse/Food/Clothing/Tack/Feed/Horseshoeing		n/a <input type="checkbox"/> Check if no Exposures & Initial ___	
Do you sell horses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Annual \$ _____	
Is buyer allowed to test ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> in arena <input type="checkbox"/> in open field	
Is supervision provided during the test ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you sell food or have a snack bar?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Annual \$ _____	
Do you sell tack and/or clothing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Tack manufacturing and repair not eligible.)	
Type of sales: _____		Gross Annual \$ _____	

Do you mix feed for sale/consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain: _____
Do you repair riding equipment for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain: _____
Do you perform any type of Ferrier services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain: _____
Pony Rides		n/a <input type="checkbox"/> Check if no Exposures & Initial
Number of Ponies	Do you use Sidewalkers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Receipts \$ _____
Minimum age of children allowed to ride _____	Are parents involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	Maximum # of children involved per event _____
Where are rides held?	<input type="checkbox"/> Insured's premises <input type="checkbox"/> Shopping malls <input type="checkbox"/> Customer's Premises <input type="checkbox"/> Fairgrounds <input type="checkbox"/> Vegetable/Flea markets <input type="checkbox"/> Other _____	

Equestrian Schools – Riding Instruction		n/a <input type="checkbox"/> Check if no Exposures & Initial
Is instruction provided by <input type="checkbox"/> You <input type="checkbox"/> Employee	Gross Receipts \$ _____	
If any independent instructors or trainers complete next section		
Does anyone under the age of 18 provide riding instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide riding instruction or therapeutic riding for handicapped students? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Level of instruction given:	What is the youngest age of student? _____	
Beginner: # of students – under age 18: _____ Over age 18: _____ Ratio: student to instructor: _____		
Intermediate: # of students – under age 18: _____ Over age 18: _____ Ratio: student to instructor: _____		
Advances: # of students – under age 18: _____ Over age 18: _____ Ratio: student to instructor: _____		
Do all participants sign waivers? (If yes, provide copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give instruction to students on their own horses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you teach: <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other _____		
Do you provide instruction: <input type="checkbox"/> all year round (indoor and outdoor arena) <input type="checkbox"/> Summer (outdoor)		
Trainer/Instructor(s) Name: _____		
Experience as an Instructor: _____	Experience with horses _____	
Is Instructor accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level _____	
Type of Instruction: _____		
Does the instructor provide horses used for lessons? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, # of horses provided _____		
Type of horses used: _____		
Age of horses used: _____		
Describe procedure to matching rider to horse: _____		

Independent Instructors/Trainers		n/a <input type="checkbox"/> Check if no Exposures & Initial
Do independent trainers or instructors operate on your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of instructors _____
Do they carry their own insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require a Certificate of Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Equine Camps		n/a <input type="checkbox"/> Check if no Exposures & Initial
Type of Camp: <input type="checkbox"/> Day Camp <input type="checkbox"/> Overnight Camp <input type="checkbox"/> Special Needs <input type="checkbox"/> Other _____		
Indicate all activities offered to campers: (Attach a copy of program)		
<input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Baseball <input type="checkbox"/> Horseback Riding		
<input type="checkbox"/> Recreational Swimming <input type="checkbox"/> Swim Lessons <input type="checkbox"/> Trail Riding		
<input type="checkbox"/> Hiking <input type="checkbox"/> Trampolines <input type="checkbox"/> Petting Zoos <input type="checkbox"/> Other _____		
Are all riding activities in an enclosed area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of enclosure: <input type="checkbox"/> Round Pen <input type="checkbox"/> Small Arena <input type="checkbox"/> Small Paddock		
Do you ever fasten (tie) children to any part of the saddle, pony or horse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are trail rides given? If yes, complete trail riding section	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are wagon/hay rides provided? (if yes, see wagon/hay ride section)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Liability Waivers signed by Parent/Legal Guardian? Provide copy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimate # of Day Campers per session: _____	Minimum age of Campers: _____	
Ratio of counselors to day campers: _____	Minimum age of Counselors: _____	
Date camp opens: ___/___/___ Date camp closes: ___/___/___	Gross Receipts \$ _____	
Number of weeks camp is open per year _____ Hours of operation _____		
Is staff trained in emergency procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type: <input type="checkbox"/> Fire Drill <input type="checkbox"/> Tornado <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> Other _____		

Do you have a written crisis management/emergency plan? (Provide a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a written safety procedure manual? (Provide a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any type of campfire or bonfire? If yes, describe safety procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the camp have a: <input type="checkbox"/> pool <input type="checkbox"/> Lake <input type="checkbox"/> Other _____		
If yes (pool), is it fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the pool have self locking gates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are snacks, food, or beverages provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who prepares snacks, food and/or beverages, including concession stands? _____		

Horse Drawn Wagon/Hay/Sleigh Rides	n/a <input type="checkbox"/> Check if no Exposures & Initial
Maximum rides given in one week _____	Gross Annual \$ _____
What experience does the driver have with operation wagon rides? _____	
Is a helper used in addition to the driver to assist and control passengers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is alcohol allowed on board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all passengers instructed to be sitting down while vehicle is in motion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are vehicles used at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all of your horse drawn vehicles have the following equipment? Provide photo of all wagons/sleighs.	
<input type="checkbox"/> Brakes <input type="checkbox"/> Lights <input type="checkbox"/> Reflectors <input type="checkbox"/> Slow Moving Vehicle Sign	
Do the wagons have side boards at least 2 feet above the seating level and a controlled access and entry way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the seats proper bench seats secured to the base of the wagon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all harnesses in excellent condition and checked daily prior to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Horses used for wagon/sleigh, buggy, cart or carriage rides:	
Type of horses used: _____ Age of horses used: _____	
Is there any off premises exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any rides travel on or cross over public roads?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above questions, please describe _____ _____	

Trail Riding	n/a <input type="checkbox"/> Check if no Exposures & Initial
Are trail rides open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Receipts \$ _____
Trail rides are given by: <input type="checkbox"/> Applicant <input type="checkbox"/> Employee <input type="checkbox"/> Other _____	
Is anyone under the age of 18 allowed to ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are waivers, release forms explained and signed by each individual? Provide copy	<input type="checkbox"/> Yes <input type="checkbox"/> No
What procedures are in place to qualify experience of rider? Explain _____	
Are riders properly fitted to the saddle and stirrups and checked by the stable manager prior to the ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all riders required to wear hard soled footwear with a heel and proper clothing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all rides conducted during daylight hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all rides with a ratio of one head guide and one tail guide to 6 riders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a minimum of one functional set of two-way communication with the stable (walkie-talkie or cellular phone) on each ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all head guides have a valid first aid certificate and CPR training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all head guides must be 19 years old and have at least 3 years guiding experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all assistant guides at least 16 years of age and have 3 years horse experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Undersigned declares that all statements made in the application and the information contained in documents submitted with it are true. Signing of this document does not bind the applicant to complete the insurance, but it is agreed that the questionnaire shall be the basis of the contract, should a policy be issued.

Signature of Applicant: _____	Date: _____
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