



Agent Name, Address & Telephone #:

GLOBAL INSURANCE ALLIANCE INC. WP
 13633 N. Catclaw Ct. Fountain Hills, AZ 85268
 480-816-5665 (Fax) 480-837-5641 www.globalinsaz.com

Equine Liability Application

<p style="text-align: center;">Name of Applicant/Mailing Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Applicant Is:</p> <p><input type="checkbox"/> Owner/Operator <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Absentee Owner <input type="checkbox"/> Other</p> <p>Explain Other: _____</p> <hr/> <p style="text-align: center;">Agency:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Agent Number: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-Mail: _____</p>
<p>Telephone: (Day) _____</p> <p style="padding-left: 40px;">(Evening) _____</p> <p>E-Mail: _____</p> <p>Fax: _____</p> <p>Requested Coverage Date: _____</p>	

Location of actual operations: (If more than 3 locations say various under #1 below)

Address	County	Acreage	Premises (Check One)	
1. _____	_____	_____	<input type="checkbox"/> Own	<input type="checkbox"/> Lease
2. _____	_____	_____	<input type="checkbox"/> Own	<input type="checkbox"/> Lease
3. _____	_____	_____	<input type="checkbox"/> Own	<input type="checkbox"/> Lease

Names of all partners or officers of corporation: _____

Additional Insureds	
Name: _____ Address: _____	Relationship to Insured: _____ Telephone: _____
Name: _____ Address: _____	Relationship to Insured: _____ Telephone: _____
Name: _____ Address: _____	Relationship to Insured: _____ Telephone: _____

Section I

UNDERWRITING AND SAFETY INFORMATION

1. Give a brief description of all farming and/or horse related operations: _____

2. How many employees: Full Time: _____, Part Time: _____, Annual Payroll \$ _____
Do you have workers compensation insurance? Yes No
Number of years experience: _____. How many years at present location? _____
Are you the primary manager of your facility? Yes No
If no, what is the manager's name: _____, age: _____, years experience: _____
3. Is there 24 hour supervision of the facility? Yes No. Please explain the supervision: _____

4. Yes No Are emergency numbers clearly posted?
 Yes No Are Safety and Barn rules posted at the facility?
 Yes No Is game hunting permitted on the premises?
 Yes No Is there a swimming pool on the premises?
 Yes No Has any dog owned by you or kept on the premises bitten or caused injury to anyone?
 Yes No Are no smoking signs clearly posted?
 Yes No Are there smoke alarms in your barn?
 Yes No Are State Equine Liability signs clearly posted (if applicable)?
 Yes No Do you have all clients sign a current waiver? **(Enclose sample copies of all waiver forms)**
 Yes No Are shoes with heels required for all riders?
5. Are ASTM or equivalent helmets required while mounted? **(check box below)**
 By Everyone ALL OF THE TIME
 18 and under ALL OF THE TIME
 Everyone while jumping and/or doing speed work
 Only 18 and under while jumping and/or speed work
 Never required. Why? _____

Are any other safety procedures or gear used? _____

6. Do you lease any part of any building or land to or from someone? If yes, please explain: _____

7. Fencing: Is all fencing in good condition? Yes No. Type of fencing used: _____

The fencing is checked: Daily Weekly Monthly Never
Has an animal ever escaped? Yes No. If 'yes', please explain: _____

Section II

Check If No Exposure

OWNED HORSES/LEASED HORSES

Mark Total Number Of Horses For Each Use (Only Mark One Use Per Horse)

1. Breeding: _____	4. Showing: _____	7. Racing Or Race Training: _____
2. Pleasure: _____	5. Foals/Weanlings: _____	8. Retired Horses: _____
3. For Sale: _____	6. Used For Giving Lessons To Others: _____	

Section III Check If No Exposure***NON-OWNED HORSES***

1. What is the maximum number of horses boarded? _____; Monthly boarding rate \$ _____
Annual Gross Receipts \$ _____
2. What is the maximum number of non-owned horses in show training? _____
Monthly training rate \$ _____; Annual gross receipts \$ _____
3. What is the maximum number of non-owned breeding stallions? _____; Annual gross receipts \$ _____
4. What is the maximum number of non-owned mares? _____
Do mares stay on your premises until after foaling? Yes No
5. What is the maximum number of non-owned racehorses or racehorses in training? _____
6. Maximum number of non-owned racehorses you train for others? _____; Annual gross receipts \$ _____
7. Do you sell horses as an agent for others? Yes No
How many horses do you sell annually that are: owned by you? _____; owned by others? _____
Average value of horses sold and owned by you \$ _____; owned by others \$ _____
8. Do you desire coverage for non-owned horses in your Care, Custody and Control? Yes No
_____ (please initial) *(Separate application required)*

Section IV Check If No Exposure***RIDING INSTRUCTION PROVIDED BY YOU***

1. Number of years experience as a riding instructor: _____
Do you hold any national officiating/judging/and/or instructors licenses? Yes No
If yes, give details and competition experience: _____

2. Maximum number of school horses available: _____; Maximum number used at one time: _____
Yearly gross receipts for riding instruction on school horses: \$ _____.
3. Do you give instructions to students on their own horses? Yes No
If yes, number of students per week: _____; Yearly gross receipts \$ _____
4. What riding discipline do you instruct? _____
5. Do you attend off-premises shows with any of your students? Yes No
How many times a year? _____; Gross annual receipts \$ _____
6. Do you hold clinics for non-students? Yes No, how many? _____, average attendance: _____
What are the dates? _____; Gross receipts \$ _____
7. Do you operate a day camp or an overnight camp? Yes No; Yearly gross receipts \$ _____
If answered 'yes', a Camp Supplement Form must be completed and submitted prior to quoting.
8. Do you provide riding for the handicapped? Yes No; If yes, annual gross receipts \$ _____
Number of horses available for the handicapped? _____; Are sidewalkers used? Yes No
Total number of students/lessons per week: _____; How many weeks per year? _____

Section V Check If No Exposure

INDEPENDENT TRAINERS AND INSTRUCTORS

1. Do independent trainers utilize your facility? Yes No
2. Do all independent trainers carry their own insurance? Yes No

IF YES, PROOF OF COVERAGE IS REQUIRED. THE LIMITS MUST BE AT LEAST EQUAL TO THOSE YOU CARRY. THEY MUST NAME YOU AS ADDITIONAL INSURED UNDER THEIR POLICY. INDEPENDENT INSTRUCTORS OR TRAINERS THAT DO NOT CARRY THEIR OWN INSURANCE WILL BE ADDED AS AN ADDITIONAL INSURED TO YOUR POLICY FOR ADDITIONAL PREMIUM CHARGE. COVERAGE IS LIMITED TO ON-PREMISES ONLY AND TO OFF PREMISE SHOWS WITH HORSES AND/OR RIDERS IN TRAINING.

NAMES OF INDEPENDENT INSTRUCTORS AND ADDRESS

Name: _____	Address: _____
Age: _____	Years experience in current class instructing: _____
Any licenses or certificates for training? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give details: _____	
Name: _____	Address: _____
Age: _____	Years experience in current class instructing: _____
Any licenses or certificates for training? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give details: _____	

3. How many horses are provided for lessons by independent instructors: _____; gross receipts \$ _____
4. Gross receipts for instructions to students on their own horses: \$ _____
5. Number of boarded horses trained by independent trainers: _____

Section VI Check If No Exposure

HORSE SALES

1. Do you sell horses? Yes No. If yes, number sold annually: _____
2. Do you sell for others? Yes No.
3. Do you sell on your premises? Yes No
4. Gross annual receipts \$ _____

Section VII Check If No Exposure

TACK STORE OR RETAIL SALES (snack shop)

Gross Sales Receipts				
Snacks	Clothing	Tack	Feed	Total
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

1. Do you manufacture or repair any goods sold? Yes No. If yes, please describe: _____

2. Do you perform any type of farrier service? Yes No; gross annual receipts \$ _____

NOTE-LIQUOR LIABILITY IS NOT COVERED. Do you allow alcohol consumption on the premises? Yes No

Section VIII

Check If No Exposure

OPEN HORSE SHOWS & COMPETITIONS

- Total number of show dates: _____; gross annual receipts \$ _____
 Average number of competitors on grounds per show day: _____
 Maximum number of spectators per day: _____; list actual show dates:

 Number of years hosting shows: _____; years hosting at this location: _____
 Are shows sanctioned? Yes No; By Who? _____
 If no, name any other National Organization that sanctions the shows: _____
 Do you secure releases from all entrants? Yes No (If yes, please attach a sample copy)
 Do you have an EMT present at all shows & clinics? Yes No
 If yes, do you obtain proof of Insurance or a certificate of insurance from the EMT? Yes No
- Do you manage any hunts or racing events? Yes No; if yes, please describe: _____

- Do you own/use any hounds for hunts? Yes No; if 'yes', how many hounds? _____
- If any shows involve rodeos, please describe type of events: _____

- Describe any other type of events or operations that are not mentioned above: _____

NOTE: COVERAGE IS NOT PROVIDED FOR INJURY TO PARTICIPANTS IN HORSE RACES RODEOS, RODEO-TYPE EVENTS, HUNTS, AND POLO MATCHES/PRACTICES.

Section IX

Check If No Exposure

PONY RIDES/SADDLE ANIMALS FOR HIRE/TRAIL RIDES

- Number of animals used for trail rides or rentals: _____
 Gross annual receipts for trail rides \$ _____; Gross annual receipts for rentals \$ _____
- Do you rent ponies to others? Yes No. If yes, please explain to who and the number leased:

- Do you conduct packing trips? Yes No
- Do you conduct hay, sleigh, or carriage rides? Yes No. If yes, gross annual receipts \$ _____
- Pony Rides/Parties*: Number Of Ponies _____; Gross annual receipts \$ _____
Please provide a detailed explanation of your safety program: _____

Section X

PREVIOUS INFORMATION

- Have you had coverage cancelled or refused in the past 5 years? Yes No
 Have you had any losses in the last 5 years? Yes No
 If yes, please supply approximate dates, description of loss, and amount of any medical payments made for you: _____

- Are you currently insured? Yes No; If yes, with what company? _____
 If no, who was the last Company you had coverage with? _____
 What was the expiration date of coverage? _____

Section XI

FARM LIABILITY COVERAGE LIMITS:

REQUESTED LIMITS OF LIABILITY (Please Check Only The Limit You Are Applying For):

- \$300,000 each occurrence / \$600,000 aggregate
- \$500,000 each occurrence / \$1,000,000 aggregate
- \$1,000,000 each occurrence / \$2,000,000 aggregate

(The Aggregate Limit Is the Maximum Paid Out Per Policy Period)

Coverage H: Bodily Injury and Property Damage Liability.

Coverage I: Personal Injury and Advertising Injury Liability.

If you wish to decline all of Coverage I or Advertising Injury Liability Coverage, mark the appropriate box below:

- I decline Coverage I: Personal Injury and Advertising Injury Liability.
- I decline Advertising Injury Liability Coverage only.

Liability Limits include \$5,000 Medical Payments Coverage and \$100,000 Fire Legal Liability Coverage. Higher limits for Medical Payments Coverage are available upon request. **No coverage will be provided for Horse Races.**

All applications must be signed and dated.

Section XII

TACK COVERAGE (Equestrian Equipment Only) - \$5,000 coverage with higher limits available.

List Schedule of Tack

Item	# of Items	Item Price	Total Value
Saddles		\$	\$
Bits, Bridles, Reins		\$	\$
Blankets, Hoods		\$	\$
Sheets, Coolers		\$	\$
Grooming Equipment		\$	\$
Buggies		\$	\$

List Any Other Tack Items Below

Item	# of Items	Item Price	Total Value
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

PLEASE ANSWER THE FOLLOWING – A FIRE PROTECTION CREDIT TO YOUR PREMIUM CHARGE MAY APPLY:

How many miles is it to the nearest Fire Department from where the above Tack is primarily stored? _____

How many feet to nearest hydrant/water pump from where the above Tack is primarily stored? _____

Agent's Use Only

I (have / have not) inspected the premises. I found the horsemanship to be: excellent, good, fair, poor.

Agent's Signature: _____ Date: _____

Please sign and date the application on the following page after reading the Fraud Notices.

FRAUD NOTICES AND APPLICANT'S SIGNATURE

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 (\$5,000) and the stated value for each such violation.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subject the person to criminal and civil penalties.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

<i>Date</i>	<i>Signature of Applicant</i>
<i>Date</i>	<i>Signature of Applicant</i>