

# American Reliable Insurance Company

222 South 15<sup>th</sup> Street, Suite 600S  
Omaha, NE 68102-1617  
800-365-0398

## **UNDERWRITING QUESTIONNAIRE FOR PUBLIC LIABILITY INSURANCE FOR HORSE RELATED OPERATIONS**



**UNDERWRITING QUESTIONNAIRE FOR PUBLIC LIABILITY INSURANCE FOR HORSE RELATED OPERATIONS**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Equine Exposure is located: \_\_\_\_\_ miles \_\_\_\_\_ of \_\_\_\_\_

Telephone number: \_\_\_\_\_ Supporting Farm Policy No: \_\_\_\_\_

Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

Joint Venture \_\_\_\_\_ Estate \_\_\_\_\_ Owner Occupied \_\_\_\_\_ Absentee Owner \_\_\_\_\_

LIMITS (circle one) - \$300,000 \$500,000 \$1,000,000 Each Occurrence | Aggregate

**ALL QUESTIONS MUST BE ANSWERED !!**

**GENERAL INFORMATION:**

1. Do you raise hay / grain for horses?  Yes  No  
Explain any farming operations \_\_\_\_\_
2. Number of years experience in this type of operation: \_\_\_\_\_  
Number of years at this location: \_\_\_\_\_  
If less than 5 years, please give brief description of experience and background in horse business: \_\_\_\_\_
3. Do you have Workers' Compensation Insurance?  Yes  No Payroll \_\_\_\_\_  
Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Period \_\_\_\_\_
4. Are there any other business enterprises in which you are engaged?  Yes  No  
If yes, please describe: \_\_\_\_\_
5. Is there 24 hour supervision of the facility?  Yes  No

**EXPOSURES:**

**Number Owned** **Number Non-Owned**

Boarding / Pasturing	_____	_____
Breeding Only (Stallions _____ Mares _____)	_____	_____
Racing and / or Race Training	_____	_____
Training - Other than Race Horses	_____	_____
Pleasure	_____	_____
Show	_____	_____
Trail Rides / Pack Trips / Rentals	_____	_____
Pony Rides	_____	_____
Horses owned by applicant and used for instruction	_____	_____
Boarded horses used by applicant for instruction to others	_____	_____
Horses used by independent instructors to others	_____	_____
Rodeo Use: Roping, Team Pinning, Barrel racing	_____	_____
Horses leased by applicant	_____	_____
Number of wagons / sleds / carts / carriages / buggies, etc.?	_____	_____
Describe use: _____	_____	_____

**OTHER EXPOSURES:**

- Is applicant involved in any of the following activities?
- a. Dude Ranch?  Yes  No
  - b. Entertainment / Amusements involving farm animals?  Yes  No
  - c. Hunting or fishing on premises by other than owner and family?  Yes  No
  - d. Hay rides?  Yes  No
  - e. Motorcycles, ATV's operated by other than applicant?  Yes  No
  - f. Public horse rentals?  Yes  No
  - g. Do you have riding for the handicapped / disabled?  Yes  No
  - h. Do you use horses or ponies for camps / resorts or individuals?  Yes  No
  - i. Property / land leased to others? Lessee must provide certificate of insurance.  Yes  No
- Explain any "Yes" answers \_\_\_\_\_

**EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS**

Check  (If "NO" Exposure)

- Do you have riding for the handicapped?  Yes  No Receipts \$ \_\_\_\_\_  
# of horses: \_\_\_\_\_ Sidewalkers  Yes  No
- Maximum number of horses available for instruction at peak \_\_\_\_\_ (Do not include students on their own horses)  
Gross receipts \$ \_\_\_\_\_
- Do you give instruction to students on their own horses?  Yes  No How many students per year? \_\_\_\_\_  
Gross receipts \$ \_\_\_\_\_
- Do you teach:  English  Western  Jumping  Vaulting  Polo  
 Other: (Explain) \_\_\_\_\_
- Any safety gear required?  Yes  No Describe \_\_\_\_\_
- Do you hold clinics for non-students?  Yes  No How Many? \_\_\_\_\_  
Average attendance \_\_\_\_\_ Receipts \_\_\_\_\_

**BOARDING (STALL RENTALS/PADDOCKS)**

**PASTURING - BREEDING - RACING - TRAINING (Including Horses Trained)**

Check  (If "NO" Exposure)

- Total # Stalls \_\_\_\_\_ Maximum number boarded \_\_\_\_\_  
Pastured (not included in boarded total) \_\_\_\_\_ Gross receipts \_\_\_\_\_
- Do you provide riding facilities for your boarders?  Yes  No Describe \_\_\_\_\_
- Do you allow non-boarders to use your facilities?  Yes  No Explain: \_\_\_\_\_  
Gross receipts \$ \_\_\_\_\_
- TRAINING: (Not Race Horses) Maximum number of horses trained at any one time: \_\_\_\_\_  
Owned \_\_\_\_\_ Non-Owned \_\_\_\_\_  
Gross receipts \$ \_\_\_\_\_
- BREEDING: Is Breeding done on  or off premises ? Explain \_\_\_\_\_  
How many stallions owned? \_\_\_\_\_ Non-Owned? \_\_\_\_\_  
Mares Owned? \_\_\_\_\_ Non-Owned? \_\_\_\_\_  
Gross Receipts \_\_\_\_\_
- Do Independent Contractors give lessons, training, board, etc., use ranch for operations?  Yes  No  
Do they have own insurance?  Yes  No  
IMPORTANT: Provide Certificate of Insurance
- RACE HORSES:  
How many do you own? \_\_\_\_\_ How many do you train? \_\_\_\_\_  
What breeds? \_\_\_\_\_ What states do you race in? \_\_\_\_\_  
Payroll \$ \_\_\_\_\_

**SALES: HORSE, FOOD, CLOTHING, TACK, FEED, HORSE SHOEING**

1. If you sell horses: Types & Breeds \_\_\_\_\_  
 How many per year? \_\_\_\_\_ Gross Receipts \_\_\_\_\_ Is buyer allowed to test ride?  Yes  No  
 If yes, in open field or arena? \_\_\_\_\_  
 Do you sell from your own premises?  Yes  No  
 Explain any other method of sales: \_\_\_\_\_
2. Do you have food or snack bar?  Yes  No Describe \_\_\_\_\_  
 (*Liquor Liability not covered.*) Area used \_\_\_\_\_ sq. ft. Gross Receipts \_\_\_\_\_
3. Do you sell tack and / or clothing?  Yes  No Area used \_\_\_\_\_ sq. ft. Gross Receipts \_\_\_\_\_  
 Do you repair riding equipment for others?  Yes  No
4. Do you do any horse shoeing?  Yes  No Gross Receipts \_\_\_\_\_

**HORSE SHOWS AND MISCELLANEOUS ACTIVITIES**

1. Do you manage any horse shows which are open to non-students or boarders?  Yes  No  
 Are these events recognized by the American Horse Show Association?  Yes  No

	On Premises	Off Premises	Receipts	Total Number
a. Shows				
b. Rodeos				

Explain show or rodeo activities: \_\_\_\_\_  
 \_\_\_\_\_

3. Do you have bleachers or grandstands?  Yes  No Construction \_\_\_\_\_  
 Seating capacity \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_  
 Does number of spectators ever exceed 500?  Yes  No If yes, explain seating & safety measures:  
 \_\_\_\_\_

Maximum number of spectators (per day)? \_\_\_\_\_

4. Do you manage any hunts or racing events?  Yes  No If yes, what type of event? \_\_\_\_\_

5. Describe any safety features or precautions taken to reduce or eliminate the possibility of injuries to riders or damage to property:  
 \_\_\_\_\_  
 \_\_\_\_\_

6. No. of years in this type of operation \_\_\_\_\_

7. No. of years at this location \_\_\_\_\_

8. What precautions are taken to insure that all horses are safe and suitable for riding before they are rented or used as school horses? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Does insured require Hold Harmless Agreements from individuals utilizing facilities?  Yes  No  
 If yes, attach copy.

10. Are Hold Harmless Agreements and/or rules posted on facility?  Yes  No

11. Describe qualifications and experience of riding instructors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Present insurance carrier \_\_\_\_\_ Agent \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Annual premium \$ \_\_\_\_\_

13. Loss information for past three years:

**Type of Loss**

**Amount Paid**

Type of Loss	Amount Paid

14. Are your horses insured for full mortality?  Yes  No, or named perils (fire, lightning, transportation)?  Yes  No

15. Does an independent trainer train your horses?  Yes  No

If yes, please provide name \_\_\_\_\_

Off Premises?  Yes  No

On Premises?  Yes  No

16. Are there any additional insureds or others that need to be named on policy?  Yes  No

Submit names and addresses, also percent of interest and in what equine exposures:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Please use the space below to describe any other operations or exposures:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I represent and warrant that all statements and representations are true and correct. Violation of this warranty may result in denial of a claim should a loss occur.

I further understand that completion of this application in no way constitutes acceptance of the risks by any insurance company.

**NOTE: Separate Care, Custody and Control policy may be needed on any non-owned horses.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title

**INFORMATION TO BE FURNISHED BY AGENT**

Do you know the applicant personally?  Yes  No, If, so, for how long? \_\_\_\_\_

Did you receive the order direct from the applicant?  Yes  No

Do you handle other insurance for the applicant?  Yes  No

Do you recommend the risk?  Yes  No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature