



North American Horsemen's Association **NAHA**
 Horsemen of North America Safety Control Purchasing Group
LIABILITY INSURANCE & MEMBERSHIP APPLICATION
HORSE OWNER / SMALL EQUINE BUSINESS OPERATIONS

All American Horse Insurance
 PO Box 300384 Glenwood UT 84730
 Ph: 435-896-4593 Fax: 435-893-0920
 allamericanhorseinsurance@gmail.com

A. GENERAL QUESTIONS

~ All Questions Must Be Answered. This is not your insurance policy. ~

1. Name of Applicant (and Business Name, if applicable) [Named Insured] _____
 Individual to whom correspondence should be mailed (if other than applicant) _____
 2. MAILING ADDRESS _____
 DAYTIME PHONE _____ EVENING PHONE _____ E-MAIL _____ WEB SITE _____
 3. Premises Location of the Named Insured if not same as mailing address (Provide physical address: street, city and state. **Do not** provide P.O. Box.) _____
 4. Do you file an income tax return on income and deductions from your owned or leased horses? YES NO
- B. APPLICANT IS:** [Check **one** that describes your type of horse ownership or business.]
 INDIVIDUAL **SOLE PROPRIETOR** **CORPORATION** **PARTNERSHIP**
 OTHER (Describe) _____
- C. DESIRED LIABILITY LIMITS:** \$ 300,000 \$ 500,000 \$ 1,000,000
PROPOSED EFFECTIVE DATE _____

D. HORSE ACTIVITY DISCLOSURE

Show below the number of horses you would want to cover for liability per this application according to their primary personal use or their status in your small equine business. List or number each horse only one time. The term "HORSE" shall refer to all domesticated equine species, including ponies, donkeys, and mules. Activities not disclosed are not covered.

PRIMARY USE / STATUS	NUMBER OF HORSES	AT YOUR PREMISES	BOARDED OUT	PROJECTED ANNUAL INCOME (if any)
<u>PERSONAL USE – OWNED OR LEASED TO YOU:</u>				
Show, Exhibition or Competition	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Trail Riding / Personal Pleasure Riding	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Hunting	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Personal Pleasure Driving	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Broodmares	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Retired Horses	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Yearlings and Two-Year Olds Being Raised	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Horses Over 3 Years Old Held For Sale	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Breeding Stallion	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Volunteer Search and Rescue / Mounted Patrol	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Polo	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Flat and Harness Racing	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
OTHER _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
TOTAL OWNED OR LEASED HORSES	_____		TOTAL INCOME	\$ _____
<u>HORSES IN YOUR CARE, BUT NOT OWNED BY YOU:</u>				
Boarded by You	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Trained by You	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Raced by You	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
At Your Stable for Breeding / Foaling Services	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
TOTAL NON-OWNED HORSES	_____		TOTAL INCOME	\$ _____

E. PREMISES & OPERATIONS COVERAGE Check box if not applicable

◆ Do not answer questions in this section if you only want your owned or leased horses covered for liability. Do not answer these questions if you board your horses out and the horses are not at your residence or on property owned or leased by you. Answer these questions if you want your premises covered for liability in relation to your horses, small horse business, or traditional farming operation. Call your agent if you have questions concerning your need for premises coverage.

- 1. Property you occupy is: OWNED BY YOU LEASED TO YOU RENTED TO YOU
- 2. Acreage: NUMBER OWNED _____ NUMBER LEASED OR RENTED _____
- 3. Do you provide any other horse or non-horse business activities at your premises not questioned about in this application? YES NO
If yes, describe _____

Are all these activities already covered by an existing liability policy? YES NO Name of Insurer _____
Insurance Policy # _____

- 4. Do you operate a farm at your premises for purpose of raising crops or livestock for sale as food, feed, or fiber or re-sale? YES NO
If yes, what types of farming? _____
If yes, do you now carry coverage for Farm Premises and Operations? YES NO
If not, do you wish to add Farm Premises and Operations coverage to the insurance policy for which you are applying? YES NO

F. CARE, CUSTODY & CONTROL LIABILITY INSURANCE Check box if not applicable

◆ Complete this section if you board, breed, train, handle, care for, or incidentally transport horses that are owned by third parties, that is, **not owned** by you, your family members, employees, or additional insureds.

◆ **Care, Custody and Control Liability Insurance** protects you if a horse in your care, but not owned by you, becomes sick, injured or dies and the owner attempts to hold you legally responsible or if you actually become legally responsible for the loss. Coverage includes cost of damages and legal defense. This coverage does not automatically cover the loss of horses that are in your care; you must be liable for the loss. The horse owners should be advised to carry their own mortality insurance to cover such loss since they have the financial interest in their horses.

- 1. Maximum number of non-owned horse in your care at one time? _____
- 2. Average value of horses in your care, but not owned by you? \$ _____ Maximum value per horse? \$ _____
- 3. Are you in the business to commercially transport horses or other livestock? YES NO

Choose () the liability limits that best meet your needs: (higher limits available upon request.)

- \$ 5,000 per horse maximum \$ 10,000 per horse maximum \$ 15,000 per horse maximum
25,000 aggregate per policy year 50,000 aggregate per policy year 100,000 aggregate per policy year
- \$ 5,000 per horse maximum \$ 10,000 per horse maximum \$ 25,000 per horse maximum
50,000 aggregate per policy year 100,000 aggregate per policy year 100,000 aggregate per policy year

G. HORSE TRAINER QUESTIONS Check box if not applicable

- 1. Types of training you do? _____
- 2. Is riding instruction part of your training fee? YES NO
- 3. Who is / are the named insured policy holder trainer(s) to be covered under this policy? _____
- 4. Have you trained full-time for the past three years? YES NO
- 5. Do you hold a horse training certification, accreditation, diploma, or completed apprenticeship? YES NO
If yes, with whom or what entity? _____

H. OTHER ACTIVITIES

- 1. Do your activities include any of the following: Yes No Cattle Drives
 Yes No Use of Firearms Yes No Hunting for a Fee or Rental of Land for Hunting
 Yes No Horse Rental Yes No Animal / Equine Rides provided for a fee or donation
 Yes No Tractor, Auto and Other Motorized Vehicle Drawn or Pulled Rides
 Yes No Do you sponsor Parades that take place Outside of Fenced Enclosure?

◆ These exposures are not insurable under the policy for which you are applying.

- 2. Do you have any other equine or non-equine business activities not questioned about in this application? YES NO
IF YES, describe here: _____

I. ADDITIONAL INSURED AND PROOF OF INSURANCE Check box if not applicable

List below the parties that either require proof of insurance certificates or who must be listed as additional insured on your liability policy.
Clearly explain why the entity wants to have proof of insurance or to be listed as Additional Insured.

Name / Address of <u>Certificate Holder or Additional Insured</u>	Relationship to Your <u>Horses or Business</u>	Require Proof of <u>Insurance ONLY</u> <input checked="" type="checkbox"/>	Require Being Listed <u>as Additional Insured</u> <input checked="" type="checkbox"/>
1. _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

J. PAST THREE YEAR INSURANCE EXPERIENCE

- During the past three years, has any liability claim or lawsuit ever been made against your organization or any principal or shareholder of this organization in relation to this or any other activity? YES NO
If YES, explain _____
- Have you been canceled or refused coverage in the past three years? YES NO
If YES, give reason _____

K. SIGNATURE SECTION

ASSOCIATION PROGRAM NOTICE:

HORSE OWNERS: You are applying for insurance under a **RISK REDUCTION GROUP PROGRAM** and you will be required to review a Risk Reduction Program specified by the **NORTH AMERICAN HORSEMEN'S ASSOCIATION**. If not attached, request that program, **NAHA Form 26**, from your agent prior to applying for a quote.

SMALL HORSE BUSINESS OPERATIONS: You are applying for insurance under a **RISK REDUCTION GROUP PROGRAM** and you will be required to review and comply with certain mandatory Risk Reduction Program specified by the **NORTH AMERICAN HORSEMEN'S ASSOCIATION**. If not attached, request that form, **NAHA Form 26 or 265**, from your agent prior to applying for a quotation.

COVERAGE EXCLUSION WARNING: THE LIABILITY POLICY FOR WHICH YOU ARE APPLYING EXPRESSLY DOES NOT COVER:

- ◆ **ALCOHOLIC BEVERAGE SALES OR DISTRIBUTION.**
- ◆ **COMMERCIAL LIVESTOCK TRANSPORTERS**
- ◆ **BODILY INJURY INCURRED BY EMPLOYEES, CONTRACT LABORERS, EXCHANGE LABORERS AND VOLUNTEERS.**

INSURANCE FRAUD WARNING: I/We understand and agree that any misstatement of fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. 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 shall be subject to a civil penalty and the stated value of the claim for each such violation.

APPLICANT'S SIGNATURE _____ **TITLE** _____ **DATE** _____

BROKER / AGENT SIGNATURE _____
BROKER'S NAME AND ADDRESS All American Horse Insurance
PO Box 300384 Glenwood, UT 84730
PHONE 435-896-4593 **FAX** 435-893-0920 **E-mail** _____ **WEB SITE** _____
allamericanhorseinsurance@gmail.com www.allamericanhorseinsurance.com