

# Equine Instructors and Trainers Liability Application

**All American Horse Insurance**  
*Exclusively Underwritten By*  
PO Box 300384 Glenwood, UT 84730  
Ph 435.896.4593 Fax 435.893.0920  
allamericanhorseinsurance@gmail.com  
American Equine Insurance Group **AEIG**

Broker: \_\_\_\_\_ Broker Number: \_\_\_\_\_  
Broker License Number: \_\_\_\_\_  
Policy and/or Renewal #: \_\_\_\_\_  
Requested Effective Date: \_\_\_\_\_

**Note: Incomplete applications will be returned to the applicant.**

Applicant: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Is applicant 18 or over? Yes  No   
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's Ownership Structure:** Individual  Corporation  Association  Partnership

*Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.*

Use: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the applicant: Own  or Lease  Pay Plan Desired? Yes  No  **Ask your broker for more information.**

Is applicant currently insured? Yes  No   
**Most recent or present insurance company:** \_\_\_\_\_ **Annual premium:** \$ \_\_\_\_\_

Has the applicant had any liability claims or reported incidents in the past five years? Yes  No

Has the applicant had coverage cancelled or refused in the past five years? **(Not applicable in Missouri.)** Yes  No

*Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.*

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes  No   
*If yes, attach a separate sheet and explain.*

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes  No   
*If yes, attach a separate sheet and explain.*

## Limits of Insurance

<b>Each Occurrence</b>	<b>\$1,000,000</b>
<b>General Aggregate</b>	<b>\$1,000,000</b>
Damage To Premises Rented To You – Any One Premises	\$50,000
Medical Expense Limit – Any One Person	\$5,000
<b>Double Aggregate desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>\$2,000,000</b>
<b>Triple Aggregate desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>\$3,000,000</b>

## Optional Coverages – Subject to eligibility and underwriting approval.

**Equine Personal Liability** Yes  No  **Equine Professional Liability** Yes  No  **Personal and Advertising Injury** Yes  No

Current liability waivers utilized Yes  No   
*Enclose copies.*  
Shoes with heels required for riders Yes  No

**Riding Helmets are Required:**  
 Not required  
 By everyone ALL OF THE TIME  
 18 and under ALL OF THE TIME  
 Everyone while jumping/speed work  
 Only 18 and under while jumping

## Additional Insureds

*List Additional Insureds and describe their connection to your equine activities*  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Summary of Equine Activities**

Description of your operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years experience with horses: \_\_\_\_\_ Professional years operating this type of an operation as a business: \_\_\_\_\_  
Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Owned / Leased Horses** Total number of horses you own: \_\_\_\_\_  
Total number of horses you lease from others: \_\_\_\_\_  
Maximum number of horses you own or lease from others taken off premises (horse shows etc.): \_\_\_\_\_  
Maximum number of horses used for **Riding Instruction / School Horses**: \_\_\_\_\_  
Do you use any horses for driving, pulling, or work? Yes  No   
If yes, please explain: \_\_\_\_\_

**Training** Yes  No   
Average number of horses in full training monthly \_\_\_\_\_ Average number of training rides **weekly** on horses not in full training: \_\_\_\_\_

**Riding Instruction** Yes  No   
Type of instruction: \_\_\_\_\_  
*Operation's Total Riding Instruction, both On and Off Premises*  
Total lessons given annually: \_\_\_\_\_ Average number of **weekly** lessons given on *Client's Own* horse(s): \_\_\_\_\_  
Average cost per lesson: \$ \_\_\_\_\_ Average number of **weekly** lessons given on School/Insured's horse(s): \_\_\_\_\_

**Equestrian Day Camps** Yes  No  *If yes, the Equestrian Day Camp Supplemental Application must be completed.*  
**Officiating/Judging** Yes  No  Total show days Judging / Officiating annually: \_\_\_\_\_

**Riding Clinics** Yes  No  Total Clinic Days: \_\_\_\_\_ No. of participants per day: \_\_\_\_\_  
Clinic Dates: \_\_\_\_\_  
Description of Clinic: \_\_\_\_\_

**Horse Sales** Yes  No   
How many horses do you sell annually: Owned by you: \_\_\_\_\_ Owned by others: \_\_\_\_\_ Total: \_\_\_\_\_  
Average value of horses sold: Owned by you: \$ \_\_\_\_\_ Owned by others: \$ \_\_\_\_\_

**Annual Gross Revenues from Equine Activities**  
Training: \$ \_\_\_\_\_ Riding Instruction: \$ \_\_\_\_\_ Riding Clinics: \$ \_\_\_\_\_  
Officiating: \$ \_\_\_\_\_ Horse Sales: \$ \_\_\_\_\_  
  
Total Annual Gross Revenue: \$ \_\_\_\_\_

## CARE, CUSTODY, OR CONTROL (CCC)

Is CARE, CUSTODY, OR CONTROL (CCC) coverage desired?

Yes  No

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care.  
**Coverage is not available to Commercial Haulers.**

*Select from the limits below. Premiums shown are for up to 20 horses.*

	<i>Maximum Limit Per Horse</i>	<i>Aggregate Limit Per Year</i>	<i>Annual Base Premium</i>	<i>Per horse over 20 horses</i>
<input type="checkbox"/> 1)	<b>\$5,000</b>	<b>\$25,000</b>	\$300.00	\$5.00
<input type="checkbox"/> 2)	<b>\$5,000</b>	<b>\$50,000</b>	\$375.00	\$8.00
<input type="checkbox"/> 3)	<b>\$10,000</b>	<b>\$50,000</b>	\$400.00	\$9.00
<input type="checkbox"/> 4)	<b>\$10,000</b>	<b>\$100,000</b>	\$475.00	\$10.00
<input type="checkbox"/> 5)	<b>\$15,000</b>	<b>\$100,000</b>	\$500.00	\$13.00
<input type="checkbox"/> 6)	<b>\$25,000</b>	<b>\$100,000</b>	\$550.00	\$15.00
<input type="checkbox"/> 7)	<b>\$25,000</b>	<b>\$250,000</b>	\$600.00	\$17.00
<input type="checkbox"/> 8)	<b>\$25,000</b>	<b>\$300,000</b>	\$700.00	\$18.00
<input type="checkbox"/> 9)	<b>\$50,000</b>	<b>\$300,000</b>	\$1,100.00	\$20.00
<input type="checkbox"/> 10)	<b>\$100,000</b>	<b>\$300,000</b>	\$1,400.00	\$25.00
<input type="checkbox"/> 11)	<b>\$100,000</b>	<b>\$500,000</b>	<i>Submit for Quote</i>	
<input type="checkbox"/> 12)	<b>\$250,000</b>	<b>\$500,000</b>	<i>Submit for Quote</i>	
<input type="checkbox"/> 13)	<b>\$500,000</b>	<b>\$1,000,000</b>	<i>Submit for Quote</i>	

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium.

No

*(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from your premises as stated in the Declarations of the policy.)*

Average number of non-owned horses in your Care, Custody, or Control (Sales, Training): \_\_\_\_\_

Maximum number of non-owned horses in your Care, Custody, or Control (Sales, Training): \_\_\_\_\_

Maximum value of an individual non-owned horse in your Care, Custody, or Control (Sales, Training): \_\_\_\_\_

Do you transport horses in your Care, Custody, or Control?

Yes  No

If yes, how often, for what reasons, and for whom you transport horses: \_\_\_\_\_  
 \_\_\_\_\_

Do you transport horses not usually in your Care, Custody, or Control? *(Coverage not provided for Commercial Haulers.)*

Yes  No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

Type and capacity of your horse trailer(s): \_\_\_\_\_

Are your horse trailers in good repair?

Yes  No

Are your horse trailers on a regular maintenance program?

Yes  No

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

**(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)**

**NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDING ACTIVITIES!**

**Note:** *If dates have not been set, Written Notice of the clinic must be received in our office prior to the clinic date. Coverage is not provided for clinic dates that have not been declared to the Company in advance of the clinic.*

**Note:** *If you have activities which are not described within this application, please use the full Commercial General Liability Application form. Any events or activities not described/disclosed are not covered. Coverage will be provided only for exposures marked "Yes."*

**GENERAL FRAUD STATEMENT**

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia** - 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.

**Colorado**- 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas** - An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other 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.

**Maine** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey, New Mexico** - 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.

**Ohio** - 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.

**Oklahoma** - 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.

**Oregon** - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Pennsylvania** - 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 subjects such person to criminal and civil penalties.

**Tennessee, Virginia, Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**DECLARATION**

**DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):**

*Your failure to disclose any material information that could reasonably result in a claim may result in the insurance policy/coverage that you are applying for being void and/or subject to rescission. If any of the information in this application has been falsely stated by you or if material information has not been disclosed by you which may influence the Company's underwriting decision, any insurance policy/coverage issued to you by the Company may be void and/or subject to rescission.*

*I/We, the undersigned, confirm to the best of my/our knowledge and belief that the above statements are true, complete and correct, and that I/we have disclosed all material information. I/We acknowledge that this application is not a binder of insurance coverage or an insurance policy. I/We acknowledge my/our completion of this application does not obligate me/us to purchase an insurance policy/coverage from the Company. I/We further acknowledge that the information provided by me/us in this application will be the primary basis for the underwriting of any insurance policy/coverage that may be issued by the Company to me/us. I/We also acknowledge that my/our operation may be subject to inspection by the Company or its authorized representative.*

**This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.**

**New York** - 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

(Must be signed and dated)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required in NH)