

## EQUINE SUPPLEMENTAL QUESTIONNAIRE

1. Are you a member in good standing of an equine association? Yes / No  
If yes, indicate the name of the equine association: \_\_\_\_\_
2. What is the primary equine activity of your operation (training, boarding, breeding, etc.)? \_\_\_\_\_  
How long have you been in business? \_\_\_\_\_
3. If the general public is allowed any riding activity on any location, what does this consist of?  
\_\_\_\_\_
4. The insured must obtain a signed Indemnity and Hold Harmless Agreement from any and all individuals who board, breed, ride, receive lessons or participate in shows, etc. on premises. These signed agreements must be kept on file with your business records.  
Do you use any Hold Harmless Agreements? Yes / No  
If yes, who signs these and are these kept on file? \_\_\_\_\_  
Please include a blank copy of this agreement with the application.
5. Do you have notices posted on all premises relative to the equine operation? Yes / No  
If yes, are these notices sufficient to enforce all equine hold harmless laws in the state (if any)? \_\_\_\_\_
6. How many horses are on your premises? \_\_\_\_\_ Type of horses? \_\_\_\_\_ Total number owned? \_\_\_\_\_  
Total number owned by others: \_\_\_\_\_
7. Do you board horses? Yes / No  
No. of stalls: \_\_\_\_\_ Maximum No. of horses boarded: \_\_\_\_\_
8. Are wagon rides or sleigh rides given to others for a fee? Yes / No  
If yes, please explain: \_\_\_\_\_  
Please provide the annual gross receipts: \_\_\_\_\_
9. Do you breed horses belonging to others? Yes / No  
Approximate number of non-owned mares bred each year? \_\_\_\_\_  
Gross receipts of equine sales? \_\_\_\_\_
10. Are horses trained on your premises? Yes / No  
Number owned: \_\_\_\_\_ Number owned by others: \_\_\_\_\_ What is your annual payroll? \_\_\_\_\_  
Do you personally train? Yes / No  
Do others train horses at your facility? Yes / No  
If so, number of trainers? \_\_\_\_\_  
Does the independent trainer(s) carry professional liability insurance? Yes / No  
Do you require a certificate of insurance from the independent trainer? Yes / No
11. Are students instructed at your facility? Yes / No  
How many students are given instructions annually? \_\_\_\_\_  
Are students instructed on their own horses? Yes / No  
What type of lessons are given by your or others? \_\_\_\_\_  
Do you personally instruct? Yes / No  
Do others instruct students at your facility? Yes / No  
If so, number of independent instructors? \_\_\_\_\_  
Does the independent instructor(s) carry professional liability insurance? Yes / No  
Do you require a certificate of insurance from the trainer? Yes / No  
Are helmets and appropriate footwear required during lessons? Yes / No  
Do you attend off premises shows with your students? Yes / No  
Are organized riding academies/schools conducted by you on your premises? Yes / No  
If so, how many held per year and duration (days) of class? \_\_\_\_\_

12. Are public sales, clinics, shows and other demonstrations conducted on your premises? Yes/No  
 If yes, please explain/describe types of events: \_\_\_\_\_  
 How many per year? \_\_\_\_\_ What is the duration? \_\_\_\_\_ Average number of attendees? \_\_\_\_\_  
 Largest Number of attendees at any one show? \_\_\_\_\_  
 Are grandstands/bleachers located at or brought onto your premises? Yes/No  
 If so, who is responsible for the construction, maintenance and upkeep? \_\_\_\_\_  
 What is the seating capacity of these grandstands or bleachers? \_\_\_\_\_
13. Do you transport horses for others? Yes/No  
 Do you charge a fee for transporting? Yes/No  
 If so, what are the annual gross receipts? \$ \_\_\_\_\_  
 How many individual trips per year? \_\_\_\_\_  
 How many non-owned horses per year are transported? \_\_\_\_\_  
 What is the average distance traveled? \_\_\_\_\_
14. Do you sell tack, veterinarian supplies, or related equipment? Yes/No  
 If yes, what is the annual gross receipts? \$ \_\_\_\_\_  
 Do you repair any tack or related horse equipment for a fee? Yes/No
15. Do you perform any custom grinding/mixing or selling of feed for animals? Yes/No  
 If yes, what is the annual gross receipts? \$ \_\_\_\_\_
16. The information provided above assists us in properly evaluating your operation. Is there any additional activity not mentioned in this questionnaire which would enable us to better understand you operation? If so, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Optional Coverage's for Professional Services and Professional (E & O) Liability are available if desired. If interested, please explain why coverage is desired and needed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Insured Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_