

Cheval Insurance Services, Inc.

Equestrian, Sports and Recreational Insurance, CA License # OC94257
 PO Box 2933 Fullerton, CA 92837 (714) 447-9191 FAX (714) 525-9191

LIABILITY APPLICATION FOR COMMERCIAL HORSE OPERATIONS

IMPORTANT: THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION.
 ALL OPERATIONS MUST BE DECLARED

Named Insured _____ Phone _____

Business Name _____

Mailing Address _____ Email address _____

City, St, Zip _____ Website Address _____

Person to contact for Inspection _____

Location 1 of Actual Operations (Address) _____

County _____

Location 2 of Actual Operations (Address) _____

County _____

Location 3 of Actual Operations (Address) _____

County _____

Do you own, rent or lease? _____

Applicant is Individual Partnership Corporation Other:

Names of all Partners or Corporate Officers _____

Additional Insured/Owner of Premises - Name & Address _____

Desired Effective Date _____ Agency Name **Cheval Insurance Services**

No of Years Experience these Operations _____ No. of Years this location _____ If this is a new operation, please provide brief history of experience:

LIMITS OF LIABILITY

ALL LIMITS ARE SUBJECT TO COMPANY ACCEPTANCE AND APPROVAL

Check only one set of desired limits \$300,000 CSL \$500,000 CSL \$1,000,000 CSL

Non-Owned Horses while in your Care, Custody & Control are Not Covered for Injury/Death by This Policy.

SUMMARY OF HORSES AT PEAK SEASON*

* If same horses are used for different activities, please indicate as such on schedule.

IF THIS SECTION IS NOT ANSWERED FULLY, APPLICATION WILL BE RETURNED.

OWNED/LEASED/USED BY INSURED	NUMBER Total	NONOWNED BY INSURED	NUMBER Total
1. Rentals/Trail Rides/Pack Trips	_____	1. Boarding/Pasturing	_____
2. Pony Rides/Carriage Horses	_____	2. Breeding Only - _____ Stallions* _____ Mares	_____
3. Horses owned, leased, used by applicant for instructions to others	_____	3. Racing and/or Training (Breed)	_____
4. Horses used by independent instructors for lessons	_____	4. Training - Not Race Horses*	_____
5. Horses used for Handicapped lessons	_____	5. On Consignment for Sale (Breed) *	_____
6. Horses used for Carriage or Wagon Rides	_____	6. Boarded horses used by applicant for instruction to others	_____
OWNED HORSES <u>NOT</u> INCLUDED ABOVE:		Total	_____
7. Breeding _____ Training _____		What is the maximum number of horses that can be kept at your premises?	_____
Show/Pleasure _____ Foals/Weanlings _____			
For Sale (Breeds) _____	Total		
8. Number of wagons/ Sleds/Carriages/Carts/Buggies, etc.	_____ none _____	*Included in # horses boarded when boarding applies	
Describe Use:			

Do you have riding for the handicapped? Yes No Receipts _____ No. of Horses _____ Sidewalkers? _____

Are there any apartments over stables? If so, explain use. _____

Do you provide any RV Hookups for trailers (campers)? Yes No

Are you engaged in any other businesses on the premises? Yes No Explain _____

Is your operation Seasonal? If Yes, What is Season of Operation _____

NOTE: THIS POLICY DOES NOT COVER DWELLINGS, OCCUPANCY, FARM/RANCH OPERATIONS INCLUDING FARM MACHINERY OR OTHER OPERATIONS THAT ARE NOT HORSE EXPOSURES.

RIDING INSTRUCTION / CLINICS

NO EXPOSURES

Types of Instruction? _____

Do you give instruction to students on their own horses? Yes No Gross Receipts _____ No. Lessons per week _____ Chg. per lesson _____

Do you give instruction to students on lesson horses? Yes No Gross Receipts _____ No. Lessons per week _____ No. of Lesson Horses Used _____

Stallions Used? (If yes, state level of rider) _____

Are instructors carded judges? Yes No Are instructors certified by a riding institute? Yes No Do you have students showing at the "A" level? Yes No

Is there any time of year when instruction is not given? _____ If so, indicate operating season: _____

Release signed by all students and/or their parents? (Attach sample) Yes No Safety procedures or requirements employed? _____

Do you attend off premises shows with students? Yes No How many per year? _____ Gross Receipts _____

Do you have Working Students? _____ No. of Working Students: _____ Square Footage of Instruction Arena: _____

of Clinics or Daycamp* sessions for nonstudents: (indicate on or off premises) _____

Average Attendance _____

Gross Receipts _____

*Daycamps are defined as riding instruction for the general public given in set sessions, e.g., 4 days in one week during summer is one session. Coverage is not provided for overnight activities or activities not directly related to the riding instruction.

INDEPENDENT CONTRACTORS

NO EXPOSURES

Please complete the following for any Independents to be insured on this policy.

How many independent instructors/trainers use your facility? _____

Name _____ Activities : Training Lessons

of Horses in Training - Maximum _____ Average _____ Gross Receipts _____

Type of Lessons _____ # of Lessons Per Week on Client Owned Horses _____ Gross Receipts _____

Lesson Horses Used _____ # of Lessons Per Week on Lesson Horses _____ Gross Receipts _____

Applicant's Share of Gross Receipts _____ Independent's Share of Receipts _____

Name _____ Activities : Training Lessons

of Horses in Training - Maximum _____ Average _____ Gross Receipts _____

Type of Lessons _____ # of Lessons Per Week on Client Owned Horses _____ Gross Receipts _____

Lesson Horses Used _____ # of Lessons Per Week on Lesson Horses _____ Gross Receipts _____

Applicant's Share of Gross Receipts _____ Independent's Share of Receipts _____

BOARDING

NO EXPOSURES

Total Number of Stalls _____ Maximum No. Boarded: _____ Average No. Boarded _____

Stalls Pens/Paddocks Pasture

How many animals? _____

Monthly charge per horse? _____ Gross Annual Receipts _____

TRAINING

NO EXPOSURES

Maximum No. in Training: Owned _____ Non-Owned _____

Average No. in Training: Owned _____ Non-Owned _____

Gross Annual Receipts _____ Type of training done: _____

Monthly charge (for training fees only - show boarding receipts separately above) _____

Do you attend off-premises shows with horses in training? _____ (INJURY TO HORSES BEING TRANSPORTED IS NOT COVERED)

Number of shows attended per Year _____ Does Owner attend? _____ Gross Annual Receipts _____

BREEDING

NO EXPOSURES

No. of Stallions at Stud: Owned _____ Non-Owned _____ Breeds _____
No. of Mares Bred: Owned _____ Non-Owned _____ Gross Annual Receipts from Breeding Fees _____
Avg. No. of Mares in for Mare Care at one time _____ Gross Annual Receipt from Mare Care & Other Services _____

SADDLE ANIMALS FOR HIRE - HOURLY OR DAILY RENTAL, TRAIL RIDES

NO EXPOSURES

Total Number Of Horses Available For Rental Or Trail Rides At Peak Season _____ Gross Receipts for Trail Rides _____
Maximum Number of horses used per Ride _____
Do you have trail rides with riders using their own horses? _____ Maximum at any one time: _____
Do trails cross or run along roads or highways? _____ If yes, describe: _____
Do you use guides or safety patrols for all rides? _____ Ratio of guides to riders (min. required is 1:6): _____
Are all riders required to wear safety head gear? _____ Do you offer all riders safety headgear? _____
Do you rent or lease horses or ponies to camps/resort or individuals? _____
How many rented? _____ To Whom Rented? _____
Rental Term: _____ Gross Receipts: _____

PLEASE ATTACH A COPY OF YOUR RELEASE. AN INDIVIDUAL RELEASE MUST BE SIGNED BY EACH RIDER. "PETITION" RELEASES ARE NOT ALLOWED.

PONY RIDES / PICTURE PONIES / PETTING ZOOS

NO EXPOSURES

Avg Chg per Pony Ride _____ No. of rides per year _____
No. of year Pony Ride Business Experience _____
Type: Carousel Handheld Ponies Ring Riding Sweep Other: Explain _____
Are all pony rides conducted in an enclosed area? Yes No
 Round Pen Small Arena Small Paddock (less than 1 acre)
Max No. of Ponies used at any one time _____ Are safety Helmets Mandatory? Yes No
Types of off premises locations where rides are given _____
% Rides off Premises _____
Explain off premises activities, locations and type of enclosure used: _____
Do you fasten children to saddle, pony or carousel? Yes No Pony Ride Annual Revenues _____

Do you offer a petting zoo ? Yes No No. of events per year _____
Petting Zoo charge per event _____ Petting Zoo Annual Gross Revenues _____
Do you offer a handwashing station at exit? (mandatory with most carriers) Yes No

Please describe your handwashing station setup: _____
Please list all types of animals used in your Petting Zoo (coverage not available for exotic animals or reptiles):

HORSE DRAWN VEHICLE RIDES

NO EXPOSURES

Explain Vehicle Rides _____ Gross Annual Receipts _____

	Max # Vehicles	Max # Horses per Vehicle	Max # Passengers per Vehicle
Hay/Wagon Rides	_____	_____	_____
Sleigh/Sled	_____	_____	_____
Buggy, Carriage, Surrey	_____	_____	_____
Other: _____	_____	_____	_____

Max # Vehicles used at one time _____
Safety Equipment Employed Hydraulic Brakes Lights Reflectors
 Slow Vehicle Emblems Other Safety Equip _____
Are Rides given on metropolitan city roads? _____
Please explain in detail **any** exposure to public roads with vehicular traffic _____

Do you give rides after dark? If yes, provide percentage of total. _____

HORSE SALES

NO EXPOSURES

How many owned horses do you sell annually? _____ How many consignment horses do you sell annually? _____
 Average selling price of horses sold? _____ Average commission on consignment sale? _____
 Average No. of Owned Horses for sale in barn _____ Avg. No. of Consignment Horses for sale in barn _____
 Gross Annual Receipts _____ Types/Breeds Sold _____
 Do you sell from your own premises? Yes No Is Buyer allowed to test ride? Yes No
 If yes, where? (arena, field, other) _____ Release signed before trial ride? Yes No
 Explain any other method of sales _____

OTHER SALES: FOOD, CLOTHING, TACK, FEED, HORSESHOEING

NO EXPOSURES

Do you have a food or snack bar? Yes No Area Used _____ Gross Receipts _____
 (Liquor Liability not covered)
 Do you sell Tack and/or Clothing? Yes No Area Used _____ Gross Receipts _____
 Do you sell Hay or Feed? Yes No Gross Receipts _____ Do you prepare or mix Feed for sale or consumption? Yes No
 Do you repair riding equipment for others? Yes No Gross Receipts _____
 Do you do any horseshoeing? (Injury to Horses Not Covered) Yes No Gross Receipts _____

***NOTE:** Products Liability for any and all activities involving repair of tack and sale of feed if mixed or prepared by the insured is excluded.

HORSE SHOWS & EVENTS

NO EXPOSURES

Do you manage any Horse Shows which are open to the public? Yes No Are these events recognized by the AHSA? Yes No

SHOWS ON PREMISES*	No. of Event Days	No. of Participants	No. of Spectators	Receipts
Horse Shows				
Clinics				
Rodeos				
Other: Explain				

Do you secure releases from all entrants? Yes No If spectators over 500, explain seating & safety measures. _____

Do you manage any Hunts or Racing Events? Yes No If Yes, what type of Event? _____
 Do you own/lease/use any Hounds for Hunts? Yes No How Many? _____ Gross Receipts _____
 List Event Dates: _____

*If Shows or Events are held Off Premises, coverage will only be afforded when the Show Dates and Locations are submitted to the Insurance Company in advance of the events.

***NOTE:** Coverage is not provided for injury to participants in horse races, rodeos, rodeo type events, hunts, vaulting or polo matches/practice.

PACK TRIPS - HUNTING AND FISHING TRIPS, ETC.

NO EXPOSURES

Do you conduct pack trips? Yes No Gross Annual Receipts _____
 How many saddle animals do you have for guests? _____ How many pack or guide animals? _____
 Do you conduct Fishing Trips? Yes No Gross Annual Receipts _____
 Do you conduct Hunting Trips? Yes No Gross Annual Receipts _____
 Do you supply guides for all trips? Yes No
 Do you supply and prepare food? Yes No
 Do you take releases from all participants or parents/ guardians or minors? Yes No
 Do you provide guest accommodations? Yes No
 How many guests can you accommodate? _____ Gross Annual Receipts _____

MUST BE ANSWERED IN FULL (Quote will not be given without this information.)

PREVIOUS CARRIER INFORMATION FOR LAST THREE YEARS

(If no previous carrier, state None)

PRIOR INSURERS	POLICY #	PRIOR LIMIT	PREMIUM	EXP DATE

PLEASE PROVIDE INFORMATION ON ANY CLAIMS FILED IN THE LAST THREE YEARS

CLAIMS: DATE	DESCRIPTION OF LOSS	AMOUNT PAID	CLAIM STATUS

Were you Cancelled, Denied or Refused Insurance in the last three years? No Yes If yes, explain:

Do you desire coverage for Care, Custody & Control for non-owned horses? Yes No
 If yes, please complete a separate application. if no, please sign here as having rejected coverage).

I/We hereby decline to purchase Care, Custody & Control insurance at this time and as such have no insurance protection for damage to or death of horses in our Care & Custody. I/We reserve the right to purchase said insurance at any time in the future.

 Signature of Applicant

 Date

If you have not listed all of your activities and exposures with explanations and revenues, list them here.

I HEREBY WARRANT, REPRESENT, AND CONFIRM THAT ALL INFORMATION PROVIDED IN THIS INFORMATION FORM IS COMPLETE, TRUE AND CORRECT. I FURTHER WARRANT THAT I HAVE MADE OR WILL MAKE THE NECESSARY MAINTENANCE INSPECTIONS AND THAT ALL NECESSARY REPAIRS HAVE BEEN MADE TO ENSURE THAT MY PROPERTY AND OPERATIONS ARE AND WILL REMAIN IN COMPLIANCE WITH ANY UNDERWRITING CRITERIA FURNISHED ME.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS INFORMATION FORM IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

THIS IS NOT AN OFFER OF COVERAGE NOR AN APPLICATION FOR INSURANCE. REQUEST FOR COVERAGE WILL BE SUBJECT TO COMPANY UNDERWRITING STANDARDS. ACTUAL COVERAGE TERMS WILL BE DESCRIBED IN A POLICY OF INSURANCE IF ONE IS ISSUED.

 Signature of Applicant

 Date

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud and insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

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.

Utah

Any person is guilty of Worker's Compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain worker's compensation insurance coverage, disability compensation, medical benefits, good professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.

Oklahoma

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.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.