



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

Worker's Comp. Carrier \_\_\_\_\_ Policy # & Exp. Date \_\_\_\_\_ Total Annual Payroll \_\_\_\_\_

Note: Worker's Compensation and Employer's Liability is **NOT** covered under this policy.

Is this your Principal Occupation? If no, describe occupation or business you are engaged in.

Yes  No Explain \_\_\_\_\_

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

Do you lease any part of the land, buildings, stables, stall space or operations to others?  Yes  No If Yes, Explain \_\_\_\_\_

Is there 24 hour supervision of facility?  Yes  No If yes, please describe \_\_\_\_\_

Are all Pastures totally fenced? \_\_\_\_\_ Describe Type of all fencing \_\_\_\_\_

Describe Condition  Excellent  Good  Fair  Poor

How often is fencing checked? \_\_\_\_\_ Who is responsible for fence repairs  Owner  Lessee

What riding facilities are provided?  Indoor Arena  Outdoor Arena  Open Fields  Trails on premises

Do you have operable fire extinguishers visible and readily accessible:

In your barns/stables?  Yes  No In your other buildings?  Yes  No

Do you obtain releases from Boarders, Students, Clients, etc.?  Yes  No \*\*\* Attach Copies of all Agreements/Releases used

Do you have Safety/Barn rules posted and written out?  Yes  No State liability signs posted (if applicable)?  Yes  No

Describe any Safety Program or attach information \_\_\_\_\_

Do you own or maintain any dogs on the premises?  Yes  No

If yes, number & breeds. \_\_\_\_\_ Has any dog which you own or on your premises bitten or caused injury to anyone? Explain. \_\_\_\_\_

Do you own or maintain any other animals (such as ostriches, emus, etc.) on premises?  Yes  No

What types & how many? \_\_\_\_\_

Is There A Swimming Pool On Premises? Yes  No

Do you have a security fence around your pool? Yes  No  Is the pool for your personal use only? Yes  No

Is there Hunting or Fishing on Premises?  Yes  No If yes,  Others  No Charge  Fees charged, Receipts \_\_\_\_\_

Do you operate a Bed & Breakfast on the Premises?  Yes  No If Yes, Explain \_\_\_\_\_

**SUMMARY OF HORSES AT PEAK SEASON\***  
 Account for each animal only once, base on its primary use

OWNED/LEASED/USED BY INSURED	NUMBER	NONOWNED BY INSURED	NUMBER
Max. Number of school horses used at one time for instruction	_____	Boarding/Pasturing	_____
Spare horses for instruction owned/leased/used by applicant	_____	Training - Not Race Horses*	_____
Horses owned, leased, used by applicant for therapeutic riding	_____	Racing and/or Training to Race (Breed)	_____
Show /Pleasure	_____	Breeding Only - _____ Stallions* _____ Mares	_____
Racing and or training to Race	_____	Retired and/or lay-ups*	_____
Breeding _____ Stallions _____ Mares	_____	On Consignment for Sale (Breed) *	_____
Foals/Weanlings	_____	<b>Total</b>	_____
Retired and/or lay-ups	_____	*Included in # horses boarded when boarding applies	_____
For Sale (Breeds)	_____	Total Number of Stalls on premises	_____
Horses used by independent instructors for lessons	_____	What is the maximum number of horses that can be kept at your premises?	_____
<b>ALL OWNED HORSES MUST BE DECLARED</b>	<b>Total</b>		
Number of wagons/ Sleds/Carriages/Carts/Buggies, etc.	none		
Describe Use:	_____		

Total Number of Stalls		Maximum No. Boarded:		Average No. Boarded	
<b>Stalls</b>		<b>Pens/Paddocks</b>		<b>Pasture</b>	
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)				

**BREEDING**

NO EXPOSURES

No. of Stallions at Stud: Owned		Non-Owned		Breeds Bred	
No. of Mares Bred: Owned		Non-Owned		Gross Annual Receipts from Breeding Fees	
Avg. No. of Mares in for Mare Care at one time			Are mares kept on premises until foaling?		

**RACE TRAINING**

NO EXPOSURES

What Breeds? _____	How Many do you train for others? _____	Racing payroll _____
What states do you race in _____	Are you actively involved in the Racing/Training of your own Race Horses? _____	

**RIDING INSTRUCTION**

NO EXPOSURES

Is instruction provided by You? _____	by Indep. Instructor? _____	If an independent instructor/trainer is used, complete Independent Contractors section.	
Describe Safety procedures or requirements employed _____			
Do you have riding for the handicapped? <input type="radio"/> Yes <input type="radio"/> No	Receipts _____	No. of Horses _____	Sidewalkers? _____
Lessons on Lesson horses only - that is, when you as instructor provide horse for the rider			
No. of Lesson Horses Available _____	Max. No used at any one time _____	No. Lessons per week _____	Gross Receipts _____
Stallions Used? (If yes, state level of rider) _____			
Do you give instruction to students on their own horses? <input type="radio"/> Yes <input type="radio"/> No	No. Lessons per week _____	Gross Receipts _____	
Types of Instruction? _____			
Is there any time of year when instruction is not given? _____		If so, indicate operating season: _____	
Are instructors carded judges? <input type="radio"/> Yes <input type="radio"/> No	Are instructors certified by a riding institute? <input type="radio"/> Yes <input type="radio"/> No	Do you have students showing at the "A" level? <input type="radio"/> Yes <input type="radio"/> No	
Do you attend off premises shows with students? <input type="radio"/> Yes <input type="radio"/> No		How many per year? _____	Gross Receipts _____
(INJURIES TO HORSES AND STUDENTS BEING TRANSPORTED ARE NOT COVERED)			
Clinics on premises for nonstudents? <input type="radio"/> Yes <input type="radio"/> No No. Clinic days _____ Number participants _____			
Clinics off premises for nonstudents? <input type="radio"/> Yes <input type="radio"/> No No. Clinic days _____ Number participants _____			
Clinic Dates on premises _____		Clinic Dates off premises _____	
Total Clinic Receipts _____			
Are you holding Daycamps*? <input type="radio"/> Yes <input type="radio"/> No		Overnight camps? <input type="radio"/> Yes <input type="radio"/> No	Do you provide food? <input type="radio"/> Yes <input type="radio"/> No
List all Equestrian Day Camp Activities: _____		Gross Receipts _____	
List all Non-Equestrian Day Camp Activities: _____			

**HORSE SALES**

NO EXPOSURES

How many owned horses do you sell annually?		How many consignment horses do you sell annually?	
Gross Annual Receipts		Types/Breeds Sold	
Do you sell from your own premises? <input type="radio"/> Yes <input type="radio"/> No		Is Buyer allowed to test ride? <input type="radio"/> Yes <input type="radio"/> No	
If yes, where? (arena, field, other)		Release signed before trial ride? <input type="radio"/> Yes <input type="radio"/> No	
Explain any other method of sales _____			

**INDEPENDENT CONTRACTORS**

NO EXPOSURES

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

**Any Independent Contractor Instructor/Trainer operating on the premises must provide a copy of a certificate of Insurance to us with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they must be added as an insured Independent Contractor Instructor/Trainer for an additional charge, if eligible. Coverage is limited to on-premises only and to off-premises shows with horses and/or riders in training.**

How many independent instructors/trainers use your facility who need to be included on this policy? \_\_\_\_\_

1. Name & Address _____	# Lesson Horses Used _____	Gross Receipts _____	Gross Receipts for lessons on client owned horses _____
	# of Horses in Training with Indep. Trainer or under your name _____		Gross Receipts _____
2. Name & Address _____			
	# Lesson Horses Used _____	Gross Receipts _____	Gross Receipts for lessons on client owned horses _____
	# of Horses in Training with Indep. Trainer or under your name _____		Gross Receipts _____
3. Name & Address _____			
	# Lesson Horses Used _____	Gross Receipts _____	Gross Receipts for lessons on client owned horses _____
	# of Horses in Training with Indep. Trainer or under your name _____		Gross Receipts _____

**INDEPENDENTS COVERED UNDER THIS POLICY MUST USE RECEIPTS. ATTACH COPIES.**

**PONY RIDES, SADDLE ANIMALS FOR HIRE/HOURLY OR DAILY HORSE RENTALS/TRAIL RIDES/LEASING/PACK TRIPS.**

SADDLE ANIMALS FOR HIRE - HOURLY OR DAILY RENTAL, TRAIL RIDES	NO EXPOSURES <input type="radio"/>
PONY RIDES	NO EXPOSURES <input type="radio"/>
PACK TRIPS - HUNTING AND FISHING TRIPS, ETC.	NO EXPOSURES <input type="radio"/>
Do you rent or lease horses or ponies to camps/resort or individuals? _____	

**OTHER SALES: FOOD, CLOTHING, TACK, FEED, HORSESHOEING** NO EXPOSURES

Do you have a food or snack bar? (Liquor Liability not covered)		<input type="radio"/> Yes <input type="radio"/> No	Gross Receipts _____
Do you sell Tack and/or Clothing?		<input type="radio"/> Yes <input type="radio"/> No	If yes, New or Used? _____ Gross Receipts _____
Do you sell Hay or Feed?	<input type="radio"/> Yes <input type="radio"/> No	Gross Receipts _____	Do you prepare or mix Feed for sale or consumption? <input type="radio"/> Yes <input type="radio"/> No
Do you repair riding equipment for others?	<input type="radio"/> Yes <input type="radio"/> No	Gross Receipts _____	
Do you do any horseshoeing? (Injury to Horses Not Covered)	<input type="radio"/> Yes <input type="radio"/> No	Gross Receipts _____	
Are Services on premises only?		If services are on premises only, this coverage can be added to this policy.	

**\*NOTE:** Products Liability for any and all exposures involving sale of horses or other livestock, repair of tack and sale of feed if mixed or prepared by the insured is excluded from coverage.

**HORSE SHOWS & EVENTS** NO EXPOSURES

Do you manage any Horse Shows which are open to non-students or boarders? <input type="radio"/> Yes <input type="radio"/> No	Are these events recognized by the USAE? <input type="radio"/> Yes <input type="radio"/> No	If yes, please provide USAE Show Numbers and Names _____
Number of years Show Management Experience _____	No. Years hosting shows at this location: _____	
Number of events per year? _____	(Do not include schooling events for your students only)	
	# of Days	# Participants
	# Spectators	Avg. Gross Income per Event
Sanctioned Horse Shows:	_____	_____
Non-Sanctioned Horse Shows:	_____	_____
Clinics:	_____	_____
Rodeos:	_____	_____
Other Events:	_____	_____
If any event has over 500 spectators, explain seating & safety measures: _____		
List Event Dates and describe type of show, level of competition and, if it is sanctioned by a National Organization, what organization. If off premises, please specify location name and address.		
_____		
_____		
_____		
_____		

**HORSE DRAWN VEHICLE RIDES**

NO EXPOSURES

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

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

Do you allow Non-Boarders to use your facility? If Yes, Explain

**ALL OPERATIONS MUST BE DECLARED. IF YOU HAVE NOT LISTED ALL OF YOUR ACTIVITIES AND EXPOSURES WITH EXPLANATIONS AND REVENUES, LIST THEM HERE.**


**MUST BE ANSWERED IN FULL**

**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:

**BROKER INFORMATION**  
**Cheval Insurance Services, PO Box 2933, Fullerton, CA 92837-2933 (714) 447-9191 Agent - HOLLY J. LOPES**

**STANDARD FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon).

- FLORIDA:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.
- VIRGINIA:** 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.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

\_\_\_\_\_  
 Signature of Applicant Date Agent Signature Date

# Cheval Insurance Services, Inc.

Equestrian, Sports and Recreational Insurance

License # OC94257

PO Box 2933 Fullerton, CA 92837  
(714) 447-9191 FAX (714) 525-9191

## CARE CUSTODY & CONTROL APPLICATION FOR COMMERCIAL HORSE OPERATIONS

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION  
ALL HORSE RELATED OPERATIONS MUST BE INSURED**

New Business

Renewal

Desired Effective Date

Named Insured

Business Name

Mailing Address

City, St, Zip

Phone

Person to contact for Inspection

Notice - when more than one applicant (husband & wife excepted), explain interest of each

Location 1 of Actual Operations (Address)

County

Acres

Location 2 of Actual Operations (Address)

County

Acres

Location 3 of Actual Operations (Address)

County

Acres

Applicant is  Individual  Partnership  Corporation  Other:

Names of all Partners or Corporate Officers

Do you own, rent or lease?

No. of Years this location

No of Years Experience these Operations

If this is a new operation, please provide brief history of experience

Who is responsible for fence repairs?  Owner  Lessee

Who is responsible for building repairs?  Owner  Lessee

Describe Type of all fencing

Describe Condition of Fences

Excellent

Good

Fair

Poor

Describe Condition of Stables

Excellent

Good

Fair

Poor

Describe all Farming or Horse Related Operations

Farm/Ranch

Horse Rentals\Guided Trail Rides

Hay\Wagon\Carriage Rides

Horse Boarding

Guided Pack Trips

Pony Rides

Horse Training

Guest Resort

Tack Store\Retail Sales

Riding Instruction

Horse Sales

Horse Show Management

Horse Breeding

Horse Hauling

OT Other Type of Ops

Breed of Animals

Use of Animals

Describe Type of Security/Supervision of stables

Do you have operable fire extinguishers visible and readily accessible:

In your barns/stables?  Yes  No

In your other buildings?  Yes  No

Is any stable over 25 years old?  Yes  No

If Yes, when was last time electrical wiring was checked/updated?

Certified safe and suitable for current use?

Number of stalls Barn 1 \_\_\_\_\_ Barn 2 \_\_\_\_\_ Barn 3 \_\_\_\_\_ Barn 4 \_\_\_\_\_  
 Average Number of horses in your care \_\_\_\_\_ Average Value of horses in your care \_\_\_\_\_  
 Maximum Number of horses in your care \_\_\_\_\_ Max. Value of horses in your care \_\_\_\_\_

**SELECT APPROPRIATE LIMITS OF LIABILITY FROM THE OPTIONS AVAILABLE**

**POLICY COVERS INCIDENTAL TRANSPORTATION ONLY UP TO 150 MILES FROM INSURED'S LOCATION(S).  
 NO COVERAGE FOR PROFESSIONAL HAULERS.**

**\*COVERAGE MAY BE EXTENDED, REFER TO UNDERWRITER/AGENT FOR PREMIUM.**

How often do you transport horses for others? \_\_\_\_\_  
 Maximum number of nonowned horses per trip \_\_\_\_\_ Radius of normal hauling operations in miles \_\_\_\_\_  
 Number of trips and destinations exceeding 150 miles from home base (extra charge will apply - \$100 for unlimited transport in US and Canada)

How often is regular maintenance done and floor boards checked? \_\_\_\_\_

Are fire extinguishers carried on van or truck?  Yes  No Do at least two people go on each trip?  Yes  No

Describe any losses or potential claims in the past three years and include deaths of any animal(s) in your custody even if a claim was not presented.

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I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by law of the state in which the application was accepted or the policy issued.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

- Limit \$5,000/horse, \$25,000/year
- Limit \$5,000/horse, \$50,000/year
- Limit \$10,000/horse, \$50,000/year
- Limit \$10,000/horse, \$100,000/year
- Limit \$15,000/horse, \$150,000/year
- Limit \$25,000/horse, \$250,000/year
- Limit \$50,000/horse, \$250,000/year
- Limit \$75,000/horse, \$300,000/year
- Limit \$100,000/horse, \$300,000/year
- Limit \$150,000/horse, \$400,000/year
- Limit \$200,000/horse, \$500,000/year

**If this box is marked X, incidental hauling will be limited to 150 miles from insured's locations.**