

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 _____

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

