

# Cheval Insurance Services, Inc.

Equestrian, Sports and Recreational Insurance

License # OC94257

PO Box 2933 Fullerton, CA 92837

(714) 447-9191 FAX (714) 525-9191

## LIABILITY APPLICATION FOR COMMERCIAL HORSE OPERATIONS (A Special Program Limited to Horse Related Exposures Only)

<b>IMPORTANT</b>
THIS IS NOT A BINDER
ALL OPERATIONS MUST BE DECLARED

<b>IMPORTANT</b>
INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION
ALL HORSE RELATED OPERATIONS MUST BE INSURED

Named Insured		Phone	
Business Name			
Mailing Address			
City, St, Zip			
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	<input type="radio"/> Individual	<input type="radio"/> Partnership	<input type="radio"/> Corporation
	<input type="radio"/> Other:		
Names of all Partners or Corporate Officers			
Additional Insured/Owner of Premises - Name & Address			
Desired Effective Date		Agency Name	<b>Cheval Insurance Services</b>

### LIMITS OF LIABILITY

Check only one set of desired limits	<input type="radio"/>	\$300,000 CSL	<input type="radio"/>	\$500,000 CSL	<input type="radio"/>	\$1,000,000 CSL
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<b>SUMMARY OF HORSES AT PEAK SEASON*</b>
<small>* If some horses are used for different activities, please indicate as such on schedule.</small>
<b>IF THIS SECTION IS NOT ANSWERED FULLY, APPLICATION WILL BE RETURNED.</b>

OWNED/LEASED/USED BY INSURED	NUMBER
1. Horses owned, leased, used by applicant for instructions to others	
2. Boarded horses used by applicant for instruction to others	
3. Horses used by independent instructors for lessons	
4. Horses used for Handicapped lessons	
<b>OWNED HORSES NOT INCLUDED ABOVE:</b>	
4. Breeding <input style="width: 50px;" type="text"/>	Total
Show /Pleasure <input style="width: 50px;" type="text"/>	
For Sale (Breeds) <input style="width: 50px;" type="text"/>	
5. Number of wagons/ Sleds/Carriages/Carts/Buggies, etc. Describe Use:	

NONOWNED BY INSURED	NUMBER
1. Boarding/Pasturing	
2. Breeding Only - _____ Stallions* _____ Mares	
3. Racing and/or Training (Breed)	
4. Training - Not Race Horses*	
5. On Consignment for Sale (Breed) *	
<b>Total</b>	
What is the maximum number of horses that can be kept at your premises?	

\*Included in # horses boarded when boarding applies

## GENERAL INFORMATION

Do you raise Hay/Grain for Horses?	<input type="radio"/> Yes <input type="radio"/> No	Any Farming Operations?	<input type="radio"/> Yes <input type="radio"/> No
No of Years Experience these Operations		No. of Years this location	If this is a new operation, please provide brief history of experience
Bleachers or Grandstands?	<input type="radio"/> Yes <input type="radio"/> No	Construction	Seating Capacity
How many employees?		Full Time	Part Time
Total Annual Payroll		Worker's Comp. Carrier	Policy # & Exp. Date
Are you engaged in any other businesses on the premises?	<input type="radio"/> Yes <input type="radio"/> No Explain		
Are there any apartments over stables? If so, explain use.			
Do you obtain releases from Boarders, Students, Clients, etc?	<input type="radio"/> Yes <input type="radio"/> No *** Attach Copies of all Agreements/Releases used		

## BOARDING

NO EXPOSURES

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

## RIDING INSTRUCTION

NO EXPOSURES

Types of Instruction?							
Do you have riding for the handicapped?	<input type="radio"/> Yes <input type="radio"/> No	Receipts	No. of Horses	Sidewalkers?			
Do you give instruction to students on their own horses?	<input type="radio"/> Yes <input type="radio"/> No	Gross Receipts	No. Lessons per week		Chg. per lesson		
Do you give instruction to students on lesson horses?	<input type="radio"/> Yes <input type="radio"/> No	Gross Receipts	No. Lessons per week		No. of Lesson Horses Used		
Stallions Used? (If yes, state level of rider)							
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	
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)		Safety procedures or requirements employed?					
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:							
Do you require coverage for officiating/judging? <input type="radio"/> Yes <input type="radio"/> No No. of show days Officiating/Judging annually							

**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 :	<input type="radio"/> Training	<input type="radio"/> 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
Name					Activities :	<input type="radio"/> Training	<input type="radio"/> 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
Name					Activities :	<input type="radio"/> Training	<input type="radio"/> 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

We will require a certificate of insurance from each independent contractor not covered on this policy issued for coverage with limits equal or greater than those carried by you. We will also require that they name you as Additional Insured under their policy and provide a copy of this endorsement.

**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?	<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					

**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	Area Used			Gross Receipts		
Do you sell Tack and/or Clothing?	<input type="radio"/> Yes	<input type="radio"/> No	Area 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					

\*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 non-students or boarders?	<input type="radio"/> Yes	<input type="radio"/> No	Are these events recognized by USA Equestrian?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please provide USAE Show Numbers and Names		
<b>SHOWS ON PREMISES*</b>	No. Event Days	Avg No. of Participants	Max.No. of Participants	Avg. No. of Spectators	Max. No. of Spectators	Avg. Gross Income per Event		
Sanctioned Horse Shows:								
Non-Sanctioned Horse Shows:								
Clinics								
Rodeos								
Other: Explain								
Do you secure releases from all entrants?	<input type="radio"/> Yes	<input type="radio"/> No	If spectators over 500, explain seating & safety measures.					
Do you manage any Hunts or Racing Events?	<input type="radio"/> Yes	<input type="radio"/> No	If Yes, what type of Event?					
Do you own/lease/use any Hounds for Hunts?	<input type="radio"/> Yes	<input type="radio"/> No	How Many?			Gross Receipts		
Sanctioned Show dates								
Sanctioning Org'n(s)			Description of event activities					
Nonsanctioned show dates								
Descr Nonsanctioned event activities								

\*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.

**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				Gross Annual Receipt from Mare Care & Other Services	

Is CARE, CUSTODY AND CONTROL (CCC) coverage desired?  Yes  No  
 If you selected "No", please sign here to verify that CCC coverage has been explained to you and you have opted to decline the coverage: \_\_\_\_\_

The rates below include "Transportation Coverage" for transportation of non-owned horses in your care while in the Continental U.S. and Canada. (Excludes Licensed Commercial Haulers.)  
**Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limit selected.**  
 Select from the limits below. Premiums shown are for up to 20 horses.

Maximum Limit Per Horse	Aggregate Limit Per Year
<input type="radio"/> \$5,000	\$20,000 **Max 10 horses only
<input type="radio"/> \$5,000	\$25,000
<input type="radio"/> \$5,000	\$50,000
<input type="radio"/> \$10,000	\$50,000
<input type="radio"/> \$10,000	\$100,000
<input type="radio"/> \$15,000	\$100,000
<input type="radio"/> \$25,000	\$100,000
<input type="radio"/> \$25,000	\$250,000
<input type="radio"/> \$25,000	\$300,000
<input type="radio"/> \$50,000	\$300,000
<input type="radio"/> \$100,000	\$300,000
<input type="radio"/> \$100,000	\$500,000
<input type="radio"/> \$250,000	\$500,000
<input type="radio"/> \$250,000	\$1,000,000

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 the address shown on the declaration page of the policy.)

Average # non-owned horses in your Care, Custody or Control (Training, Boarding, etc.)	
Maximum # non-owned horses in your Care, Custody or Control (Training, Boarding, etc.)	

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

How often do you transport horses? \_\_\_\_\_

For what reason do you transport horses? \_\_\_\_\_

Maximum number of nonowned horses per trip\* \_\_\_\_\_ Radius of normal hauling operations in miles \_\_\_\_\_

Number of trips and destinations exceeding 100 miles from home base (extra charge may apply) \_\_\_\_\_

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.

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


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

**SAFETY PROGRAM**

If you are not primary manager, Manager's Name, Age and Yrs.Exper. \_\_\_\_\_

- 24 hour supervision of facility?  Yes  No
- Emergency numbers posted?  Yes  No
- Safety/Barn rules posted and written out?  Yes  No(Attach copy)
- Current liability waivers utilized?  Yes  No(Attach copy)
- State liability signs posted (if applicable)?  Yes  No
- Smoking permitted in barn area?  Yes  No
- Shoes with heels required?  Yes  No

**Helmets are required: (Check all that apply)**

- By everyone all of the time.
  - Minors all of the time
  - Everyone while jumping and/or doing speed work
  - Not Required.
  - Optional
- Describe precautions to prevent horses from entering public roads \_\_\_\_\_

Do You Own Dogs?  Yes  No If yes, how many, what type and for what purpose \_\_\_\_\_

Are other dogs permitted at your facility or at any events you host?  Yes  No

If yes, please explain your policy regarding dogs \_\_\_\_\_

Has any dog which you own or on your premises bitten or caused injury to anyone? (If Yes, attach details on a separate page)  Yes  No

OTHER ANIMALS ON PREMISES  Yes  No TYPES \_\_\_\_\_

HUNTING ON PREMISES  Yes  No If yes, By Owners  Others  No Charge  Fees charged, Receipts \_\_\_\_\_

SWIMMING POOL ON PREMISES Do you have a security fence around your pool? \_\_\_\_\_

Is alcohol permitted on your premises?  Yes  No If Yes, describe \_\_\_\_\_

Is alcohol sold on your premises?  Yes  No If Yes, describe \_\_\_\_\_

***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 Agent - HOLLY J. LOPES  
 PO Box 2933  
 Fullerton, CA 92837-2933 (714) 447-9191

**THIS APPLICATION IS PART OF AND ATTACHED TO THE POLICY**

*I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.*

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand that any policy issued will not provide Worker's Compensation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date