

# EQUESTRIAN RANCH PACKAGE APPLICATION

Cheval Insurance Services, Inc. (714) 447-9191 fax (714) 525-9191

NEW     RENEWAL OF # \_\_\_\_\_    REQUESTED EFFECTIVE DATE: \_\_\_\_\_    QUOTE BY: \_\_\_\_\_

Name \_\_\_\_\_  OWNER OCCUPANT     LESSOR     TENANT  
 Business Name \_\_\_\_\_  INDIV.     PTRSHIP     CORP.    OTHER: \_\_\_\_\_  
 Address (incl. Zip Code) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone - home and work \_\_\_\_\_  
 Fax \_\_\_\_\_    E Mail Address \_\_\_\_\_  
 Website address \_\_\_\_\_

**PROPERTY SECTION**

Loc. #	Acres	Complete Address and/or Legal Description	County	Used By Insured?	Miles from Fire Dept.	Feet from Hydrant	Within 10 mi. of Coast?	Brush Zone?	Distance to Town
1									
2									
3									
4									
5									

**NAME AND ADDRESS OF MORTGAGEES, LOSS PAYEES**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**NAME AND ADDRESS OF ADDITIONAL INSUREDS**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

**PRIOR 3 YEAR INSURANCE/ LOSS EXPERIENCE**

PRIOR INSURERS	POLICY #	PREMIUM	EXP DATE	Has Any Company Ever Cancelled, Declined Or Refused To Renew Any Coverage Now Being Applied For?
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES-EXPLAIN: _____
_____	_____	_____	_____	
_____	_____	_____	_____	

  

CLAIMS: DATE	DESCRIPTION OF LOSS	AMOUNT PAID	CLAIM STATUS
_____	_____	_____	_____
_____	_____	_____	_____

**TYPE OF HORSE RANCH / ACTIVITIES**

BOARDING     TRAINING     RIDING INSTRUCTION     BREEDING     RACE HORSES     PERSONAL HORSES ONLY

OTHER: \_\_\_\_\_

## PROPERTY COVERAGES

**PROPERTY DEDUCTIBLE**      Inflation Guard \_\_\_\_\_ % Annually

**DWELLING & DWELLING RELATED COVERAGES**

Loc. No.	Dwg. No.	Dwelling Description	Coverage A Dwelling Value	Coverage A Valuation	Covg. B Limit	List descr. of any garages, patio covers, gazebos or other structures appurtenant to houses - NO FARM BUILDINGS	Covg. C Limit	Covg C RC?	Covg. D Limit
				RC <input type="checkbox"/>				<input type="checkbox"/>	
				RC <input type="checkbox"/>				<input type="checkbox"/>	
				RC <input type="checkbox"/>				<input type="checkbox"/>	
				RC				<input type="checkbox"/>	





**PREMISES AND SAFETY**

How many miles to nearest fire department?		Response time (minutes)	
Name of responding Fire Department		Is it a paid Dept?	
Distance to nearest fire hydrant		Protection Class	
Are roads to property paved and wide enough for fire equipment?			
Is there a pool?	Holding Tanks? (indicate capacity)		Pond or Lake?
Is there a well stand-off?		If yes, is it registered with the fire department?	
Is the well on a separate power supply from the house?		Are there No Smoking signs posted in or on barns?	
Are there fire extinguishers in the home?		barn?	garage?
Are Extinguishers tagged?		Are Extinguishers properly mounted?	
Is there is a pool, is it properly fenced?		Is it open to boarders or others?	

**GENERAL INFORMATION**

Does facility have 24 hour supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What type(s) of Premises Security do you maintain?			
How often are grounds inspected?		By whom?	
Are the grounds clean and tidy?			
Is the building maintenance excellent?		Good?	Average? Fair?
Are walkways and driveways in good repair and free from slip, trip, fall hazards?			
Are parking areas in good repair?		Paddocks/Pastures clean and fenced?	
Is the property's area stable?		Improving?	Declining?
Are Independent Contractors operating on the premises?		If yes, please attach a current certificate of insurance for each.	
Are any portions of the ranch rented, leased or used by any other individual or corporation?			
If Yes, describe:			
Are there any wood or coal fired stoves used?		If Yes, please complete Wood Stove questionnaire.	
Are all areas well fenced?		Type of fencing	
How often is fencing checked?		Describe Condition of all fencing	
Are there any dogs on the premises? If so, list by breed.			
Has any dog bitten or caused injury to anyone? If Yes, explain.			
Do you raise Hay/Grain for Horses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Farming Operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a roadside market?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Pick your own" operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You own Cattle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swine? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sheep? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Number of Head & Range acres		If Yes, Number of Head	
If Yes, Number of Head & Range acres			
Any Nondomestic exotic animals? Describe			
Do you conduct pack trips, hunting or fishing trips? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you offer hay, sleigh, wagon or carriage rides? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No	Construction	Seating Capacity
How many employees?		Full Time	Part Time Exchange Labor
Total Annual Payroll		No. of Residential Employees	
Worker's Comp. Carrier		Policy Number	Expiration Date
Are you engaged in any other businesses on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain			
Are there any apartments over stables? If so, explain use.			
Do you obtain releases from Boarders, Students, Clients, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No *** Attach Copies of all Agreements/Releases used			
Are horse operations main source of income? Other Income Sources?			
Is applicant involved in any of the following activities? Check if yes and explain below			
A. Dude Ranch/Outfitters & Guides		<input type="checkbox"/>	
B. Entertainment/Amusements involving farm animals (e.g. pony rides)		<input type="checkbox"/>	
C. Hay, Carriage or Wagon Rides		<input type="checkbox"/>	
D. Public Horse Rentals/Guided Trail Rides		<input type="checkbox"/>	
Identify liability hazards - check all boxes that apply			
Hunting/Fishing	<input type="checkbox"/>	3 wheel ATV or ATC, Motorcycles, or Watercraft	<input type="checkbox"/>
Trampoline	<input type="checkbox"/>	Airstrip	<input type="checkbox"/>
Junk Cars	<input type="checkbox"/>	Bed & Breakfast	<input type="checkbox"/>
Daycare	<input type="checkbox"/>	Overnight Camps	<input type="checkbox"/>

# EQUESTRIAN LIABILITY SECTION

## LIMITS OF LIABILITY

Check only one set of desired limits	<input type="checkbox"/>	\$300,000 CSL	<input type="checkbox"/>	\$500,000 CSL	<input type="checkbox"/>	\$1,000,000 CSL
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Excess Liability Limit Desired: \_\_\_\_\_ To bind excess liability, please submit separate Excess Liability Application.

### SUMMARY OF HORSES AT PEAK SEASON\*

\* If same horse is used for different activities, please count only its primary use.    **# OWNED**                      **# NON-OWNED**

Boarding/Pasturing	_____	_____
Breeding Only - _____ Stallions*          _____ Mares*	_____	_____
Racing and/or Race Training	_____	_____
Training - Other Than Race Horses*	_____	_____
Show /Pleasure	_____	_____
Trail Rides/Pack Trips/Rentals	_____	_____
Pony Rides	_____	_____
Horses owned, leased, used by applicant for instructions to others	_____	_____
Boarded horses used by applicant for instruction to others	_____	_____
Horses used by independent instructors for lessons	_____	_____
Horses used for Handicapped lessons	_____	_____
Foals/Weanlings	_____	_____
Held For Sale(Owned), On Consignment (Non-Owned)	_____	_____
<b>Total</b>	_____	_____

\*Included in # horses boarded when                      **Max. # owned horses off premises at one time**   

Number of Wagons/ Sleds/Carriages/Carts/Buggies, etc. \_\_\_\_\_ Describe Use: \_\_\_\_\_

### RIDING INSTRUCTION NO EXPOSURES

Types of Instruction?											
Do you have riding for the handicapped?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Receipts		No. of Horses		Sidewalkers?			
Do you give instruction to students on their own horses?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Gross Receipts		No. Lessons per week		Chg. per lesson			
Do you give instruction to students on lesson horses?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)			<input type="checkbox"/> Yes			Safety procedures or requirements employed?					
Do you attend off premises shows with students?		<input type="checkbox"/> Yes <input type="checkbox"/> No		How many per year?		Gross Receipts					
<b>(INJURIES TO HORSES AND STUDENTS BEING TRANSPORTED ARE NOT COVERED)</b>											
# of Clinics for nonstudents: (indicate on or off premises)			Average Attendance			Gross Receipts					
Are you holding Daycamps*?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Overnight camps?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you provide food?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List all Equestrian Day Camp Activities:							Gross Receipts _____				
List all Non-Equestrian Day Camp Activities:											

\*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 such as Daycare.

### BOARDING NO EXPOSURES

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	
Do you provide Riding Facilities for Boarders?		Yes    No		Describe:	
Do you allow non-boarders to use facilities?		Yes    No		Describe:	
Receipts from nonboarder use					

**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
How Many Owned Race Horses?		No. of Race Horses in Training		Racing payroll
What breeds?		What states do you race in?		

**BREEDING - On Premises Only**

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			

**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="checkbox"/> Training	<input type="checkbox"/> 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 :	<input type="checkbox"/> Training	<input type="checkbox"/> 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 SHOWS & EVENTS**

NO EXPOSURES

Do you manage any Horse Shows which are open to non-students or boarders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are these events recognized by USAE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide USAE Show Numbers and Names
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If spectators over 500, explain seating & safety measures.		
Do you manage any Hunts or Racing Events?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type of Event?		
Do you own/lease/use any Hounds for Hunts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many?	Gross Receipts	
Provide List of Event Dates with AHSA show #s where applicable:				

\*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.

**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="checkbox"/> Yes <input type="checkbox"/> No	Is Buyer allowed to test ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where? (arena, field, other)		Release signed before trial ride?	<input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No	Area Used		Gross Receipts	
Do you sell Tack and/or Clothing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Area Used		Gross Receipts	
Do you sell Hay or Feed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Receipts		Do you prepare or mix Feed for sale or consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you repair riding equipment for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Receipts			
Do you do any horseshoeing? (Injury to Horses Not Covered)	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

**IF YOU HAVE ANY OTHER OPERATIONS OR ACTIVITIES NOT COVERED ABOVE, PLEASE PROVIDE DETAILED INFORMATION HERE.**

ACTIVITY DESCRIPTION

REVENUES, # HORSES, ETC.


**CARE, CUSTODY & CONTROL COVERAGE**

Please select Level of Coverage or sign Waiver to Decline this Coverage

<p><b>NONOWNED HORSES WHILE IN YOUR CARE, CUSTODY &amp; CONTROL ARE NOT COVERED FOR IN URURY OR DEATH BY THIS POLICY UNLESS YOU ELECT TO ACCEPT CARE, CUSTODY &amp; CONTROL COVERAGE.</b></p>	
<input type="checkbox"/>	1) Limit: \$5,000 Per Horse/\$25,000 Maximum Loss Per Policy Year
<input type="checkbox"/>	2) Limit: \$5,000 Per Horse/\$50,000 Maximum Loss Per Policy Year
<input type="checkbox"/>	3) Limit: \$10,000 Per Horse/\$50,000 Maximum Loss Per Policy Year
<input type="checkbox"/>	4) Limit: \$10,000 Per Horse/\$100,000 Maximum Loss Per Policy Year
<input type="checkbox"/>	5) Limit: \$25,000 Per Horse/\$250,000 Maximum Loss Per Policy Year
<input type="checkbox"/>	6) Limit: \$50,000 Per Horse/\$250,000 Maximum Loss Per Policy Year
<input type="checkbox"/>	7) Limit: \$100,000 Per Horse/\$100,000 Maximum Loss Per Policy Year
<input type="checkbox"/>	8) Limit: \$100,000 Per Horse/\$300,000 Maximum Loss Per Policy Year
<input type="checkbox"/>	9) Limit: \$200,000 Per Horse/\$500,000 Maximum Loss Per Policy Year
<p>I/We hereby decline to purchase Care, Custody &amp; Control insurance at this time and as such have no insurance protection for damage to or death of horses in our Care &amp; Custody. I/We reserve the right to purchase said insurance at any time in the future.</p>	

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

Date \_\_\_\_\_

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

I/We 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 the law of the state in which the application was accepted or the policy issued.

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

Date \_\_\_\_\_

PRODUCER: Cheval Insurance Services, CA Lic. 0C 425 , PO Box 2 33, Fullerton, CA 283 , 14/44 - 1 1

**DIAGRAM**

SHOW ALL BUILDINGS ON THE PREMISES (WHETHER INSURED OR NOT) AND DISTANCE IN FEET BETWEEN THEM. LABEL ALL BUILDINGS AND ATTACH A DATED PHOTOGRAPH OF EVERY BUILDING. (INDICATE "N.C." IF NOT COVERED.)

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