

AMERICAN BANKERS

Insurance Company of Florida

AGENCY NAME <i>Sypolt Insurance Services, Inc.</i>		CODE
ADDRESS <i>11344 Coloma Road, Suite 635, Gold River, CA 95670</i>		
PHONE NUMBER <i>916-669-1362</i>	FAX NUMBER <i>916-669-1363</i>	
E-MAIL ADDRESS		

APPLICATION FOR COMMERCIAL EQUINE LIABILITY**(A Special program Limited to Horse-Related Exposure Only)****THIS IS NOT A BINDER**

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.

NEW BUSINESS – DESIRED EFFECTIVE DATE _____

RENEWAL – EXPIRATION DATE _____

NAME OF APPLICANT		BUSINESS/STABLE NAME		
MAILING ADDRESS	CITY	STATE	ZIP CODE	
TELEPHONE NUMBER	PERSON TO CONTACT FOR INSPECTION			
NOTICE – WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXCEPTED), EXPLAIN INTEREST OF EACH				
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LOCATIONS OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASES PREMISES				
Address (including zip code)		Number of Acres	Premises	
1.	_____	_____	Own	Lease
2.	_____	_____	Own	Lease
APPLICANT IS				
Individual	Partnership	Organization/Corporation	Owner Operator	Other (specify) _____

NAME ALL PARTNERS OR OFFICERS OF CORPORATION

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises: Name

Address

Certificate holder only Additional Insured

Other – Describe Interest:

Name and Address

Certificate holder only Additional Insured, if Eligible

LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS

\$300,000 CSL/Occ.	\$500,000 CSL/Occ.	\$1,000,000 CSL/Occ.	\$ _____ CSL/Occ.
\$600,000 Agg.	\$1,000,000 Agg.	\$2,000,000 Agg.	Other

INQUIRE ABOUT THE AVAILABILITY OF INCREASED LIMITS ON THE FOLLOWING OPTIONS:

General Aggregate	Medial Payments	Fire Legal Liability
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DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES (IF YES, PLEASE COMPLETE A SEPARATE APPLICATION – IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.)

YES NO

APPLICANT

DATE

X

GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

1. DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS

2.	NUMBER OF YEARS AT THIS LOCATION	NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS
3.	IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS	
4.	DO YOU HAVE WORKERS' COMPENSATION INSURANCE Yes No	<small>Note: Workers' Compensation and Employer's Liability is not covered under this policy.</small> PAYROLL FOR HORSE OPERATIONS Yes No Yes No
5.	IS THIS YOUR PRINCIPAL OCCUPATION – IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN Yes No	
6.	ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF HE DESCRIBED PREMISES – IF YES, PLEASE EXPLAIN. Yes No	
7.	DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS – IF YES, PLEASE EXPLAIN. Yes No	
8.	IS THERE 24-HOUR SUPERVISION OF THE FACILITY – IF YES, PLEASE DESCRIBE Yes No	
9.	ARE ALL PASTURES TOTALLY FENCED – DESCRIBE TYPE OF ALL FENCING Yes No	
10.	DESCRIBE CONDITION <div style="display: flex; justify-content: space-around; width: 100%;"> Excellent Good Fair Poor </div>	HOW OFTEN IS FENCING CHECKED
11.	WHO IS RESPONSIBLE FOR FENCE REPAIR <div style="display: flex; justify-content: space-around; width: 100%;"> Owner Lessee </div>	RIDING FACILITIES Arena: Indoor Outdoor Open Fields Trails
12.	DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES Yes No	IN OTHER OUTBUILDINGS/BARNs Yes No
13.	DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD – IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION?	

	Yes No		
14.	DO YOU POST RULES	DO YOU POST WARNING SIGNS	DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION
	Yes No	Yes No	
15.	DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES – IF YES, HOW MANY		WHAT BREED
	Yes No		
16.	HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE – IF YES, PROVIDE DETAILS		
	Yes No		
17.	DO YOU OWN/MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC. – IF YES, HOW MANY		WHAT TYPE
	Yes No		
18.	IS THERE A SWIMMING POOL ON THE PROPERTY		IF YES, IS IT RESTRICTED TO PRIVATE USE
	Yes No		Yes No
19.	IS HUNTING/FISHING PERMITTED ON THE PROPERTY – IF YES, PLEASE EXPLAIN		
	Yes No		

20.	DO YOU OPERATE A BED AND BREAKFAST – IF YES, PLEASE DESCRIBE		
	Yes No		

SECTION I. SUMMARY OF HORSES – AT PEAK SEASON

ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE

Horses Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured	Number
1a Owned horses used for instruction	_____	1. Boarding/pasturing	_____
b. Boarding horses used for instruction to others	_____	2. Show training	_____
2. Show and/or pleasure	_____	3. Racing and/or training to race	_____
3. Racing and/or training to race	_____		

<p>4. Breeding (Mares _____, Stallions _____)</p> <p>5. Foals/weanlings _____</p> <p>6. Retired and/or lay-ups _____</p> <p>7. For sale (Breed _____)</p> <p>8. Other (Describe: _____)</p> <p>All Owned Horses Must Be Declared Total (Lines 1-8) _____</p> <p>9. Number of carts, buggies, carriages, etc. _____</p> <p>Describe Use: _____</p>	<p>4. Breeding (Mares _____, Stallions: _____)</p> <p>5. Foals/weanlings _____</p> <p>6. Retired and/or lay-ups _____</p> <p>7. Consignment for sale (Breed _____)</p> <p>8. Other (Describe _____)</p> <p style="text-align: right;">Total (Lines 1-8) _____</p> <p>9. Total number of stalls on your premises _____</p> <p>10 What is the maximum number of horses owned and non-owned that can be kept on your premises? _____</p>
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SECTION II. HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING	CHECK IF NO EXPOSURE AND INITIAL
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1.	TOTAL NUMBER OF STALLS	MAXIMUM NUMBER BOARDED	PASTURED	MONTHLY BOARDING RATE	ANNUAL GROSS
				\$	\$
2.	TRAINING PLEASURE & SHOW: MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE	ANNUAL GROSS
				\$	\$
3.	BREEDING: NUMBER OF NON-OWNED STALLIONS	BREED	MAXIMUM NUMBER OF OUTSIDE MARES	ARE MARES KEPT ON PREMISE TILL FOALING	
4.	RACE HORSES: WHAT BREEDS	HOW MANY DO YOU TRAIN FOR OTHERS	PAYROLL	WHAT STATES DO YOU RACE IN	
			\$		

ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES

YES NO

SECTION III. EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS	CHECK IF NO EXPOSURE AND INITIAL
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1.	IS INSTRUCTION PROVIDED BY	If an independent instructor/trainer is used, complete Section IV	ARE YOU A CERTIFIED INSTRUCTOR
	You An Independent Instructor		Yes No
2.	DESCRIBE TYPE OF SAFETY GEAR REQUIRED		
3.	DO YOU PROVIDE RIDING FOR THE HANDICAPPED	GROSS ANNUAL RECEIPTS	NON-PROFIT
			NUMBER OF HORSES AVAILABLE FOR HANDICAPPED

	\$	Yes No	
	RATIO OF INSTRUCTORS TO STUDENTS	ARE SIDEWALKERS USED	VOLUNTEER COVERAGE REQUESTED
			Yes No
4.	MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE	MAXIMUM NUMBER USED AT ANY ONE TIME	GROSS ANNUAL RECEIPTS
			\$
5.	ARE STALLIONS USED FOR INSTRUCTION	IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE	
	Yes No		
6.	DO YOU GIVE INSTRUCTIONS TO STUDENTS ON THEIR OWN HORSES	IF SO, ADVISE AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL GROSS RECEIPTS
	Yes No		\$
7.	DO YOU TEACH		
	English Jumping Saddle Seat Western Dressage Other: _____		
8.	IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS – IF SO, GIVE DATES CLOSED.		
	Yes No		

SECTION III. continued		CHECK IF NO EXPOSURE AND INITIAL	
9.	DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS	Injuries to horses and students being transported are not covered.	HOW MANY TIMES PER YEAR
	Yes No		GROSS RECEIPTS
			\$
10.	DO YOU HOLD CLINICS FOR NON-STUDENTS	HOW MANY DAYS	AVERAGE ATTENDANCE
	Yes No		RECEIPTS EARNED
			\$
11.	DO YOU OPERATE A DAY CAMP	OVERNIGHT CAMP	DO YOU PROVIDE FOOD
	Yes No	Yes No	Yes No
			GROSS RECEIPTS FOR CAMP
			\$
12.	DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS		

SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS		CHECK IF NO EXPOSURE AND INITIAL	
1.	DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES – IF SO, HOW MANY	DO THEY CARRY THEIR OWN INSURANCE++	
	Yes No	Yes No	

++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those your 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 will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.

PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS & ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)

INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE. ATTACH COPY(IES).

2.	HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS	GROSS RECEIPTS \$	GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES \$
3.	HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS Yes No		OR TRAINED UNDER YOUR NAME

SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS /	CHECK IF NO EXPOSURE AND INITIAL
TRAIL RIDES / LEASING / PACK TRIPS	

1.	NUMBER OF ANIMALS FOR RENTAL OR TRAIL RIDES	GROSS RECEIPTS FOR RENTALS \$	GROSS RECEIPTS FOR TRAIL RIDES \$	DO YOU CONDUCT PACK TRIPS Yes No
2.	PONY RIDES/PARTIES NUMBER OF PONIES	GROSS RECEIPTS \$	DO YOU USE SIDEWALKERS Yes No	
3.	DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN Yes No			

SECTION VI. SALES – HORSE, FOOD, CLOTHING, TACK FEED, HORSESHOEING	CHECK IF NO EXPOSURE AND INITIAL
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1.	DO YOU SELL HORSES Yes No	WHAT BREEDS	HOW MANY PER YEAR	GROSS ANNUAL RECEIPTS \$
2.	IS BUYER ALLOWED TO TEST RIDE Yes No	IF YES In arena In open field	DO YOU SELL FROM YOUR OWN PREMISES Yes No	
3.	EXPLAIN ANY OTHER METHOD OF SALES			
4.	DO YOU SELL FOOD OR HAVE A SNACK BAR Yes No	LIQUOR LIABILITY NOT COVERED	GROSS RECEIPTS \$	
5.	DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW Yes No Used New		GROSS RECEIPTS \$	
6.	DO YOU SELL FEED Yes No		GROSS RECEIPTS \$	
7.	DO YOU MIX FEED OR SALE/CONSUMPTION Yes No			
8.	DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS Yes No			

9.	DO YOU PERFORM ANY TYPE OF FARRIER SERVICES	Injury to horse not covered	ARE SERVICES ON PREMISE ONLY	GROSS RECEIPTS	If on premises only, this coverage can be added to this policy.
	Yes No		Yes No	\$	
NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.					

SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES

CHECK IF NO EXPOSURE AND INITIAL

1.	RIDES	NUMBER OF PASSENGERS	GROSS RECEIPTS	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF MOTOR VEH	NUMBER OF TRIPS	ON OR OFF PREMISES
	HAY							
	SLEIGH CARRIAGE		\$					
2.	SHOWS	DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS			ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSN			
	Independent vendors are not covered	Yes	No		Yes	No		
		NUMBER OF PARTICIPANTS	GROSS RECEIPTS (ALL SHOWS)	MAXIMUM NUMBER OF SPECTATORS PER DAY	TOTAL NUMBER OF SHOW DAYS	SHOW DATES		
	SHOWS ON PREMISES		\$					
	RODEOS ON PREMISES		\$					
3.	DO YOU SECURE RELEASES FROM ALL DRIVERS – ATTACH SAMPLE				DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY			
	Yes No				Yes No			
4.	DO YOU HAVE BLEACHERS OR GRANDSTANDS		CONSTRUCTION	YEAR BUILT		SEATING CAPACITY - NUMBER		
	Yes No							
5.	DO YOU MANAGE ANY HUNTS OR RACING EVENTS		IF YES, WHAT TYPE	DO YOU OWN/USE/LEASE ANY HORSES FOR HUNTS		HOW MANY HOUNDS		
	Yes No			Yes No				
6.	IF RODEOS ON PREMISES, DESCRIBE TYPE OF EVENTS							
7.	DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITY? IF YES, PLEASE EXPLAIN							
8.	ALL OPERATIONS MUST BE DECLARED – DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION.							
NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting and polo matches/practice.								

PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES

1. HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS – IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE

Yes No

2. HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS – IF YES, PLEASE EXPLAIN.

Yes No

3. IS THIS BUSINESS BROKERED – IF YES, BROKER IS TO PROVIDE NAME, ADDRESS, CITY, STATE, ZIP CODE AND TELEPHONE NUMBER

Yes No

STANDARD FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for 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 be best of him/her knowledge true.

APPLICANT'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
X		X	

**IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED
INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE.**