

# Race Horse Owner's & Trainer's Commercial General Liability

## EQUINE INSURANCE SPECIALISTS

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Muncie, Indiana 47308-0151

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www.insureyourhorse.com



Producer: \_\_\_\_\_ Number: \_\_\_\_\_

Last Year's Policy #: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

**Submit early to avoid any lapse in coverage.**

**Note: Incomplete applications will be returned to the applicant.**

Applicant: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Applicant's Ownership Structure:** Individual  Corporation  Association  Partnership

*Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.*

Use: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the applicant: Own  or Lease  the facilities utilized by the applicant.

Is applicant currently insured? Yes  No

**Most recent or present insurance company:** \_\_\_\_\_ **Annual premium: \$** \_\_\_\_\_

Pay Plan Desired? Yes  No

**Ask your broker for more information.**

Has the applicant had any liability claims or reported incidents in the past five years? Yes  No

Has the applicant had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes  No

*Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.*

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes  No

*If yes, attach a separate sheet and explain.*

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes  No

Has any racing license of any person named on the policy ever been suspended or revoked? Yes  No

*Attach a separate sheet and explain any "yes" answer.*

### Limits of Liability

**Each Occurrence Limit (Select one)**

**General Aggregate Limit**

Personal & Advertising Injury Limit

Fire Damage Limit (Any one Fire)

Medical Payments (Any one Person)

\$500,000  \$1,000,000

\$1,000,000 \$2,000,000

\$500,000 \$1,000,000

\$50,000 \$50,000

\$5,000 \$5,000

**Triple Aggregate Limit desired**

(Note: Only available with \$1,000,000 Occurrence Limit) Yes  No

N/A \$3,000,000

**Excess Coverage desired** Yes  No

(Note: Requires \$1,000,000 Occurrence Limit, and \$2M or \$3M Aggregate Limit.)

**Excess limits (Each Occurrence and General Aggregate)** \$1m  \$2m  \$3m  \$4m  \$5m

### Optional Coverages – Subject to eligibility and underwriting approval.

**Equine Personal Liability desired** Yes  No

**Race Horse Owner's Liability desired** Yes  No

**Products and Completed Operations desired** Yes  No

**Note:** *If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.*

**Additional Insureds**

List Additional Insureds and describe their connection to your equine activities. Do not list employees.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Summary of Equine Activities**

Please indicate the breed and type of racing activity you participate in: \_\_\_\_\_

Description of your operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years experience in the racing industry: \_\_\_\_\_

What types of racing licenses do you hold and in what states: \_\_\_\_\_  
\_\_\_\_\_

24-hour supervision of facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency numbers posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety & Barn Rules posted and written out	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>
Current liability waivers utilized	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>
State Equine Activity signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Drills conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No Smoking signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke Alarms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoking allowed in barns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shoes with heels required for riders	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Riding Helmets are Required:**

- By everyone ALL OF THE TIME
- 18 and under ALL OF THE TIME
- Everyone while jumping/speed work
- Only 18 and under while jumping
- Not required

Is all fencing in good condition? Yes  No

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: \_\_\_\_\_  
\_\_\_\_\_

Describe security measures utilized to prevent horse(s) from coming into contact with the general public: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.**

**Owned / Leased Horses**

Total number of race horses and/or horses in race training which you or your business own, in full or in part: \_\_\_\_\_

Total number of non-racing horses (breeding / ponying etc.) which you or your business own/lease, in full or in part: \_\_\_\_\_

Maximum number of horses you lease to others on premises: \_\_\_\_\_

Maximum number of horses you lease to others off premises: \_\_\_\_\_

**Breeding** Yes  No  Average Stud Fee charged: \$ \_\_\_\_\_

Total number of stallions standing stud (Live and A.I.) on premises: \_\_\_\_\_

Total number of stallions, that you own or have partial ownership, standing at stud (Live and A.I.) off premises: \_\_\_\_\_

Total number of mares covered annually on premises: \_\_\_\_\_

Total number of mares, which you own, covered annually off premises: \_\_\_\_\_

**Boarding** Yes  No

What is the total number of horses boarded monthly: Maximum: \_\_\_\_\_ Minimum: \_\_\_\_\_ Average: \_\_\_\_\_

Average number of horses on: Full Board: \_\_\_\_\_ Pasture Board: \_\_\_\_\_

Monthly charge per horse: Full Board: \$ \_\_\_\_\_ Pasture Board: \$ \_\_\_\_\_

Total number of stalls on premises: \_\_\_\_\_

**Horse Sales** Yes  No

How many horses do you sell annually: \_\_\_\_\_ Owned by you: \_\_\_\_\_ Owned by others: \_\_\_\_\_ Total: \_\_\_\_\_

Average value of horses sold: \_\_\_\_\_ Owned by you:\$ \_\_\_\_\_ Owned by others:\$ \_\_\_\_\_

**Training** Yes  No

Number of horses which you train and own, in full or in part. Maximum: \_\_\_\_\_ Minimum: \_\_\_\_\_ Yearly Average: \_\_\_\_\_

Number of horses in training in which you have no full or partial ownership: Maximum: \_\_\_\_\_ Minimum: \_\_\_\_\_ Yearly Average: \_\_\_\_\_

Description of operation: \_\_\_\_\_

**Do you own dogs?** Yes  No  If yes, how many, what type, and for what purpose: \_\_\_\_\_

Are other dogs permitted at your facility? Yes  No

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

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? (If yes, attach details on a separate page.) Yes  No

**Other animals on premises?** Yes  No  If yes, how many, what type, and for what purpose: \_\_\_\_\_

**Hunting on premises?** Yes  No  If yes, by:  Owners  Others Do you charge a fee? Yes  No

Please explain hunting activities: \_\_\_\_\_

**Swimming pool on premises?** Yes  No

If yes, do you have a security fence around your pool? Yes  No

Is the pool for your personal use only? Yes  No

If no, please explain: \_\_\_\_\_

**Is alcohol permitted on your premises?** Yes  No

If yes, describe: \_\_\_\_\_

Is alcohol sold, served, or furnished on your premises? Yes  No

If yes, describe: \_\_\_\_\_

**Note:** The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

Is **CARE, CUSTODY OR CONTROL (CCC)** coverage desired? Yes  No

The rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. **Coverage is not available to Commercial Haulers. Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.**

Select from the limits below.

	<i>Maximum Limit Per Horse</i>	<i>Aggregate Limit Per Policy</i>
<input type="checkbox"/> 1) Limit:	<b>\$25,000</b> Per Horse /	<b>\$250,000</b> Maximum Loss Per Policy Year
<input type="checkbox"/> 2) Limit:	<b>\$50,000</b> Per Horse /	<b>\$300,000</b> Maximum Loss Per Policy Year
<input type="checkbox"/> 3) Limit:	<b>\$100,000</b> Per Horse /	<b>\$300,000</b> Maximum Loss Per Policy Year
<input type="checkbox"/> 4) Limit:	<b>\$100,000</b> Per Horse /	<b>\$500,000</b> Maximum Loss Per Policy Year
<input type="checkbox"/> 5) Limit:	<b>\$250,000</b> Per Horse /	<b>\$500,000</b> Maximum Loss Per Policy Year
<input type="checkbox"/> 6) Limit:	<b>\$250,000</b> Per Horse /	<b>\$1,000,000</b> Maximum Loss Per Policy Year
<input type="checkbox"/> 7) Limit:	<b>\$500,000</b> Per Horse /	<b>\$500,000</b> Maximum Loss Per Policy Year
<input type="checkbox"/> 8) Limit:	<b>\$500,000</b> Per Horse /	<b>\$1,000,000</b> Maximum Loss Per Policy Year

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 number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Do you transport horses in your Care, Custody or Control? Yes  No

If yes, how often, for what reasons, and for whom you transport horses: \_\_\_\_\_

Do you transport horses not usually in your Care, Custody or Control? (Coverage not provided for Commercial Haulers.) Yes  No

If yes, please describe: \_\_\_\_\_

Type and capacity of your horse trailer(s): \_\_\_\_\_

Are your horse trailers in good repair? Yes  No

Are your horse trailers on a regular maintenance program? Yes  No

**Annual Gross Revenues from Equine Activities**

Breeding: \$ \_\_\_\_\_ Boarding: \$ \_\_\_\_\_ Horse Sales: \$ \_\_\_\_\_

Training: \$ \_\_\_\_\_ Race Earnings: \$ \_\_\_\_\_

Other ( ): \$ \_\_\_\_\_ (Explain below.) **Total Annual Gross Revenue: \$ \_\_\_\_\_**

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

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

**Regulatory Fraud Warnings**

*In Arkansas, Louisiana, and New Mexico*

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES INCLUDING CONFINEMENT IN PRISON.

*In Colorado, District of Columbia, Maine, Tennessee, and Virginia*

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

*In Florida and Oklahoma*

WARNING: 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.

*In Kentucky, New York, and Pennsylvania*

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 subjects such person to criminal and civil penalties. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

*In New Jersey*

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

*In Ohio*

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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. I/We understand that this application is not a binder. I/We understand 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 any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.

(Must be signed and dated)

Applicant's Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_