## Horse Supplemental Questionnaire

### Section 1: Personally Owned Horses (Must complete for all horse risks)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Number of years’ experience in the horse/farm business:</td>
<td></td>
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<tr>
<td>If less than 3 years, please give a description of Insured’s experience:</td>
<td></td>
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<tr>
<td>Does the Insured use their horses to pull a carriage, wagon, cart, buggy or sleigh for personal use only?</td>
<td>Y N</td>
</tr>
<tr>
<td>Total number of horses owned by the Insured:</td>
<td></td>
</tr>
<tr>
<td>Of the total number of horses owned by the Insured how many are:</td>
<td></td>
</tr>
<tr>
<td>Non-race horses taken off premises (besides incidental and/or emergency trips to the vet clinic):</td>
<td></td>
</tr>
<tr>
<td>Race horses owned and raced by the Insured:</td>
<td></td>
</tr>
<tr>
<td>Race horses owned and raced by others:</td>
<td></td>
</tr>
<tr>
<td>Does the Insured breed and sell horses?</td>
<td>Y N</td>
</tr>
<tr>
<td>If yes, how many are sold a year? Annual Sales:</td>
<td></td>
</tr>
<tr>
<td>Is trail riding offered to the public in any capacity (except for non-guided use of the trails by boarders or lesson students)?</td>
<td>Y N</td>
</tr>
<tr>
<td>Does the Insured offer any additional equine related services (i.e. driving lessons/training, boarding, training, lessons, equine massage, teeth floating, farrier service, acupuncture, etc.)?</td>
<td>Y N</td>
</tr>
<tr>
<td>If yes, please provide details on the services offered and continue to Section 2 below:</td>
<td></td>
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</tbody>
</table>

### Section 2: Commercial Horse Farm/Horses Owned by Others Underwriting Questions (Complete based on the client’s exposures)

#### Boarding Operations (remember to consider Care, Custody and Control)

<table>
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<tbody>
<tr>
<td>What is the maximum number of horses boarded/pastured by the Insured (do not include horses being trained):</td>
<td></td>
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<tr>
<td>Does boarder sign a contract?y N Is there a hold harmless agreement in place? Y N {Please provide a sample copy}</td>
<td></td>
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<tr>
<td>Does Insured provide riding facilities for boarders to use? Y N</td>
<td></td>
</tr>
<tr>
<td>If yes, does Insured require a riding release to be signed? Y N</td>
<td></td>
</tr>
<tr>
<td>Is State Equine Liability signage posted if required by law? Y N N/A</td>
<td></td>
</tr>
<tr>
<td>Does the Insured transport horses for boarders or others? Y N</td>
<td></td>
</tr>
</tbody>
</table>

#### Breeding Operations

Breeding Operations – Please provide the following based on max. number of horses on premises at any one time

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Maximum number of mares/foals, owned by others:</td>
<td></td>
</tr>
<tr>
<td>Maximum number of stallions breeding via artificial insemination, owned by others and owned by client:</td>
<td></td>
</tr>
<tr>
<td>Maximum number of stallions breeding via live cover, owned by others and owned by Insured:</td>
<td></td>
</tr>
<tr>
<td>Does the Insured use and follow a breeding contract? Y N</td>
<td></td>
</tr>
<tr>
<td>Does the Insured have a laboratory on premises? Y N</td>
<td></td>
</tr>
<tr>
<td>If yes, provide details of the operation:</td>
<td></td>
</tr>
</tbody>
</table>

#### Clinics

<table>
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<tbody>
<tr>
<td>Number of clinic days annually with no student participation:</td>
<td></td>
</tr>
<tr>
<td>Number of clinic days annually with student participation and instructor has their own insurance:</td>
<td></td>
</tr>
</tbody>
</table>
Number of clinic days annually with student participation and instructor has no insurance: .................................................. 

Describe nature of clinics held on the Insured’s premises: _________________________________________________________________

Horse Training Operations

Maximum number of non-race horses in training, kept off premises: .................................................................

Maximum number of non-race horses in training, boarded on premises: .................................................................

Maximum number of race horses in training, kept off premises: .................................................................

Maximum number of race horses in training, boarded on premises: .................................................................

What type of training is offered? (driving, riding, etc.) ______________________________________________________________________

Does the Insured provide the training services themselves? Y N

Number of hired trainers with their own insurance: .................................................................

   Does the Insured require a certificate of insurance? Y N

   Does the Insured require Additional Insured status on the trainer’s policy? Y N

   List the names of trainers to be added as Additional Insured with a brief description of their experience:

_______________________________________________________________________________________________________________

Lesson Operations

Number of lessons per year taught on school-horses (Insured owned): .................................................................

Number of lessons per year taught on student-owned horses: .................................................................

What types of lessons are offered? (driving, riding, etc.) ______________________________________________________________________

Are riding release forms with a hold harmless agreement and a medical consent form signed by all students? Y N

Does the Insured offer a therapeutic riding program? Y N If yes, please answer the following:

   Number of years the Insured has offered the program: .................................................................

   Are the instructors certified by NARHA/PATH International or another recognized organization? Y N

   Are any other developmental/therapeutic services offered on premises as part of the therapy program (examples: grooming, leading the horse, etc.)? Y N

   If yes, provide details of those services _________________________________________________________________

Day Camps

Number of days a horse day camp is in operation annually: .................................................................

Maximum number of students per day: ________ Is a Medical Consent form w/ Hold Harmless obtained for each student? Y N

Do any sessions include an overnight stay at the Insured’s premises or off premises? Y N

Are any swimming activities offered to campers, either on or off premises? Y N

Provide a description of the activities held during the camp: _________________________________________________________________

Horse Leasing

Number of horses leased annually: .................................................................

Are leases at least a minimum of 30 days? Y N

Is a lease agreement signed by both parties describing the responsibilities and limitations of the lease? Y N

Are any horses leased out to others for business purposes? Y N If yes, provide details:
Horse Shows
Shows – please list dates of each show and the following information provided for each show day: # of spectators, # of horses
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Describe nature of horse shows held on Insured’s premises:
________________________________________________________________________________________
________________________________________________________________________________________
Are all participants required to sign a release/hold harmless agreement prior to participating? Y N
Does the Insured sponsor any horse shows that are held off premises? Y N If yes, provide dates and descriptions for each event:
________________________________________________________________________________________
________________________________________________________________________________________
Does the Insured hold/sponsor shows with broncs or bulls? Y N

Additional Services
Annual sales of concessions/refreshment stand operated by the Insured: .................................................. 
Annual sales of campground services or RV/camper hookup services: ................................................... 
Annual sales of tack operation: ................................................................................................................ 
Annual sales of feed operation: ................................................................................................................. 
Number of equine pool, aquatred or aquacisers on premises: ................................................................. 
If tack operation is any repair of safety equipment or saddle fitting done by Insured? Y N
If feed sales is the feed altered by the Insured prior to sale? Y N
If campground services does the Insured offer swimming facilities, beaches? Y N
If care, custody, and control is covered, what is the highest value of any one horse? ________ Do they transport the horses? Y N

Carriage, Wagon or Sleigh Rides
Annual receipts from on premises wagon/sleigh rides: ................................................................. 
Annual receipts from off premises wagon/sleigh rides: ................................................................. 
Annual receipts from on premises carriage rides: ................................................................................ 
Annual receipts from off premises carriage rides: ................................................................................ 
If rides of either type are given off premises, are they on _____ city streets or _____ side roads? Note: If off premises exposure, make sure slow moving vehicle signs are used.

Pony Rides
Number of pony rides given annually: ........................................................................................................
Are side walkers utilized? Y N
Describe where pony rides are given (i.e. private party, town event, etc.): ........................................................

Clubs/Associations
For Insureds who are Clubs or Associations:
Number of club/association members: ________ Number of events per year where the public attends: ________
What is the main purpose of the club?
Polo Clubs

Number of polo club members: .............................
Number of events per year where the public attends:  ..............

Maximum number of event days held annually: .................................................................  ..............

Is a signed release from all players/participants obtained for each event?  Y  N

Maximum number of spectators at each event: .................................................................  ..............

Are the events held on the Insured’s premises?  Y  N
   If no, list where the events are held: ........................................................................................................

July 2016