



Acadia Insurance\*

# EQUINE & CARE, CUSTODY, CONTROL APPLICATION

## \*Completed Farm Application Required\*

### GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

EFF DATE:

Insured Name:

Describe horse related operations:

Number of years of experience with horses:

If less than five (5) years experience give brief description of experience and background in horse business:

Do you have Workers Compensation Insurance:  
Yes  No

**Note: Complete ACORD WC application for coverage if desired**

Payroll for Horse Operations: \$

### WEBSITE:


1	Is this your main source of income? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>NO</b> please describe occupation or business you are engaged in:
2	Are there any business enterprises or professional offices on any of the described premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> please explain:
3	Do you lease any part of the land, buildings, stables, stall space, or operations to others? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> , please explain:
4	Is there 24 hour supervision of the facility? Yes <input type="checkbox"/> No <input type="checkbox"/> Please Explain:
5	Are all pastures totally fenced?: Yes <input type="checkbox"/> No <input type="checkbox"/> Describe type of fencing:  <b>Describe condition of fencing:</b> <input type="checkbox"/> Excellent, <input type="checkbox"/> Good, <input type="checkbox"/> Fair, <input type="checkbox"/> Poor <b>How often is fencing inspected:</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
6	Do you obtain a release signed by boarders and students relieving you of claims for BI & PD? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> , provide copy.
7	Riding facilities: Yes <input type="checkbox"/> No <input type="checkbox"/> Indoor Arena <input type="checkbox"/> Outdoor Arena <input type="checkbox"/> Open Fields
8	Are Fire extinguishers available and operable in Stables? Yes <input type="checkbox"/> No <input type="checkbox"/> In other farm buildings? Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Do you post rules? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you post warning signs? Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Do you own/maintain dogs on the premises? Yes <input type="checkbox"/> No <input type="checkbox"/> Breed: _____ How many? _____
11	Has any dog bitten or caused injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Does insured prepare and sell animal feed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:

### SUMMARY OF HORSES AT PEAK SEASON – Equine Activities

Exposure	Payroll	Receipts	# Owned Horses	# Non-Owned Horses
1 Breeding Stables				
2 Boarding Stables – No training				
3 Training Stables – Boarded Horses being Trained in a show discipline				
4 Training Stables – Boarded Horses being Trained for racing				
5 Horse Riding Clubs	# of Members			
<b>Horse Riding Instruction</b>				
1 Clinics & Schools				
2 School Horses Used				
3 Independent Contractors/Riding instructors	# of horses provided by Independent instructors			
<b>Livestock sales:</b>	# Sold	Breed:		
	# of Show days < 50 participants:			
<b>Horse Shows:</b>	# of Show days 51 to 250 participants:			
	# of Show days 251 to 500 participants:			
	# of Show days over 500 participants:			
<b>Private Riding Clubs</b>	# of Members			

<b>Private Pleasure Horses</b>		#			
<b>A - HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING</b>					<input type="checkbox"/> Check if NONE
1	Total Number of Stalls:	Maximum Number Boarded	Number Pastured:	Monthly Boarding Rate: \$	Annual Gross: \$
2	Maximum Number of Non-Owned Horses In training:	Monthly Training rate:			Annual Gross: \$
3	Do you attend off-premises shows with horses in training? Yes <input type="checkbox"/> No <input type="checkbox"/>				
4	Breeding: Number of Non-Owned Stallions:	Breed:	Maximum Number Of Outside Mares:	Are mares Kept On premises 'til Foaling: Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Race Horses What breeds::	How Many do You train for others:	Payroll: \$	What States do You race In:	
6	Are you actively involved in the racing/training of your race horses? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>B - EQUESTRIAN SCHOOLS – RIDING INSTRUCTIONS – CLINICS</b>					<input type="checkbox"/> Check if NONE
1	Is Instruction Provided by <input type="checkbox"/> You <input type="checkbox"/> or Independent Instructor	If an Independent instructor/trainer is used, complete Section C	Are you a certified instructor? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2	Describe Type of Safety Gear Required:				
3	Do you provide therapeutic riding Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, Gross Annual receipts: \$	Number of Horses used for Therapeutic riding:		
4	Ratio of Instructors to students:	Are Side walkers Used? Yes <input type="checkbox"/> No <input type="checkbox"/>			
5	Maximum Number of school horses available:	Maximum Number of School horses used at any one time:	Gross Annual receipts: \$		
6	Are Stallions used for Instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, indicate the level of the rider and age:			
7	Do you give instruction to students on their own horses: Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, advise average number of students per week:	Gross Annual receipts: \$		
8	Do you teach: <b>English</b> <input type="checkbox"/> <b>Jumping</b> <input type="checkbox"/> <b>Saddle Seat</b> <input type="checkbox"/> <b>Western</b> <input type="checkbox"/> <b>Dressage</b> <input type="checkbox"/> <b>Other:</b>				
9	Is there any time of the year during which you do not give instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes give dates when closed:</b>				
10	Do You attend off-Premises Shows with your Students? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many times a year?	Gross Receipts: \$		
11	Do you operate a day camp? Yes <input type="checkbox"/> No <input type="checkbox"/>	Overnight camp Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you provide food? Yes <input type="checkbox"/> No <input type="checkbox"/>		
12	Describe all activities offered at camps other than riding instructions:				
<b>C – INDEPENDENT INSTRUCTORS / TRAINERS</b>					<input type="checkbox"/> Check if NONE
Do independent instructors or trainers operate on your premises? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do they carry their own insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>** If they carry insurance secure a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We also require that you are named as and 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. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.</b>					
<b>Provide names &amp; addresses for independent instructors:</b>					
How many horses are provided for lessons by Independent Instructors:		Gross receipts: \$	Gross receipts for instruction to students on their own horses \$		
How many of your boarded horses are being trained by Independent Instructors:			Or trained by you:		
<b>D – Sales – Horse, Food, Clothing, Tack, Feed, Horseshoeing</b>					<input type="checkbox"/> Check if NONE
1.	Do you sell from your premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you sell horses are buyers allowed to test ride? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you obtain a release signed by buyer relieving you of claims for BI & PD? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If YES, provide copy.</b>	If Yes in arena: Yes <input type="checkbox"/> No <input type="checkbox"/> Or Open field Yes <input type="checkbox"/> No <input type="checkbox"/>	
1a.	Explain any other method of sales:				
2.	Do you sell food or have a snack bar? Yes <input type="checkbox"/> No <input type="checkbox"/>	Gross Receipts: \$	<b>Liquor Liability not covered</b>		
3.	Do you Tack and/or Clothing? Yes <input type="checkbox"/> No <input type="checkbox"/>	New <input type="checkbox"/> Used <input type="checkbox"/>	Gross Receipts: \$		
4.	Do you <b>Sell</b> Hay or Feed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Gross Receipts: \$			
5.	Do you <b>MIX</b> Hay or Feed for sale or consumption? Yes <input type="checkbox"/> No <input type="checkbox"/>				

6.	Do you repair riding equipment for others? Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Do you perform any type of harrier services? Yes <input type="checkbox"/> No <input type="checkbox"/> Gross Receipts: \$
<b>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.</b>	

 Acadia Insurance®	<b>CARE, CUSTODY, CONTROL APPLICATION</b>
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**Insured Name:** \_\_\_\_\_

Describe horse related operations: Stable Owner  Boarding  Breeding Farm  Trainer  Other: \_\_\_\_\_

How Long In Business: \_\_\_\_\_ Do you Own  or Lease  stable? \_\_\_\_\_ If leasing premises, who is responsible for building and fence repair: \_\_\_\_\_

Stable	Construction	# of Stalls	Sprinklered	Lightning Rods	Fire Exts:	Smoke/Fire Alarms	24 Hr. Security	Describe Security	Secondary Egress/	If over 25 yrs old last update
1.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Breed of Horses: \_\_\_\_\_ Use of Horses: \_\_\_\_\_

1	Minimum <b>Number</b> of non-owned horses in your care:	
2	Maximum <b>Number</b> of non-owned horses in your care:	
3	Minimum <b>Value</b> of non-owned horses in your care:	
4	Maximum <b>Value</b> of non-owned horses in your care:	
5	Average <b>Number</b> of non-owned horses in your care:	
6	Average <b>Value</b> of non-owned horses in your care:	
7	Fire Protection Class :	
8	What type of fencing is used in run, pastures and paddocks?	
9	Are shelters provided in runs of pastures? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>Yes</b> , please describe:	
10	Where are non-owned horses kept at night? <input type="checkbox"/> Stable <input type="checkbox"/> Pasture <input type="checkbox"/> Other:	
11	Is smoking allowed within structures? Yes <input type="checkbox"/> No <input type="checkbox"/> Strictly Enforced? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12	Are <b>stallions</b> housed, pastured and exercised in separate pastures, paddocks and runs, away from mares? Yes <input type="checkbox"/> No <input type="checkbox"/>	
13	Do all electrical lights have explosion proof covers? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14	Are all electrical outlets inaccessible to horses? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15	Does applicant mix own concentrate feed rations on the premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	
16	Is feed stored in the stabling area? Yes <input type="checkbox"/> No <input type="checkbox"/> if <b>YES</b> , explain type of feed and the location of the storage area:	
17	Is the feed room secured with horse proof latches? Yes <input type="checkbox"/> No <input type="checkbox"/>	
18	What is the construction of the stalls? Type of stalls: <input type="checkbox"/> Box <input type="checkbox"/> Slip Size of stalls(sq Ft & height)	
19	Are health certificates required from the owners prior to accepting non-owned horses? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> how often are they required to be updated?	
20	Are all non-owned horses required to have permanent methods of identification (tags, brands, tattoos, etc.) registration records? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> , explain:	
21	Are non-owned horses transported for others? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> , please provide the following: Maximum # of Trips per year _____ Maximum number of animals per trip: _____ Radius of operation: _____ Do at least 2 (two) people go on each trip: Yes <input type="checkbox"/> No <input type="checkbox"/> How often are trailer(s) or van(s) floor boards checked? Are fire extinguishers carried on the truck or van? Yes <input type="checkbox"/> No <input type="checkbox"/>	
22	Are there therapeutic pools for horses? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> , were they installed by the manufacturer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
23	Do employees (if any) have written instructions on their responsibility in case of a stable fire? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> , provide copy.	
24	Name and address of regular Veterinarian:  How often is he/she on premises? <input type="checkbox"/> daily <input type="checkbox"/> twice a week <input type="checkbox"/> weekly <input type="checkbox"/> Other (describe): _____	
25	Describe any losses or potential claims in the last 3 years (Include Deaths of any animals in your care, custody & control – even if no claim was made):	

Requested Limits of Insurance: Check appropriate box.

Check One	Limit per Horse	Aggregate Limit of Insurance	Check One	Limit per Horse	Aggregate Limit of Insurance	Total # of Horses:
<input type="checkbox"/>	\$ 2,500	\$ 12,500	<input type="checkbox"/>	\$ 25,000	\$ 250,000	
<input type="checkbox"/>	\$ 2,500	\$ 25,000	<input type="checkbox"/>	\$ 50,000	\$ 250,000	
<input type="checkbox"/>	\$ 5,000	\$ 25,000	<input type="checkbox"/>	\$ 75,000	\$ 300,000	
<input type="checkbox"/>	\$ 5,000	\$ 50,000	<input type="checkbox"/>	\$ 100,000	\$ 300,000	
<input type="checkbox"/>	\$ 10,000	\$ 100,000	<input type="checkbox"/>	\$ 150,000	\$ 400,000	
<input type="checkbox"/>	\$ 10,000	\$ 150,000	<input type="checkbox"/>	\$ 200,000	\$ 500,000	
<input type="checkbox"/>	\$ 20,000	\$ 200,000	<input type="checkbox"/>			

**Insured Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Insurance policies may be issued by one or more of the following affiliated insurance companies: Acadia Insurance Company, Continental Western Insurance Company, Firemen's Insurance Company of Washington, D.C. and Union Insurance Company.