

RAIN AND HAIL EQUINE QUESTIONNAIRE	Date (MM/DD/YY)
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Insured/Applicant's Name and Mailing Address	Producer Agency code
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General Underwriting Information (Use Remarks Section if additional space is needed)

1 Location of actual operations.		
2 Describe horse operations.		
3 How many years experience in this type of horse operations?		
4 Type or breed of horses owned.		
5 Number of employees? Average length of their employment?		
6 Do you have Workers' Compensation Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, payroll is \$ _____		
7 If yes, name of Workers' Compensation carrier and policy number.		
8 How many corporate officers or partners are there? # _____ Please provide name(s), duties and payroll in the remarks section.		
9 Are no smoking signs posted on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, are they strictly enforced? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain all "No" Responses	Yes	No
10 Is there 24 hour supervision of the facility?		
11 Are you in compliance with the equine liability laws in the state(s) where the horse operation is located?		
12 Do you obtain a waiver/hold harmless agreement relieving you from claims for bodily injury and property damage? IF NO, REFER TO UNDERWRITER. If yes, provide a copy.		
13 Are boarding contracts signed by all boarders? IF NO, REFER TO UNDERWRITER. If yes, provide a copy.		
14 Is the property properly fenced and maintained?		
15 How often is fencing checked for repair?		
16 How many of the Personal Use horses indicated in the summary are taken off the premises at any one time? _____		
17 Any apartments over or attached to barn or farm buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide details.		

Remarks

Summary of Horses at Peak Season
(If horse used for more than 1 activity, count only primary use)

	Payroll	Receipts	# Owned	# Non-owned
Boarding/Pasturing		N/A		
Breeding Only (Mares)		N/A		
Riding Instruction	N/A			
Race Horses (in training or at track)	N/A	N/A		
Personal Use—Pleasure	N/A	N/A		
Personal Use—Show	N/A	N/A		
Rentals/Pack Trips/	N/A	N/A		
Yearlings/Weanlings	N/A	N/A		
Draft Animals	N/A	N/A		
Other	N/A	N/A		
TOTAL				

<input type="checkbox"/> Check if not applicable		
Boarding/Pasturing, Breeding, Racing and Training		
Explain all "Yes" Responses	Yes	No
1 Do you provide riding facilities for boarders? *		
2 Do you provide riding facilities for nonboarders? *		
3 Are any medications prescribed or dispensed?		
4 Do you have a trainer on staff? If so, what is the payroll?		
5 Is the training related to racing?		
6 Are any trainers independent contractors? payroll \$		
7 Do you obtain certificates of insurance from all independent contractors? If so, provide copies		
8 Independent contractors operating under your name can be added as additional insureds with appropriate charges, but coverage is limited to your operations only. Names/addresses to be added _____ _____ Describe experience, qualifications _____ _____		
Remarks		
* Hold harmless agreements must be secured from all boarders and nonboarders.		

<input type="checkbox"/> Check if not applicable		
Equestrian Schools—Riding Instruction—Clinics		
1 Do you teach <input type="checkbox"/> Western <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Other (explain)		
Explain all "Yes" Responses	Yes	No
2 Is any riding provided for handicap or therapy?		
3 Is safety gear required? If so, describe the equipment.		
4 Are students allowed to ride on the premises without an instructor present?		
5 Do you attend off premises shows with your student?		
6 Do you hold clinics for non-students? If yes, what is the average attendance? How many clinics per year? What type of clinics?		
7 Any instruction given on your premises by independent contractors? payroll \$ If so, how many instructors? How many students?		
8 Do you obtain certificates of insurance from all independent contractors? If so, provide copies.		
9 Independent contractors operating under your name can be added as additional insureds with appropriate charges, but coverage is limited to your operations only. Names/addresses to be added _____ _____ Describe experience, qualifications _____ _____		
Remarks		

<input type="checkbox"/> Check if not applicable
Sales Operations By You
1 Number of horses sold per year and receipts.
2 Type and breed of those horses.
3 Method of Sales.
4 Is there a food or snack bar on premises? If so, what are the receipts?
5 Is there any sale or repair of tack or clothing on the premises? If so, what are the receipts?
6 Do you cut and bale hay? If so, what are the receipts?
7 Do you prepare or mix feed? If so, what are the receipts?
8 Do you do any horseshoeing? If so, what are the receipts?
Remarks

<input type="checkbox"/> Check if not applicable
Special Events/Shows
Refer to underwriting if applicable.
1 Do you have shows on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of shows on premises? _____
Are these sanctioned? <input type="checkbox"/> Yes <input type="checkbox"/> No
2 Average number of attendees per show?
3 Average number of participants per show?
4 Annual receipts for all shows?
5 Nature of shows or events?
6 Do you have bleachers or grandstands? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following: construction _____ number of bleachers _____ indoor or outdoor _____
7 Are back and side railings provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide details.
Remarks

<input type="checkbox"/> Check if not applicable		
Hay/Sleigh Rides, Rentals and Pack Trips Refer to underwriting if applicable.		
1 Do you have hayrides?	If so, how many annually?	How many passengers per ride?
2 Do you have sleigh rides?	If so, how many annually?	How many passengers per ride?
3 Total number of wagons/sleds/carts/carriages/buggies, etc.		
4 Total number of horses available for rental at peak season.		
5 Do you offer pack trips? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in remarks.		
Remarks		

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 shall also be subject to a civil penalty. Additionally, in NY only, civil penalties are not to exceed five thousand dollars plus the stated value of the claim for each such violation.

Nonowned horses in your care, custody or control are not covered for injury or death by this policy unless endorsed.

Signature of Agent	Signature of Insured/Applicant
Name of Agency	Title of Insured/Applicant