



Wildlife Insurance Underwriters,

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Independent Horse Trainer Application

This coverage is intended to cover the applicant's commercial liability arising out of instruction when conducting horse training on premises the applicant does not own or lease on a long term basis.

This is designated to cover the applicant's commercial and/or personal horse operation only. No premises liability is included under this policy coverage. If premises is owned or leased, complete a Commercial Equine Liability application.

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued.

Applicant: _____ Business Name: _____ Mailing Address: _____ City: _____ County: _____ State: _____ Zip Code: _____ Phone #: (____) _____ Fax #: (____) _____ Contact Person: _____ Contact Phone #: _____ Email: _____ Web site: _____	Broker Name: _____ Broker Number: _____ Company Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Phone #: (____) _____ Fax #: (____) _____ Email Address: _____
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I. Applicant Information

1. Type of Ownership: Corporation Individual Joint Venture Limited Liability Company Trust
 Organization Partnership FEIN: _____ None
2. a. Does applicant rent or lease any premises? Yes No
 If yes, indicate the location and how many acres? _____
 Rent / Lease Period: 1 day 1 week 1 month 6 months 1 year other: _____
- b. Where does applicant operate? own premises boarding stable training facility racetrack other: _____
- c. If any owned or leased on long term basis with horses, must complete a Commercial Equine Liability application.
3. Names of corporate partners/officers and social security numbers: _____
4. Desired Effective Date: _____
5. Is applicant a member of: AQHA; APHA; ARIA; NRHA; USDF; USEF; Other: _____ None
6. Choose One
 Limit of Liability: \$ 300,000 occurrence / \$ 900,000 aggregate - (\$425.00 Minimum Earned Premium)
 \$ 500,000 occurrence / \$1,500,000 aggregate - (\$575.00 Minimum Earned Premium)
 \$1,000,000 occurrence / \$3,000,000 aggregate - (\$725.00 Minimum Earned Premium)
7. Describe applicant's experience in the horse business: _____
8. Do additional insureds need to be added? Yes No Name: _____
 Insurable Interest: Owner of Premises Other: _____ Address: _____

II. Prior 3 Year Property & Liability Insurance Information

Must be completed in full in order to receive a quote. Including homeowners, renters and business owners' policies.

Company	Dates	Premium	No. of Claims	Amount Paid

1. a. Has applicant been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.) Yes No
 b. If yes, please explain: _____
2. Explain losses/incidents within the past 5 years with dates and details of loss, including amount paid, on a separate sheet of paper. None
3. Has the applicant ever filed for bankruptcy or had a foreclosure? Yes No Explain: _____

III. Equine Operations

1. Check all operations that apply to the applicant. All operations must be declared.

a. Complete a Commercial Equine Liability application, for all operations checked except pleasure and racing performed off premises.

Operation(s): Boarding/Breeding Hay/Sleigh Rides NARHA Facility Other: _____
 Clinics Horse Sales Pleasure
 Exotic Animals Horse Shows Racing
 Farrier Services Llamas /Alpaca Riding Instruction

b. Additional Operation(s): Day or Overnight Camp Rodeo
 Pony Rides Trail/Endurance Rides

Download the appropriate supplement from our website - www.horseinsurance.com for any operations checked above.

2. Estimated gross income from equine operation: \$ _____ None

3. a. Number of years in this type of operation: _____

b. Describe applicant's experience in this operation: _____

IV. Summary of Horses

Count each horse only once, based on its primary use. All horse-related exposures must be insured.

All Owned / Leased Horses, On or Off Premises Must Be Declared.

1. Number of Owned & Leased Horses Used for:

a. Instruction to Others (ie- school horses) _____
b. Pony Rides _____
c. Rental Rides to Others _____
d. Trail & Pack Trips _____

Total of Section 1: _____

2. Number of Owned Horses Used for:

a. Pleasure: _____; b. Show: _____; c. Training: _____ d. For Sale: _____
e. Racing: _____; f. Other: _____ Total of Section 2: _____

3. Number of Horses Not Owned by Applicant Used for:

a. Training (Breed: _____) Race Show _____
b. On Consignment for Sale (Breed: _____) _____
c. Other: _____ Total of Section 3: _____

V. Training of Horses

Training is: "Instruction given to horses."

1. Training is given by: (Check all that apply.) Applicant; Employee; Independent Trainer working on behalf of applicant
2. Type of Training: Race Show - Type of show: _____ Other type of training: _____
3. Does applicant attend shows with horses in training? Yes No If yes, number of times per year: _____

List ALL trainers including applicant, employees and independent trainers working on behalf of applicant. (MUST BE AT LEAST 18 YEARS OF AGE)
Complete information for over two trainers on additional paper.

1. a. Trainer's Name: _____ DOB: _____ Type of Training Offered: _____
b. Trainer is: Applicant Employee Independent working on behalf of applicant Number of years experience as a trainer: _____
c. Any licenses/certification for training? Yes No
d. Give details and competition experience: _____

2. a. Trainer's Name: _____ DOB: _____ Type of Training Offered: _____
b. Trainer is: Applicant Employee Independent working on behalf of applicant Number of years experience as a trainer: _____
c. Any licenses/certification for training? Yes No
d. Give details and competition experience: _____

VI. Safety Program

1. a. Does applicant have written safety rules? (Submit copy or photo.) Yes No
b. Does applicant abide by the equine liability law in the applicant's state? Yes No
c. Does applicant require a signed waiver/release for all equine activities? (Submit copy.) Yes No
d. Is the signed release kept on file for a minimum of 5 years? Yes No
2. a. Are ASTM/SEI certified helmets required at all times while mounted by Everyone; Everyone under 18; or not required?
b. Does applicant require a signed helmet rejection form from those who do not wear an ASTM/SEI certified helmet? Yes No
c. Check safety gear required: Boots/Heeled Shoes Long Pants Gloves Other: _____
d. Explain other safety procedures followed: _____

VII. Horse Clinics / Competitions / Events - No Exposure or Exposure (With or without income.)

1. a. Does applicant hold clinics? Yes No b. If yes, how many clinic days per year: _____
 c. What are the annual receipts: \$ _____ d. Average number of participants: _____
2. a. Does applicant conduct or manage: Shows; Rodeos*; Polo matches; Other: _____? Yes No
 *If yes, complete Rodeo Supplement.
 b. Details of premises: _____
3. Does applicant attend shows or competitions? Yes No If yes, number of times per year: _____

VIII. Farrier Sales - No Exposure This policy does not cover products liability.

1. a. Does the applicant perform farrier services? Yes No On Premises Off Premises Owned Horses
 Horses Not Owned Annual gross receipts: \$ _____
2. Does applicant have: *Apprentice* Yes No If yes, payroll \$ _____ *Helper* Yes No If yes, payroll: \$ _____

IX. Additional Liability Exposure

1. a. Does applicant own / lease / use any of the following? Yes No
 (Indicate all vehicles used.)
- | | None | # of Vehicles | Personal | Farm Use | Rides to Public |
|--|--------------------------|---------------|--------------------------|--------------------------|--------------------------|
| All Terrain Vehicles / Utility Vehicle | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buggies / Carts / Carriages | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Golf Carts | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dirt Bikes / Motorized Scooters / Mopeds | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Snowmobiles | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleds / Wagons | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Use of any above vehicle is limited to use by the applicant / employee and used for horse operation only.*
- b. Are any of the above used by: Students; Volunteers; Anyone under 16; Other: _____? Yes No
 c. Are operators required to be licensed in applicant's state? Yes No
2. a. Does applicant perform/participate in parades? Yes No b. If yes, number of parades: _____; number of horses used per parade: _____
 c. Please provide name of parade(s): _____; Size of parade(s): _____
3. Does applicant conduct the following:
- a. Trail rides, rental/saddle animal for hire? (Not including riding instruction.) Yes No
 b. Hay rides, sleigh rides, carriage rides, pack trips, hunting or fishing trips? Yes No
4. a. Number of dogs owned by applicant: _____ None
 b. Are dogs present during horse training? Yes No
 c. Are all dogs confined when guests or the public (including students) are on the premises? Yes No

Note: There is no coverage for dogs. Please provide a Certificate of Insurance, proof of coverage, naming applicant as additional insured owner of premises, with an "A" rated admitted carrier with equal or greater liability limits as applicant, for personal liability from dog owner.

X. Care, Custody & Control - Legal Liability

Not Eligible for this Coverage: Veterinarians, Equine Dentists, Commercial Transporters, Rehabilitation Centers & Embryo Transplant Facilities.

Legal liability provides coverage arising from applicant's negligence resulting in injury to or death of horses applicant does not own in applicant's care, custody, and control. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. The coverage for the exposure is excluded in most general liability policies. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.

Please check one: ACCEPT or DECLINE Care, Custody & Control Coverage. PLEASE QUOTE.

Check a box below to indicate choice of Care, Custody & Control coverage. If applicant requires different limits, please call us.

Limit Per Horse / Maximum Loss Per Policy Year	Limit Per Horse / Maximum Loss Per Policy Year	Limit Per Horse / Maximum Loss Per Policy Year
<input type="checkbox"/> \$ 5,000 / \$ 25,000	<input type="checkbox"/> \$ 10,000 / \$ 100,000	<input type="checkbox"/> \$ 50,000 / \$ 250,000*
<input type="checkbox"/> \$ 5,000 / \$ 50,000	<input type="checkbox"/> \$ 25,000 / \$ 100,000*	<input type="checkbox"/> \$ 100,000 / \$ 500,000*
<input type="checkbox"/> \$ 10,000 / \$ 50,000	<input type="checkbox"/> \$ 25,000 / \$ 250,000*	<input type="checkbox"/> Other: _____ / _____

*Substantiation of Value Form is required when values are \$25,000 and over.

1. a. Average value of horses not owned in applicant's care: \$ _____
 b. Number of horses the applicant does not own: _____
2. Does applicant require mortality coverage for horses in applicant's care, custody and control? Yes No
3. a. Does applicant own, lease/rent or use a vehicle in order to transport horses applicant does not own? Yes No
 b. Number of vehicles: _____ Number of trips per year: _____ Radius of operation: _____
 c. Have any drivers had any traffic violations within the past 5 years? Yes No If yes, explain: _____
 d. Type and capacity of box or trailer: _____
 e. Does applicant have a safety maintenance program for vehicle(s)? (Submit a copy.) Yes No
Current copy of drivers list must be submitted. (MVRs may be required.)
4. Does applicant have emergency evacuation procedures in place? (Submit a copy.) Yes No
5. Does applicant use an: equine swimming pool; hot walker; and/or tread mill? Yes No

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature	Date	Broker's Signature (if applicable)	Date

How did you hear about Wildlife Insurance Underwriters: Magazine Ad Referral Convention Web Site Other

Describe: _____

Thank you for choosing Wildlife Insurance Underwriters®