

**StarNet Insurance Company**  
**A Berkley Company, 475 Steamboat Road, Greenwich, CT 06830**

**Equine Liability Application**

<b>Name of Applicant/Mailing Address</b> _____ _____ _____	<b>Applicant Is:</b> <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Manager <input type="checkbox"/> Absentee Owner <input type="checkbox"/> Other Explain Other: _____
<b>Telephone:</b> (Day) _____ (Evening) _____	<b>Agency:</b> _____ _____
<b>E-Mail:</b> _____	_____
<b>Fax:</b> _____	<b>Phone:</b> _____
	<b>Fax:</b> _____
	<b>E-Mail:</b> _____
<b>Requested Coverage Date:</b> _____	<b>License #:</b> _____

Location of actual operations: (If more than 3 locations say various under #1 below)

	<u>Address</u>	<u>County</u>	<u>Acreage</u>	<u>Premises (check one)</u>
1.	_____	_____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease
2.	_____	_____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease
3.	_____	_____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease

Names of all partners or officers of corporation: \_\_\_\_\_  
\_\_\_\_\_

**Additional Insureds**

Name: \_\_\_\_\_ Relationship To Insured: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To Insured: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To Insured: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**Section I**

**UNDERWRITING AND SAFETY INFORMATION**

1. Give a brief description of all farming and/or horse related operations: \_\_\_\_\_  
\_\_\_\_\_

2. How many employees: Full Time: \_\_\_\_\_, Part Time: \_\_\_\_\_, Annual Payroll \$ \_\_\_\_\_

Do you have workers compensation insurance? \_\_\_\_ **Yes** \_\_\_\_ **No**

Number of years experience: \_\_\_\_\_. How many years at present location? \_\_\_\_\_

Are you the primary manager of your facility? \_\_\_\_ **Yes** \_\_\_\_ **No**

If no, what is the manager's name: \_\_\_\_\_, age: \_\_\_\_\_, years experience: \_\_\_\_\_

3. Is there 24 hour supervision of the facility? \_\_\_\_ **Yes** \_\_\_\_ **No**. Please explain the supervision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_ **Yes** \_\_\_\_ **No** Are emergency numbers clearly posted?  
\_\_\_\_ **Yes** \_\_\_\_ **No** Are Safety and Barn rules posted at the facility?  
\_\_\_\_ **Yes** \_\_\_\_ **No** Is game hunting permitted on the premises?  
\_\_\_\_ **Yes** \_\_\_\_ **No** Is there a swimming pool on the premises?  
\_\_\_\_ **Yes** \_\_\_\_ **No** Has any dog owned by you or kept on the premises bitten or caused injury to anyone?  
\_\_\_\_ **Yes** \_\_\_\_ **No** Are no smoking signs clearly posted?  
\_\_\_\_ **Yes** \_\_\_\_ **No** Are there smoke alarms in your barn?  
\_\_\_\_ **Yes** \_\_\_\_ **No** Are State Equine Liability signs clearly posted (if applicable)?  
\_\_\_\_ **Yes** \_\_\_\_ **No** Do you have all clients sign a current waiver? (**Enclose sample copies of all waiver forms**)  
\_\_\_\_ **Yes** \_\_\_\_ **No** Are shoes with heels required for all riders?

5. Are ASTM or equivalent helmets required while mounted? (**check box below**)

\_\_\_ By Everyone ALL OF THE TIME

\_\_\_ 18 and under ALL OF THE TIME

\_\_\_ Everyone while jumping and/or doing speed work

\_\_\_ Only 18 and under while jumping and/or speed work

\_\_\_ Never required. Why? \_\_\_\_\_  
\_\_\_\_\_

Are any other safety procedures or gear used? \_\_\_\_\_  
\_\_\_\_\_

6. Do you lease any part of any building or land to or from someone? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Fencing: Is all fencing in good condition? \_\_\_\_ **Yes** \_\_\_\_ **No**. Type of fencing used: \_\_\_\_\_  
\_\_\_\_\_

The fencing is checked: \_\_\_\_ Daily \_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_ Never

Has an animal ever escaped? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

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**Section II**

**OWNED HORSES/LEASED HORSES**

\_\_\_\_\_ **Check If No Exposure**

**Mark Total Number Of Horses For Each Use (Only Mark One Use Per Horse)**

1. Breeding \_\_\_\_\_ 4. Showing \_\_\_\_\_ 7. Racing Or Race Training \_\_\_\_\_  
2. Pleasure \_\_\_\_\_ 5. Foals/Weanlings \_\_\_\_\_ 8. Retired Horses \_\_\_\_\_  
3. For Sale \_\_\_\_\_ 6. Used For Giving Lessons To Others \_\_\_\_\_

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**Section III**

**NON-OWNED HORSES**

\_\_\_\_\_ **Check If No Exposure**

1. What is the maximum number of horses boarded? \_\_\_\_\_; Monthly boarding rate \$ \_\_\_\_\_  
Annual Gross Receipts \$ \_\_\_\_\_
2. What is the maximum number of non-owned horses in show training? \_\_\_\_\_  
Monthly training rate \$ \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
3. What is the maximum number of non-owned breeding stallions? \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
4. What is the maximum number of non-owned mares? \_\_\_\_\_  
Do mares stay on your premises until after foaling? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**
5. What is the maximum number of non-owned racehorses or racehorses in training? \_\_\_\_\_
6. Maximum number of non-owned racehorses you train for others? \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
7. Do you sell horses as an agent for others? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
How many horses do you sell annually that are: owned by you? \_\_\_\_\_; owned by others? \_\_\_\_\_  
Average value of horses sold and owned by you \$ \_\_\_\_\_; owned by others \$ \_\_\_\_\_
8. Do you desire coverage for non-owned horses in your Care, Custody and Control? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
**(Separate application required)** **(please initial)**

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**Section IV**

**RIDING INSTRUCTION PROVIDED BY YOU**

\_\_\_\_\_ **Check If No Exposure**

1. Number of years experience as a riding instructor: \_\_\_\_\_  
Do you hold any national officiating/judging/and/or instructors licenses? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
If yes, give details and competition experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Maximum number of school horses available: \_\_\_\_\_; Maximum number used at one time: \_\_\_\_\_  
Yearly gross receipts \$ \_\_\_\_\_ for riding instruction on school horses.
3. Do you give instructions to students on their own horses? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
If yes, number of students per week: \_\_\_\_\_; Yearly gross receipts \$ \_\_\_\_\_
4. What riding discipline do you instruct? \_\_\_\_\_
5. Do you attend off-premises shows with any of your students? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
How many times a year? \_\_\_\_\_; Gross annual receipts \$ \_\_\_\_\_
6. Do you hold clinics for non-students? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**, how many? \_\_\_\_\_, average attendance: \_\_\_\_\_  
What are the dates? \_\_\_\_\_; Gross receipts \$ \_\_\_\_\_
7. Do you operate a day camp or a overnight camp? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**; Yearly gross receipts \$ \_\_\_\_\_  
**If answered yes, a Camp Supplement Form must be completed and submitted prior to quoting.**
8. Do you provide riding for the handicapped? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**; If yes, annual gross receipts \$ \_\_\_\_\_  
Number of horses available for the handicapped? \_\_\_\_\_; Are sidewalkers used? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
Total number of students/lessons per week: \_\_\_\_\_; How many weeks per year? \_\_\_\_\_

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**Section V**

**INDEPENDENT TRAINERS AND INSTRUCTORS**

\_\_\_\_\_ **Check If No Exposure**

1. Do independent trainers utilize your facility? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
Do all independent trainers carry their own insurance? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**IF YES, PROOF OF COVERAGE IS REQUIRED. THE LIMITS MUST BE AT LEAST EQUAL TO THOSE YOU CARRY. THEY MUST NAME YOU AS ADDITIONAL INSURED UNDER THEIR POLICY. INDEPENDENT INSTRUCTORS OR TRAINERS THAT DO NOT CARRY THEIR OWN INSURANCE WILL BE ADDED AS AN ADDITIONAL INSURED TO YOUR POLICY FOR ADDITIONAL PREMIUM CHARGE. COVERAGE IS LIMITED TO ON-PREMISES ONLY AND TO OFF PREMISE SHOWS WITH HORSES AND/OR RIDERS IN TRAINING.**

**NAMES OF INDEPENDENT INSTRUCTORS AND ADDRESS**

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Age: \_\_\_\_\_, years experience in current class instructing: \_\_\_\_\_  
Any licenses or certificates for training? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**, if yes, give details: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Age: \_\_\_\_\_, years experience in current class instructing: \_\_\_\_\_  
Any licenses or certificates for training? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**, if yes, give details: \_\_\_\_\_

3. How many horses are provided for lessons by independent instructors: \_\_\_\_\_; gross receipts \$ \_\_\_\_\_  
4. Gross receipts for instructions to students on their own horses \$ \_\_\_\_\_  
5. Number of boarded horses trained by independent trainers: \_\_\_\_\_

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**Section VI**

**1. HORSE SALES**

\_\_\_\_\_ **Check If No Exposure**

Do you sell horses? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**, if yes, number sold annually: \_\_\_\_\_  
Do you sell for others? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**, do you sell off your premises? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
Gross annual receipts \$ \_\_\_\_\_

**2. TACK STORE OR RETAIL SALES (snack shop)**

\_\_\_\_\_ **Check If No Exposure**

Gross sales receipts: snacks \$ \_\_\_\_\_, clothing \$ \_\_\_\_\_, tack \$ \_\_\_\_\_, feed \$ \_\_\_\_\_; Total \$ \_\_\_\_\_  
Do you manufacture or repair any goods sold? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
If yes, please describe: \_\_\_\_\_

3. Do you perform any type of farrier service? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**; gross annual receipts \$ \_\_\_\_\_

4. **NOTE-LIQUOR LIABILITY IS NOT COVERED.** Do you allow alcohol consumption on the premises?  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

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**Section VII**

**OPEN HORSE SHOWS & COMPETITIONS**

\_\_\_\_\_ **Check If No Exposure**

1. Total number of show dates: \_\_\_\_\_; gross annual receipts \$ \_\_\_\_\_  
Average number of competitors on grounds per show day: \_\_\_\_\_  
Maximum number of spectators per day: \_\_\_\_\_; list actual show dates: \_\_\_\_\_  
Number of years hosting shows: \_\_\_\_\_; years hosting at this location: \_\_\_\_\_  
Are shows sanctioned? \_\_\_\_ **Yes** \_\_\_\_ **No**; By Who? \_\_\_\_\_  
If no, name any other National Organization that sanctions the shows: \_\_\_\_\_  
Do you secure releases from all entrants? \_\_\_\_ **Yes** \_\_\_\_ **No (If yes, please attach a sample copy)**  
Do you have an EMT present at all shows & clinics? \_\_\_\_Yes \_\_\_\_No  
If yes, do you obtain proof of Insurance or a certificate of insurance from the EMT? \_\_\_\_Yes \_\_\_\_No
2. Do you manage any hunts or racing events? \_\_\_\_ **Yes** \_\_\_\_ **No**; if yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
3. Do you own/use any hounds for hunts? \_\_\_\_ **Yes** \_\_\_\_ **No**; how many hounds? \_\_\_\_\_
4. If any shows involve rodeos, please describe type of events: \_\_\_\_\_  
\_\_\_\_\_
5. Describe any other type of events or operations that are not mentioned above: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: COVERAGE IS NOT PROVIDED FOR INJURY TO PARTICIPANTS IN HORSE RACES RODEOS, RODEO-TYPE EVENTS, HUNTS, AND POLO MATCHES/PRACTICES.**

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**Section VIII**

**PONY RIDES/SADDLE ANIMALS FOR HIRE/TRAIL RIDES**

\_\_\_\_\_ **Check If No Exposure**

1. Number of animals used for trail rides or rentals: \_\_\_\_\_  
Gross annual receipts for trail rides \$ \_\_\_\_\_; Gross annual receipts for rentals \$ \_\_\_\_\_
2. Do you conduct packing trips? \_\_\_\_ **Yes** \_\_\_\_ **No**; Do you rent ponies to others? \_\_\_\_ **Yes** \_\_\_\_ **No**  
Do you conduct hay, sleigh, or carriage rides? \_\_\_\_ **Yes** \_\_\_\_ **No**; If yes, yearly gross receipts \$ \_\_\_\_\_  
If yes, please explain to who and the number leased: \_\_\_\_\_
3. Pony Rides/Parties: Number Of Ponies \_\_\_\_\_; Gross annual receipts \$ \_\_\_\_\_  
**Please provide a detailed explanation of your safety program:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Section IX**

**PREVIOUS INFORMATION**

Have you had coverage cancelled or refused in the past 5 years? \_\_\_\_ Yes \_\_\_\_ No

Have you had any losses in the last 5 years? \_\_\_\_ **Yes** \_\_\_\_ **No**

If yes, please supply approximate dates, description of loss, and amount of any medical payments made for you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently insured? \_\_\_\_ **Yes** \_\_\_\_ **No**; If yes, with what company: \_\_\_\_\_  
If no, who was the last Company you had coverage with: \_\_\_\_\_, expiration date: \_\_\_\_\_

**Section X : FARM LIABILITY COVERAGE LIMITS**

**Coverage H: Bodily Injury and Property Damage Liability**

**Coverage I : Personal Injury & Advertising Injury Liability**

**REQUESTED LIMITS OF LIABILITY: Please Check One Limit Only That You Are Applying For:**

\_\_\_ \$300,000 each occurrence/\$600,000 aggregate

\_\_\_ \$500,000 each occurrence/\$1,000,000 aggregate

\_\_\_ \$1,000,000 each occurrence/\$2,000,000 aggregate

(The Aggregate Limit Is The Maximum Paid Out Per Policy Period)

If you wish to decline all of Coverage I or Advertising Injury Liability Coverage, check the appropriate space below:

\_\_\_ I decline Coverage I : Personal Injury & Advertising Injury Liability

\_\_\_ I decline Advertising Injury Liability Coverage

Liability Limits include \$5,000 Medical Payments Coverage and \$100,000 Fire Legal Liability Coverage. Higher Limits for Medical Payment Coverage Are Available Upon Request. No Coverage will be provided for Horse Races. All Applications Must Be Signed And Dated.

**Section XI**

**TACK COVERAGE (Equestrian Equipment Only) - \$5,000 coverage with higher limits available.**

List Schedule of Tack

Item	# of Items	Item Price	Total Value
Saddles			
Bits, Bridles, Reins			
Blankets, Hoods			
Sheets, Coolers			
Grooming Equipment			
Buggies			

List Any Other Tack Items Below

Item	# of Items	Item Price	Total Value

**PLEASE ANSWER THE FOLLOWING – FIRE PROTECTION CREDIT TO YOUR PREMIUM CHARGE MAY APPLY:**

How many miles is it to the nearest Fire Department in relation to where the above Tack is primarily stored? \_\_\_\_\_

How many feet to nearest hydrant/water pump in relation to where the above Tack is primarily stored? \_\_\_\_\_

Agent's Use Only

I \_\_\_\_\_ have \_\_\_\_\_ have not inspected the premises. I found the horsemanship to be \_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor.

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and date the application on the following page after reading the Fraud Notices.**

**FRAUD NOTICES AND APPLICANT'S SIGNATURE**

**STANDARD:** 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**NOTICE TO ARKANSAS APPLICANTS:** 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 fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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.

**NOTICE TO FLORIDA APPLICANTS:** 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 of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 subject the person to criminal and civil penalties.

**I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.**

Date	Signature of Applicant
Date	Signature of Applicant