

NAME OF APPLICANT _____

COUNTRYWAY INSURANCE COMPANY
COMMERCIAL HORSE FARM
SUPPLEMENTAL APPLICATION

 **COUNTRYWAY**[®]
INSURANCE COMPANY
PO Box 4851
Syracuse, NY 13221

BAILEE COVERAGE LEGAL LIABILITY

Answers to questions in this section should be based on
Non-owned animals only.

Limits. The first limit shown is for each animal, and the second is the maximum we will pay for each occurrence or in a single policy period (check one).

_____ \$5,000/\$25,000 _____ \$5,000/\$50,000 _____ \$10,000/\$50,000

_____ \$10,000/\$100,000 _____ \$15,000/\$150,000

_____ \$25,000/\$250,000 _____ \$50,000/\$250,000

Minimum # of animals in your care _____ Maximum # of animals in your care _____
Minimum value of any one animal \$ _____ Maximum value \$ _____
Average value of animals in your care \$ _____

Previous Losses

Have any non-owned animals died in the last three years while in your custody? _____
If yes, how many _____ and what were the causes? _____

Transporting (answer the questions in this section only if you transport non-owned animals)

How many miles in a twelve-month period do you transport animals (estimate)? _____
What is the maximum distance you travel? _____ Do you go out of state? _____
Do you transport animals that are not regularly boarded at your farm? _____ If so, do
you charge a fee? _____
Is each truck or van equipped with a fire extinguisher? _____
How many people usually go on each trip? _____

General Underwriting

Do you have any of the following on your farm:
Hotwalker _____ Treadmill _____ Pool, pond or lake for therapy or rehabilitation _____
Do you verify that new boarders are current on worming and vaccinations? _____
How often does your regular veterinarian visit the farm? _____

TACK AND EQUIPMENT SCHEDULED COVERAGE

The following classes of property may be covered under this form:

CLASS OF PROPERTY	TOTAL COVERAGE AMOUNT
1. Saddles	\$
2. Halters, harness, bits, bridles and reins	\$
3. Coolers, blankets, and stable banners	\$
4. Tack trucks (excluding contents, unless specifically insured)	\$
5. Bikes, carts, and wagons	\$
6. Portable equipment	\$
7. Miscellaneous related items	\$

TACK AND EQUIPMENT BLANKET COVERAGE

Total value of all items to be insured: \$

Both tack and equipment coverages require that Page 2 of this application be completed.

TACK AND EQUIPMENT SCHEDULED/BLANKET INVENTORY

(Use Supplemental Schedules when necessary)

Item	Manufacturer	Style	Age	Value
Saddle				
Saddle				
Saddle				
Bike				
Buggy				
Cart				
Wagon				
Sled				

	QTY	TOTAL VALUE		QTY	TOTAL VALUE
TACK			GROOMING EQUIPMENT		
Bridles			Electric Clippers		
Bits			Manual Clippers or Scissors		
Reins			Electric Groomer		
Bosals			Brushes & Curry Combs		
Breast Plates			Hoof Picks, Nippers, Etc		
Harnesses			TOTAL VALUE		
Halters			GROOMING EQUIPMENT		
Martingales					
Bitting Rigs			STABLE EQUIPMENT		
Blankets, Coolers & Hoods			Leg Wraps		
Saddle Blankets			Splint & Skid Boots		
Lunging Equipment			Bandages		
Whip, Whip Box			Thermometers		
Sweat Collars			Feed Tubs, Bins		
Hobbles, Boots			Buckets		
Twitches			Hay Nets		
Rope & Cross Ties			Wheel Barrows		
Lead Shanks			Pitch Forks & Shovels		
Tail Sets			Brooms and Rakes		
Other			Tack Trunks		
			Tack Room (Portable)		
			Tack Room Accessories		
			Stable Banners		
			Tools & Tool Boxes		
			Hoses		
			Water Tanks		
			Automatic Waterers		
			Insect Control Equipment		
			Fire Extinguishers, Etc		
			Lounge or Apt. Furniture		
			Other		
TOTAL VALUE TACK		\$	TOTAL VALUE STABLE EQUIPMENT		\$
SPECIAL EQUIPMENT					
Jumping Equipment					
Gaming Equipment					
Trail Equipment					
Fans					
Other					
TOTAL VALUE SPECIAL EQUIPMENT		\$			
TOTAL SCHEDULED ITEMS		\$			
TOTAL BLANKET ITEMS		\$			
GRAND TOTAL		\$			

HORSE FARM UNDERWRITING QUESTIONNAIRE

I. GENERAL UNDERWRITING

DESCRIPTION OF OPERATIONS	
NUMBER OF YEARS EXPERIENCE IN THIS TYPE OF OPERATION	NUMBER OF YEARS AT THIS LOCATION
IF THIS IS A NEW OPERATION, PLEASE PROVIDE BRIEF HISTORY OF PAST EXPERIENCE	

II. SUMMARY OF HORSES AT PEAK SEASON

ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE.	
TOTAL OWNED: _____	TOTAL LEASED: _____
NUMBER USED FOR INSTRUCTION _____ PLEASURE _____ SHOW _____ BREEDING STALLIONS _____ BROOD MARES _____ YEARLINGS, WEANLINGS AND SUCKLINGS _____ SHOW TRAINING _____ RACE TRAINING _____ RENTAL _____ OTHER (Describe) _____	
ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE.	
TOTAL NON-OWNED: _____	
NUMBER USED FOR INSTRUCTION _____ PLEASURE _____ SHOW _____ BREEDING STALLIONS _____ BROOD MARES _____ YEARLINGS, WEANLINGS AND SUCKLINGS _____ SHOW TRAINING _____ RACE TRAINING _____ LAY-UPS _____ OTHER (Describe) _____	
BREEDS	

III. NON-OWNED – BOARDED – TRAINING – BREEDING – RACING

<input type="checkbox"/> CHECK IF NO EXPOSURES AND INITIAL _____				
MAXIMUM NUMBER BOARDED (NON-OWNED)	TOTAL NUMBER STALLS	PASTURED	AVERAGE LENGTH OF STAY	GROSS RECEIPTS \$
DO YOU OBTAIN RELEASES FROM BOARDERS RELIEVING YOU OF CLAIMS FOR BODILY INJURY AND PROPERTY DAMAGE		WHAT IS YOUR MONTHLY RATE FOR BOARDING?		
<input type="checkbox"/> YES (Attach Sample) <input type="checkbox"/> NO				
SHOW TRAINING				
MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING ON PREMISES?	GROSS RECEIPTS FOR NON-OWNED TRAINING \$	DO YOU ATTEND OFF PREMISES SHOWS WITH HORSES IN TRAINING?	HOW MANY?	DOES OWNER ATTEND?
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
BREEDING				
NUMBER OF NON-OWNED				
STALLIONS _____ BROOD MARES _____ SUCKLINGS/WEANLINGS _____ YEARLINGS _____				
RACE TRAINING				
HOW MANY DO YOU TRAIN FOR OTHERS		WHAT BREEDS?		
TRAINING TRACK ON PREMISES?		IF YES, IS THERE AN OBSERVATION TOWER?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		

IV. EQUESTRIAN SCHOOLS – RIDING INSTRUCTION - CLINICS

<input type="checkbox"/> CHECK IF NO EXPOSURES AND INITIAL _____			
MAXIMUM NUMBER OF OWNED HORSES AVAILABLE FOR INSTRUCTION AT PEAK. DO NOT INCLUDE STUDENTS ON THEIR OWN HORSES		HOW MANY ARE USED FULL TIME? _____ PART TIME? _____	
# OF LESSONS _____ PER WK/MO/YR (CIRCLE ONE)	STALLIONS USED FOR INSTRUCTION	RETIRED RACEHORSES USED FOR INSTRUCTION?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____	
OF TOTAL LESSONS WHAT % ARE ½ HOUR LESSONS? _____ 1 HOUR LESSONS? _____	IF YES, HOW MANY? _____		IF YES, HOW SOON AFTER RETIREMENT?
DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES?	IF YES, HOW MANY STUDENTS PER YEAR?		DO YOU HAVE RIDING INSTRUCTION FOR THE HANDICAPPED?
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
GROSS RECEIPTS FOR INSTRUCTIONS TO STUDENTS ON THEIR OWN HORSES: \$		TOTAL AREA AVAILABLE FOR RIDING INSTRUCTION	
		INDOORS _____ SQ. FT. OUTDOORS _____ SQ. FT.	
INSTRUCTORS NAMES	CERTIFICATION/TRAINING	EMPLOYEE – E INDEPENDENT – I	NO YEARS EXPERIENCE
A		E or I	
B		E or IB	
C		E or IC	

IV. EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS (Cont'd)

HOW MANY HORSES PROVIDED BY INDEPENDENTS FOR LESSONS?	# OF LESSONS _____ PER WK/MO/YR (CIRCLE ONE)	OF TOTAL LESSONS, WHAT % ARE: 1/2 HOUR LESSONS? _____ 1 HOUR LESSONS? _____	
DO YOU TEACH: <input type="checkbox"/> ENGLISH <input type="checkbox"/> WESTERN <input type="checkbox"/> JUMPING <input type="checkbox"/> DRESSAGE <input type="checkbox"/> VAULTING <input type="checkbox"/> POLO <input type="checkbox"/> RODEO <input type="checkbox"/> GAITED <input type="checkbox"/> CUTTING <input type="checkbox"/> REINING <input type="checkbox"/> BARRELS <input type="checkbox"/> OTHER _____			
DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY TIMES PER YEAR?	INJURY TO STUDENTS OR HORSES BEING TRANSPORTED IS NOT COVERED.	
DO YOU HOLD CLINICS OR CAMPS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY? LENGTH OF EACH?	AVERAGE ATTENDANCE	RECEIPTS FROM CLINICS OR CAMPS \$
DESCRIBE ALL OTHER ACTIVITIES OFFERED AT THESE CLINICS OR CAMPS OTHER THAN RIDING INSTRUCTION			
IS A RELEASE SIGNED BY ALL STUDENTS, OR IF A MINOR BY THEIR PARENT OR GUARDIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT TYPE OF SAFETY GEAR IS REQUIRED?	
If we are not naming the Independent instructors/trainers operating on your premises we will require a certificate of insurance issued for coverage with limits equal to those carried by you. We will also require that they name you as an additional insured under their policy and provide a copy of this endorsement.			

V. SALES: HORSES, FOOD, CLOTHING, TACK, FEED, HORSESHOEING

<input type="checkbox"/> CHECK IF NO EXPOSURES AND INITIAL _____			
DO YOU SELL HORSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT USES & BREEDS?	HOW MANY PER YEAR?	GROSS RECEIPTS FROM HORSE SALES \$
DO YOU SELL FROM YOUR OWN PREMISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUYER ALLOWED TO TEST RIDE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES <input type="checkbox"/> IN OPEN FIELD <input type="checkbox"/> IN ARENA	DO YOU SELL OFF PREMISES AT SHOWS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU SELL FOOD OR HAVE A SNACK BAR? (LIQUOR LIABILITY NOT COVERED) <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION USED	SQ. FT.	GROSS RECEIPTS \$
DO YOU SELL TACK AND/OR CLOTHING? <input type="checkbox"/> YES <input type="checkbox"/> NO	AREA USED	SQ. FT.	GROSS RECEIPTS \$
DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS <input type="checkbox"/> YES <input type="checkbox"/> NO	GROSS RECEIPTS FROM REPAIRS	DO YOU SELL HAY OR FEED? <input type="checkbox"/> YES <input type="checkbox"/> NO	GROSS RECEIPTS FROM HAY OR FEED SALES \$
DO YOU PREPARE OR MIX FEED FOR SALE OR CONSUMPTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU DO ANY HORSESHOEING? (INJURY TO HORSE NOT COVERED) <input type="checkbox"/> YES <input type="checkbox"/> NO		GROSS RECEIPTS \$
NOTE: Products liability for any and all activities involving sale of horses or other livestock, repair of tack, and sale of feed if mixed or prepared by the insured is excluded.			

VI. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES

<input type="checkbox"/> CHECK IF NO EXPOSURES AND INITIAL _____							
TOTAL NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES				GROSS RECEIPTS RENTAL \$ _____ TRAIL RIDES \$ _____			
DO YOU CONDUCT PACK TRIPS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT TYPES OF ANIMALS ARE USED?				DO YOU RENT OR LEASE ANIMALS TO CAMPS/RESORTS OR INDIVIDUALS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU GIVE PONY RIDES AND/OR HOLD PONY PARTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> ON PREMISES <input type="checkbox"/> OFF PREMISES <input type="checkbox"/> BOTH <input type="checkbox"/> RECEIPTS \$ _____							
RIDES							
TYPE OF RIDES	NUMBER OF PASSENGERS	GROSS RECEIPTS	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF MOTOR VEHICLES	NUMBER OF TRIPS	ON or OFF PREMISES?
<input type="checkbox"/> HAY <input type="checkbox"/> SLEIGH <input type="checkbox"/> CARRIAGE		\$ \$ r					
SHOWS – ON PREMISES							
DO YOU MANAGE ANY HORSE SHOWS WHICH ARE OPEN TO NON-STUDENTS OR BOARDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO				ARE THESE EVENTS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOCIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SHOW DATES		NUMBER OF PARTICIPANTS		NUMBER OF SPECTATORS		RECEIPTS (ALL SHOWN)	
1. 3.	1. 3.	1. 3.	2. 4.				
2. 4.	2. 4.	2. 4.					
DO YOU SECURE RELEASES FROM ALL ENTRANTS? (IF YES, ATTACH SAMPLE) <input type="checkbox"/> YES <input type="checkbox"/> NO							
DESCRIBE SAFETY MEASURES AND SECURITY							
DO YOU HAVE BLEACHERS OR GRANDSTANDS? <input type="checkbox"/> YES <input type="checkbox"/> NO		CONSTRUCTION	YEAR BUILT	SEATING CAPACITY No _____			
DO YOU CONDUCT ANY HUNTS OR RACING EVENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT TYPE?							

IMPORTANT NOTICE – FAIR CREDIT REPORTING ACT

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS, MAY, IN CERTAIN CIRCUMSTANCES, BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

FRAUD WARNING STATEMENT

“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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, WHICH CAN INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. (IN NEW YORK STATE THE FRAUDULENT ACT IS SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH VIOLATION.)

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FORGOING STATEMENTS ON THE APPLICATION ARE TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

DATE

PERSONAL SIGNATURE OF APPLICANT

AGENT SIGNATURE

NO.

BINDER PROVISION

IN RELIANCE UPON THE STATEMENTS MADE IN THIS APPLICATION AND SUBJECT TO THE CONDITIONS OF THE SAME, THE COMPANY HEREBY BINDS THE INSURANCE APPLIED FOR TO BECOME EFFECTIVE _____ (AM) (PM) MONTH _____ DAY _____ 20_____.

AGENT'S SIGNATURE _____

NON-BINDER PROVISION

I UNDERSTAND THAT NO INSURANCE IS BOUND HEREUNDER AND AGREE THAT NO INSURANCE SHALL BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY THE COMPANY.

DATE _____ APPLICANT'S SIGNATURE _____