



EQUINE QUESTIONNAIRE

APPLICANT'S INFORMATION

1. Applicant Name:
2. Location Address:
City: State: Zip:
3. Website: www.
4. Phone: Email:
5. New or Renewal Policy with PHLI:
6. Prior insurance carrier (please make sure hard copy company loss runs are also submitted):
7. Has the Applicant been continuously insured for three or more years? Yes No
8. Has the Applicant been cancelled or non-renewed in the last five years? (N/A for Missouri) Yes No
If yes, please explain:

SECTION I - OPERATIONS

1. Operations conducted: (if more than one category applies, check each category and list years of experience)

Equine Operations

Breeding:	Yrs.	Sales:	Yrs.	Lessons:	Yrs.
Boarding:	Yrs.	Training:	Yrs.	Pleasure (Personal Use):	Yrs.
Other (please provide detail):	Yrs.				

* **Exhibition and Competition exposures are a referral to underwriter for consideration**

****Horses used in the following activities are ineligible for coverage under this policy:**

Rodeos with rough stock, Racing, Trail Riding, Parades, Back Packing, Hunting, Hay/ Carriage Rides, Show Jumping, Pony Rides, Pony Parties, Dude Ranches, Polo Matches or Training, Rental Horses, Therapeutic Riding/ Programs including any training on the ground for Equine Assisted Therapy (examples PTSD, grief, etc.) Team Building or Grooming Therapy.

SECTION II - GENERAL INFORMATION

(This section should be completed for all equine operations)

1. Total number of equine on premises: Owned: Non-Owned:
- Working ranches with ≤ 50 horses may be considered.**
2. Identify the equine breeds on premises:
 - a. Ponies (Shetland, Welsh, Connemara, etc.):
 - b. Light Horses (Quarter Horse, Arabian, Thoroughbred, Morgan, etc.):
 - c. Draft Horses (Belgian, Shire, Percheron, etc.):
 - d. Other (Miniatures, Donkey, Mule, Exotics, etc.):

3. Check all applicable uses/ exposures for Applicant's equine:
- | | | |
|-------------------------|------------------|------------------------------|
| On Applicant's Premises | On Public Roads | For Hayrides/ Carriage Rides |
| In Arenas | For 4-H or FFA | For Backpacking or Hunting |
| In Rodeos | For Trail Riding | For Show Jumping |
| In Parades | For Racing | Other: (describe) |
4. Premises Information:
- a. Fencing:
- i. Type: _____ Age (yrs.): _____ Condition: _____
- ii. Is barbed wire used for horse enclosure(s)? Yes No
- b. Is there an arena on premises? Yes No
- c. Is there a therapeutic pool on premises?
If yes, is it professionally installed? Yes No
- d. Is hay stored in same barns as the non-owned equine? Yes No
- e. Are stallions separated from mares? Yes No
- f. Are any of the following used? (**Check all that apply**)
- | | | | |
|------------|----------------------|-----------|------|
| Hot Walker | Equine Swimming Pool | Treadmill | None |
|------------|----------------------|-----------|------|
- g. Safety in place: **Attach copy of all applicable.**
- | | | |
|-----------------|--------------|--------|
| Waiver/ Release | Safety Rules | Other: |
|-----------------|--------------|--------|
- h. Are all minors supervised by the Applicant or the Applicant's employees? Yes No
- i. Is the public allowed on the premises? Yes No
If yes, please explain:
- j. Are the following rules posted for members of the public? (**Check all that apply**)
- No one may mount inside of stable areas
 - Riding is permitted only in designated areas
 - There will be no riding during thunderstorms, snow/ ice, etc.
 - No riding on roads
 - No trail riding alone
 - No smoking in barns and stables
 - Do not feed horses
 - Equine Law Posted (if applicable)
- k. Do stables have at least 2 exits, one at each end? Yes No
- l. Do all stalls have horse-proof latches? Yes No
- m. Is all equipment maintained in good repair? Yes No
- n. Is feed stored in a separate area with horse-proof latches or in horse-proof containers? Yes No
- o. Do all horses have a health certificate issued by a licensed veterinarian? Yes No
- p. Are all boarded horses marked with permanent identification? Yes No
5. Identify any services provided for non-owned equine (exercise, grooming, etc.):
6. Does the Applicant have dogs? Yes No
If yes, number and breed:
7. Any recreational vehicles, such as ATV's or golf carts on the premises? Yes No
- a. If yes, number and type:
- b. Who is allowed to use?
- c. Used off premises at shows or events? Yes No
- i. Are they renting one on site? Yes No
- ii. Any youthful drivers? Yes No

- | | | |
|--|-----|----|
| 8. Is there a 24-Hour supervision of the facility?
If yes, please describe: | Yes | No |
| 9. Does the Applicant have Workers' Compensation Insurance?
Note: Workers' Compensation is not covered under this policy. | Yes | No |
| 10. Payroll for the Horse Operations: \$ | | |
| 11. Is alcohol consumption allowed on the premises?
If yes, please explain: | Yes | No |
| 12. Does the Applicant require all individuals under the age of 18 to wear approved safety helmets at all time while riding on the Applicant's premises?
If no, please explain: | Yes | No |
| 13. Does the Applicant sell any tack or clothing?
a. If yes, please explain: | Yes | No |
| b. What are the annual receipts: \$ | | |
| 14. Does the Applicant repair any tack or riding equipment? | Yes | No |
| 15. How does the Applicant dispose of the animal waste: | | |
| 16. Is there hunting or fishing permitted on the property? | Yes | No |
| 17. Does the Applicant operate a Bed and Breakfast or other overnight accommodation or food services?
If yes, please describe: | Yes | No |

SECTION III - CERTIFICATES OF INSURANCE REQUESTED
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Owner of Premises:

Name:

Location #:

Mailing Address:

City:

State:

Zip:

Certificate Holder Only

Additional Insured, Subject to Company Approval

Other (Explain Insurable Interest, if any):

Name:

Mailing Address:

City:

State:

Zip:

SECTION IV- BOARDING OPERATIONS**N/A****(Attach a copy of Boarding Agreements)**

1. Number of equine boarded on premises (with or without fees):
 - a. Are the horse's self-care? (Self-care is you pay a fee to have your horse at the facility, but you provide feed and you feed and water your own horse.) If yes, please describe: Yes No

2. Is Hotel boarding offered (short-term)? Yes No
 If yes: How often: Length of stay:
3. Gross annual receipts: \$
4. Number of stalls available: Stall Size: Length: Width:
5. Boarding Agreement:
 - a. Is the Applicant relieved from responsibility in case of disease, illness, injury or death to the horse and/ or its owner? Yes No
 - b. Does the owner of the horse assume responsibility for any damage caused to the Applicant's property by the horse? Yes No
 - c. Does the Applicant have permission to contact the horse's veterinarian when the Applicant deems necessary? Yes No
 - d. Does the Applicant have permission to take action in emergency situations? Yes No
 - e. Does the boarding agreement include a hold harmless agreement? Yes No
 - f. Does the Boarder (boarded horse) have a mortality policy? Yes No
 If yes, what is the value: \$

SECTION V - RIDING INSTRUCTIONS AND ACADEMIES**N/A**

1. School Horses Receipts: \$ Number of Schools Horses used at one time:
2. Student Horses Receipts: \$
3. Off-Premises Show Receipts: \$
4. Day Camps Receipts: \$
5. Is instruction provided by the Applicant or an independent instructor? Yes No
6. Is the Applicant a certified instructor? Yes No
7. Describe the type of safety gear required:

8. Does the Applicant provide therapeutic services? Yes No
9. Does the Applicant teach:

English	Jumping	Saddle Seat	Western
Dressage	Other:		

SECTION VI - TRAINING AND BOARDING**N/A**

1. Number of Horses:

SECTION VII - TRAINING

1. Pleasure/ Show Horse Training, per horse: \$
 - a. Number of outside horses haul-ins:
2. Does the Applicant allow outside horses in for riding time without lessons or training? Yes No

SECTION VIII - LIVESTOCK SALES**N/A**

1. Number of Livestock:
2. Receipts for sales: \$

SECTION IX - INDEPENDENT INSTRUCTORS

N/A

1. Number of instructors/ trainers:
2. Do independent instructors/ trainers operate on the Applicant's premises? Yes No
Do they operate under the Applicant's name? Yes No
3. Do they carry their own insurance? Yes No
If yes, we require a copy of a Certificate of Insurance for each insured.

If not, answer questions 4 - 7. They will be added as an additional insured for an additional charge if eligible.

4. How many horses are provided for lessons by independent instructors on the Applicant's premises? Yes No
5. Gross receipts for instruction to students on their own horses: \$
6. How many of the Applicant's boarded horses are being trained by independent trainers?
7. Names, ages and experience of independent instructors (provide copy of their hold harmless agreement):

SECTION X - CARE, CUSTODY AND CONTROL

N/A

1. Number of Horses: Breed: Use:
2. Per Horse Limit/ Aggregate Limit: \$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
3. Number of Stalls:
Stable/ Barn #1: Stable/ Barn #2: Stable/ Barn #3: Stable/ Barn #4:
4. Is any stable over 25 years old? Yes No
If yes, when was the last time electrical wiring was checked and certified suitable for current usage?
5. Do the buildings have properly marked and charged fire extinguishers? Yes No
6. Minimum # of Non-Owned Horses in Applicant's Care:
Minimum Value of Non-Owned Horses: \$
7. Average # of Non-Owned Horses in Applicant's Care:
Maximum Value of Non-Owned Horses: \$
8. Maximum # of Non-Owned Horses in Applicant's Care:
Maximum Value of Non-Owned Horses: \$
9. Does the Applicant transport horses for others? Yes No
If yes, please answer questions a - g.
 - a. Maximum number of trips per year:
 - b. Maximum number of non-owned horses per trip:
 - c. Radius of normal operations: miles
 - d. Number of trips and destinations exceeding 175 mile radius:
Trips: Destinations:
 - e. How often are trailer or van boards checked?
 - f. How many people go on each trip?
 - g. Are working fire extinguishers carried on the van or truck?

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: 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.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA 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.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

APPLICABLE IN MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: 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.

APPLICABLE IN OHIO: 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.

APPLICABLE IN OKLAHOMA: 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.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: 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 NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)