



Equine Professional Services Liability Supplemental Application

Name of Applicant _____

A. Equine Professional Services Liability *(This coverage excludes the Sale of Equine)*

1. Please select the Limit of Insurance desired:
 \$100,000 \$250,000 \$500,000 \$1,000,000

Limit should match Farm Liability Occurrence Limit.

2. Please select all of the Equine Professional Services performed by the Applicant by indicating the total number (#) of people performing each of the selected services:

#	Service	#	Service	#	Service
	Judge		Show Official		Show Manager
	Steward		Technical Delegate		Course Designer
	Groom		Professional Rider/Driver		Riding Instructor
	Horse Trainer		Clinician		Keynote Speaker
	Equine Coach		Other <i>(Describe)</i> _____		

3. What are the Applicant's Gross Annual Receipts from last year for all the equine services listed above? \$ _____

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 4. Is Applicant a member of any professional associations <i>(TOBA, CBA, other)</i> ?
Please explain: | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| 5. Do any Additional Insureds need to be added as a result of this coverage endorsement?
If yes , list the additional insured information including the interest/reasoning for doing so: | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

- | | | |
|---|--------------------------|--------------------------|
| 6. In the past five years has the Applicant or any of the Applicant's past or present officers, principals, partners, directors, or employees ever been the subject of any investigation and/or disciplinary action by any government regulatory agency, certifying body, or other government entity? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | | |
|--|--------------------------|--------------------------|
| 7. Have any of the Applicant's past or present directors, officers, principals, owners, partners, sales persons, or employees ever been investigated and/or convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

- | | | |
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| 8. Is the Applicant aware of any fact, circumstance, situation, error or omission that can reasonably be expected to result in a claim against the Applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | | |
|---|--------------------------|--------------------------|
| 9. Have any claims, suits or proceedings been brought during the past five years against the Applicant or its predecessors in business, affiliates; past or present directors, officers, principals, owners, partners, sales persons, or employees? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

If a yes answer has been given to any of the questions in this section, please provide complete details which should include but not be limited to the following:

- | | |
|--|--|
| ** A full description including damages alleged | ** Loss runs and current claims status |
| ** Date insurance carrier was put on notice | ** Steps implemented to prevent similar claims |
| ** Reserves, paid expenses, settlements or judgments | |

Stop here and sign application unless requesting a quotation for the optional Sale of Equine Coverage.

B. Sale of Equine *(This is an optional coverage under the Equine Professional Services Liability coverage)* **Yes** **No**

1. Are you requesting professional liability coverage for the Sale of Equine – the leasing, selling or purchasing of horses?
If yes, then please select the Limit of Insurance desired, complete the Table below, and answer all of the following questions:
 \$100,000 \$250,000 Other \$ _____

Type of Transaction <i>(lease/sale/purchase)</i>	Estimated Annual Number of these Transactions	*Estimated Annual Gross Equine Sales <i>(for these transactions)</i>
Race Horses involved in racing or breeding		\$ _____
All Other Equine Sale Transactions		\$ _____

*Based upon the total sales price of the horses and not simply the receipts or commissions payable to the Applicant.

Please provide an answer for the following only if requesting the optional Sale of Equine Coverage:

2. Is Applicant's buyer allowed to "test" ride?
If yes, are waivers signed for test rides?

3. Does Applicant sell horses for others *(agent/broker)*?
If yes, does Applicant represent both the buyer and the seller in the same transaction?

4. Does Applicant use a written contract or agreement in the sales process.
If yes, does this agreement contain a hold harmless agreement or waiver in favor of the applicant?
(Please attach a copies of all agreements used in the sales process).

5. Do any Additional Insureds need to be added as a result of the optional sale of equine coverage?
If yes, list the Additional Insured information including the interest/reasoning for doing so:

6. Does Applicant utilize Independent Contractors in the sales process?
If yes, is Applicant listed as an Additional Insured on the Independent Contractor's policy?
If no to second question, explain:

7. In the past five years:

a. Have any of the Applicant's clients made allegations or complained about the performance, non-performance, or timeliness of the Applicant's services?

b. Have any of the Applicant's clients refused to pay, stopped paying, or requested a refund due to alleged problems with the Applicant's services?

c. Has the Applicant sued any of its clients for nonpayment?

Please forward a copy of the applicants' sales agreement used in equine sales.

Signature Information

The undersigned Authorized Representative of the Applicant declares that, to the best of his/her knowledge and belief, the statements set forth in this supplemental application and its attachments and other materials submitted to the Company are true and complete and may be relied upon.

Signature of Applicant's Authorized Representative _____

Name *(Printed)* _____

Title _____ Date _____