



## Equine Supplemental Questionnaire

1. Are you a member in good standing of an equine association?  Yes  No  
If yes, indicate the name of the equine association. \_\_\_\_\_.
2. What is the primary equine activity of your operation (training, boarding, breeding etc)?  
\_\_\_\_\_. How long have you been in business? \_\_\_\_\_.
3. If the general public is allowed any riding activity on any location, what does this consist of?  
\_\_\_\_\_.
4. The insured must obtain a signed Indemnity and Hold Harmless Agreement from any and all individuals who board, breed, ride, receive lessons or participate in shows, etc on premises. These signed agreements must be kept on file with your business records.  
Do you use any Hold Harmless agreements?  Yes  No  
If yes, who signs these and are these kept on file? \_\_\_\_\_.  
Please include a blank copy of this agreement with the application.
5. Do you have notices posted on all premises relative to the equine operation?  Yes  No  
If yes, are these notices sufficient to enforce all equine hold harmless laws in the state (if any)? \_\_\_\_\_.
6. How many horses are on your premises? \_\_\_\_\_. Type of horses: \_\_\_\_\_.  
Total number owned: \_\_\_\_\_. Total number owned by others: \_\_\_\_\_.
7. Do you board horses?  Yes  No  
No. of stalls: \_\_\_\_\_. Maximum No. of horses boarded: \_\_\_\_\_.
8. Are wagon rides or sleighs rides given to others for a fee?  Yes  No  
If Yes, please explain: \_\_\_\_\_.  
Please provide the annual gross receipts: \_\_\_\_\_.
9. Do you breed horses belonging to others?  Yes  No  
Approximate number of non-owned mares bred each year? \_\_\_\_\_.  
Gross receipts of equine sales? \_\_\_\_\_.
10. Are horses trained on your premises?  Yes  No  
Number owned: \_\_\_\_\_. Number owned by others: \_\_\_\_\_.  
What is your annual payroll? \_\_\_\_\_.  
Do you personally train?  Yes  No  
Do others train horses at your facility?  Yes  No  
If so, number of trainers? \_\_\_\_\_.  
Does the independent trainer(s) carry professional liability insurance?  Yes  No  
Do you require a certificate of insurance from the independent trainer?  Yes  No
11. Are students instructed at your facility?  Yes  No  
How many students are given instructions annually? \_\_\_\_\_.  
Are students instructed on their own horses?  Yes  No  
What type of lessons are given by you or others? \_\_\_\_\_.  
Do you personally instruct?  Yes  No  
Do others instruct students at your facility?  Yes  No  
If so, number of independent instructors? \_\_\_\_\_.



Does the independent instructor(s) carry professional liability insurance?  Yes  No  
Do you require a certificate of insurance from the trainer?  Yes  No  
Are helmets and appropriate footwear required during lessons?  Yes  No  
Do you attend off premises shows with your students?  Yes  No  
Are organized riding academies/schools conducted by you on your premises?  Yes  No  
If so, how many held per year and duration (days) of class? \_\_\_\_\_.

12. Are public sales, clinics, shows and other demonstrations conducted on your premises?  Yes  No  
If yes, please explain/describe types of events: \_\_\_\_\_.  
How many per year? \_\_\_\_\_ What is duration? \_\_\_\_\_ Average number of attendees? \_\_\_\_\_.  
Largest number of attendees at any one show? \_\_\_\_\_.  
Are grandstands/bleachers located at or brought onto your premises? \_\_\_\_\_.  
If so, who is responsible for the construction, maintenance and upkeep? \_\_\_\_\_.  
What is the seating capacity of these grandstands or bleachers? \_\_\_\_\_.

13. Do you transport horses for others?  Yes  No  
Do you charge a fee for transporting?  Yes  No  
If so, what are the annual gross receipts? \$ \_\_\_\_\_.  
How many individual trips per year? \_\_\_\_\_.  
How many non-owned horses per year are transported? \_\_\_\_\_.  
What is the average distance traveled? \_\_\_\_\_.

14. Do you sell tack, veterinarian supplies, or related equipment?  Yes  No  
If yes, annual gross receipts? \$ \_\_\_\_\_.  
Do you repair any tack or related horse equipment for a fee?  Yes  No

15. Do you perform any custom grinding/mixing or selling of feed for animals?  Yes  No  
If yes, annual gross receipts? \$ \_\_\_\_\_.

16. The information provided above assists us in properly evaluating your operation.  
Is there any additional activity not mentioned in this questionnaire which would enable us to better understand your operation? If so, please describe: \_\_\_\_\_.

17. Optional Coverages for Professional Services and Professional (E&O) Liability are available if desired. If interested, please explain why coverage is desired and needed: \_\_\_\_\_.

Insured Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Agent Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_



Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**The undersigned being the Named Insured or authorized representative of the above captioned Named Insured represents to CGU/Agri Insurance Company that the Named Insured requires all persons visiting the insured premises for the purpose of boarding horses, receiving riding instruction, or attending a sale or similar event, to sign an INDEMNITY AND HOLD HARMLESS AGREEMENT holding the insured harmless from bodily injuries and property damage resulting from any activities in which such person(s) participates.**

I further agree to:

- Provide, upon request, CGU/Agri with a copy of the INDEMNITY AND HOLD HARMLESS AGREEMENT currently used by the insured;
- Maintain copies of all signed INDEMNITY AND HOLD HARMLESS AGREEMENTS with the business records of the insured;
- Make available, upon request, by CGU/Agri or its agents, copies of any signed INDEMNITY AND HOLD HARMLESS AGREEMENT obtained by the insured;
- Notify CGU/Agri or its agents of any changes to the INDEMNITY AND HOLD HARMLESS AGREEMENT used by the insured.

\_\_\_\_\_  
Insured Name Printed

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date