



ALL INSURANCE UNDERWRITERS

Rev. 5.12.2020

EQUINE SUPPLEMENTAL APPLICATION

Please complete all questions by typing or printing clearly in ink. If you need more space, simply attach additional sheets as needed using your company letterhead.

Applicant Business Name (Include DBAs):

Website URL:

What date was the business established?

How many years under the current ownership?

How many years of prior management experience does the applicant have in this industry (including hiring, firing, and training)?

Does the applicant own more than 50% of another business than the one described? YES NO

How many years of prior, consecutive Workers' Compensation coverage does the applicant have?

How many Employees? Full-time: Part-time:

Does applicant employ any jockeys? YES NO

Does the applicant perform any breeding? YES NO

If YES, how is the procedure handled? Natural Artificial

Do the applicant's employees participate in any riding competitions? YES NO

Are the employees involved with any of the following activities: competitive racing, therapeutic riding services, rodeo operations, risk involving animals other than horses, or similar exposures? YES NO

Are the employees mostly performing the following services: training or grooming? YES NO

Are employees required to perform any auxiliary farming operations? YES NO

Are employees required to wear proper protective equipment (ex. rider helmets, steel toe boots for stable workers, etc.)? YES NO

Do the applicant's employees perform any blacksmithing or farrier duties? YES NO

Are any blacksmithing or farrier duties subcontracted out to others? YES NO

What is the percent of work subcontracted? %

Does the applicant require Workers Compensation Certificates of Insurance? YES NO

Are employees living on premises? YES NO

If YES, how many and what is the remuneration outside of W2 including housing allowance? \$

Are temporary/short term employees used? YES NO If YES, how many?

How are the horses being transported? Truck/Trailer (Owned) Truck/Trailer (Hired)

To the best of my knowledge all the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information the insurance company may send direct notice of cancellation.

Applicant Signature

Printed Name

Date