

Equine Questionnaire

Name of Applicant/Insured	Policy Number	Effective Date
1. How many horses are on your pr	remises?	
What type(s) of horses?		
2. Do you board horses? Yes \square No		
If yes, how many horses are	boarded?	
3. Do you rent/lease horses to the $\underline{}$	public? Yes \square No \square	
If yes, please explain:		
4. Do you breed horses belonging	to others? Yes \square No \square	
If yes, approximately how n	nany mares are bred each yea	r?
5. Are horses of others trained on y	your premises? Yes \square No \square	
6. Are riding lessons given on your	r premises? Yes \square No \square	
7. Do others ride horses on your pr	remises? Yes \square No \square	
8. Are riders required to wear helr	nets? Yes \square No \square	
9. Are riders required to sign "rele	ease from liability" forms? Yes	\square No \square
If yes, who authored the for	m you use?	
10. Have you posted required equi	ne signs on your property? Ye	es 🗆 No 🗆
11. Are there shows, sales or clinic	s held on your premises? Yes	\square No \square
If yes, please explain:		
12. Do you transport horses for oth	ers? Yes \square No \square If yes –	
A. How many trips per year?		
B. What is the average distance	e traveled?	
13. Do you give wagon, carriage, s	leigh or pony rides? Yes \Box No	\Box
If yes, please explain:		
14. Are you involved in horse racir	ng? Yes \square No \square	
If yes, please explain:		
15. Do you participate in, or organ:	ize, rodeos? Yes \square No \square	
16. Have you ever had a liability cl	aim related to your equine op	eration? Yes \square No \square
If yes, please explain:		
Signature of Applicant/Insured	Date	