

# Equine Supplemental Application



Name: \_\_\_\_\_ Website : www.\_\_\_\_\_

Years in Equine business: \_\_\_\_\_ Equine Associations (member): \_\_\_\_\_

Describe your Equine operation: \_\_\_\_\_

## Applicant's Exposure –

- Number of horses you own or lease for your own use? \_\_\_\_\_
- How many are used for :
  - Pleasure riding? \_\_\_\_\_ Showing? \_\_\_\_\_ Instruction? \_\_\_\_\_ Sales prep? \_\_\_\_\_
- Are they all stabled on your premises?  Yes  No If No, where? \_\_\_\_\_
- Do you sell any horses?  Yes  No If Yes, how many? \_\_\_\_\_ Annual Sales? \_\_\_\_\_

## Farm Premises Exposure –

- Do you require all clients to sign a Hold Harmless agreement, are they filed and maintained?  Yes  No **Provide a copy**
- Is there 24 hour supervision of the farm premises?  Yes  No
- Are Emergency Phone Numbers clearly posted?  Yes  No
- Are Safety and Barn Rules clearly posted?  Yes  No **Provide a copy**
- Are “No Smoking” signs clearly posted throughout the farm premises?  Yes  No
- Is alcohol consumption allowed on the premises?  Yes  No If Yes, explain \_\_\_\_\_
- Are the State Equine Liability Warning signs posted throughout the farm premises?  Yes  No
- Do you require all individuals under the age of 18 to wear an approved safety helmet at all times while on your premises?  Yes  No If No, explain \_\_\_\_\_
- Are all fences/gates in good condition?  Yes  No How often are they checked? \_\_\_\_\_
- Any barbed wire allowed for fencing?  Yes  No If Yes, explain \_\_\_\_\_
- Any wire fencing used on the premises?  Yes  No If Yes, explain \_\_\_\_\_
- What type of perimeter fencing is used? \_\_\_\_\_
- Has any animal ever escaped?  Yes  No If Yes, explain \_\_\_\_\_
- Do you have dogs on the premises?  Yes  No If Yes, Breed? \_\_\_\_\_
- Do you allow your clients to bring their dogs?  Yes  No If Yes, on leashes?  Yes  No
- Do you sell any tack or clothing?  Yes  No If Yes, annual receipts? \_\_\_\_\_
- Do you repair any tack or riding equipment?  Yes  No If Yes, explain \_\_\_\_\_
- Do you provide any type of farrier services?  Yes  No If Yes, explain \_\_\_\_\_
- Do you provide, prepare any type of feed for sale to the general public?  Yes  No If Yes, explain \_\_\_\_\_
- How do you dispose of the animal waste? \_\_\_\_\_
- Are all outdoor electrical outlets installed with waterproof / dust proof covers?  Yes  No If No, explain \_\_\_\_\_

## Boarding Operations (Non Owned Horses being stabled) – Not Applicable

- Do you provide riding facilities for your clients?  Yes  No If Yes, explain \_\_\_\_\_
- Do you require all boarders to sign a Hold Harmless agreement?  Yes  No **Provide a copy** If No, explain \_\_\_\_\_
- Do you require Certificates of Health from a licensed veterinarian for each horse being boarded?  Yes  No If No, explain \_\_\_\_\_
- Do you require some type of written identification description, or permanent identification for each horse being boarded?  Yes  No If No, how will you distinguish each animal? \_\_\_\_\_
- Number of stalls on premises used for boarding? \_\_\_\_\_
- Maximum number of horses boarded? \_\_\_\_\_ Maximum number of boarded horses pastured? \_\_\_\_\_
- Do you allow temporary overnight boarding of horses?  Yes  No If Yes, number? \_\_\_\_\_
- Is boarding self board or full care? \_\_\_\_\_
- Annual Receipts for all boarding operations? \_\_\_\_\_
- Annual Payroll for all boarding operations? \_\_\_\_\_

# Equine Supplemental Application

## Horse Training Operations – Not Applicable

- What type of training is performed? \_\_\_\_\_
- Is the Trainer – You?  Employee?  Independent contractor?
- If an independent contractor, do you require a Certificate of Insurance?  Yes  No **Provide a copy**  
The Certificate of Insurance must name you as an Additional Insured.
- Do you require a contractual agreement between you and the owner of horse in training?  Yes  No **Provide a copy**  
If No, explain \_\_\_\_\_
- What is the total annual payroll from the training operations? \_\_\_\_\_
- What are the annual receipts from the training operations? \_\_\_\_\_
- What is the average number of horses trained per year? \_\_\_\_\_

## Breeding Operations - Not Applicable

- Do you manage stallions ?  Yes  No If Yes, how many? \_\_\_\_\_
- How many stallions are owned by you? \_\_\_\_\_
- How many stallions are owned by others? \_\_\_\_\_
- Do you manage or keep broodmares ?  Yes  No
- How many broodmares do you own? \_\_\_\_\_
- How many non-owned broodmares do you allow on your premises at any one time? \_\_\_\_\_
- Do you offer foaling services?  Yes  No If Yes, what are the annual receipts? \_\_\_\_\_
- Do you provide or have a veterinarian on staff?  Yes  No If Yes, provide a copy of a Certificate of Insurance showing the placement of Professional Liability, as we exclude this coverage.
- What are the annual receipts from the breeding operations? \_\_\_\_\_
- What is your annual payroll from the breeding operations? \_\_\_\_\_
- Do you require Certificates of Health from a licensed veterinarian for each horse being bred?  Yes  No  
If No, explain \_\_\_\_\_
- Do you require some type of permanent identification for each horse being bred?  Yes  No

## Horse Shows/Activities “On Your Premises” – Not Applicable

- Do you sponsor any horse shows/activities on your premises?  Yes  No Off premises?  Yes  No
- What are the numbers of spectators per day/show? \_\_\_\_\_ Total per show? \_\_\_\_\_
- What are the numbers of participants per day/show? \_\_\_\_\_ Total per show? \_\_\_\_\_
- What are the total receipts per show/activities? \_\_\_\_\_
- Dates of the shows/activities? \_\_\_\_\_
- Types of shows/activities? \_\_\_\_\_
- Do you obtain Waivers and Hold Harmless agreements from each participant?  Yes  No **Provide a copy**  
If No, explain \_\_\_\_\_
- Are the shows/activity sanctioned?  Yes  No If Yes, by whom? \_\_\_\_\_
- Do you have bleachers or grandstands?  Yes  No
  - If Yes, what is the construction of the bleachers or grandstands? \_\_\_\_\_
  - If Yes, what is the height of the bleachers or grandstands? \_\_\_\_\_
  - If Yes, what is the seating capacity? \_\_\_\_\_
- Do you provide concession during these shows?  Yes  No  
If Yes, explain \_\_\_\_\_
- Do you allow vendors on the premises during the shows/activities?  Yes  No  
If Yes, explain the type of items sold? \_\_\_\_\_  
If Yes, do you obtain Certificates of Insurance from each vendor?  Yes  No
- Do you provide Emergency Medical Care or an EMT during your shows/activities?  Yes  No
- Do you allow RV or camper hookups during the shows/activities?  Yes  No If Yes, # of hookups? \_\_\_\_\_  
What are the annual receipts from this activity? \_\_\_\_\_

# Equine Supplemental Application

## Horse Shows/Activities “On Your Premises” – (continued)

- Do you lease your facility to other to hold shows and events?  Yes  No  
If Yes, explain \_\_\_\_\_  
What are the annual receipts from leasing your facility? \_\_\_\_\_  
Do you obtain a Certificate of Insurance from the person(s) leasing your facility?  Yes  No
- Do you allow any other type of activities on your premises?  Yes  No  
If Yes, explain \_\_\_\_\_

## Horse Activities “Away From Your Premises” – Not Applicable

- Do you attend horse events/activities away from your premises?
  - With your own horses?  Yes  No
    - If Yes, how many horses at a single event? \_\_\_\_\_
    - If Yes, how many events do you attend on an annual basis? \_\_\_\_\_
    - If Yes, what type of events do you attend? \_\_\_\_\_
    - If Yes, do you receive any remuneration/money?  Yes  No If Yes, annual amount \_\_\_\_\_
  - With horses in your Care, Custody or Control?  Yes  No
    - If Yes, how many horses at a single event? \_\_\_\_\_
    - If Yes, how many events do you attend on an annual basis? \_\_\_\_\_
    - If Yes, what type of events do you attend? \_\_\_\_\_
    - If Yes, do you receive any remuneration/money?  Yes  No If Yes, annual amount \_\_\_\_\_
- Do you transport horses to any of these events?  Yes  No If Yes, how many horses? \_\_\_\_\_  
If Yes, describe the vehicle and trailer \_\_\_\_\_  
If Yes, what is the per horse value? \_\_\_\_\_ Total value of all horses being transported? \_\_\_\_\_

## Riding Instructions – Not Applicable

- Do you teach: English?  Western?  Jumping?  Other? (explain) \_\_\_\_\_
- Describe all Riding Instruction Operations - \_\_\_\_\_
- Is the Riding Instructor – You?  Employee?  Independent contractor?
- Describe the years of experience - You? \_\_\_\_\_ Employee? \_\_\_\_\_ Independent contractor? \_\_\_\_\_
- Describe the qualifications \_\_\_\_\_
- Is each instructor certified?  Yes  No If No, explain \_\_\_\_\_
- If an independent contractor, do you require a Certificate of Insurance?  Yes  No **Provide a copy**  
The Certificate of Insurance must name you as an Additional Insured.
- Do you require a Waiver, Hold Harmless and Medical Release agreements between you and each student (and parent if under 18 years)?  Yes  No **Provide a copy**  
If No, explain \_\_\_\_\_
- What is the total annual payroll from the riding instruction operations? \_\_\_\_\_
- What are the annual receipts from the riding instruction operations? \_\_\_\_\_
- What is the average number of students given instruction per week? \_\_\_\_\_
- What is the minimum age of the students'? \_\_\_\_\_
- Do you attend off premises events with your students?  Yes  No
  - If Yes, what are the numbers of events? \_\_\_\_\_
  - If Yes, what are the annual receipts? \_\_\_\_\_
- Student Safety –
  - Do you require all students to wear safety helmets, long pants and boots?  Yes  No If Yes, is all equipment supplied by the student?  Yes  No If No, explain \_\_\_\_\_
  - Do you require all students to wear safety stirrups?  Yes  No
  - Do you require all beginning student to use lunge lines?  Yes  No
  - Do you require all students to use a bridle and bit, instead of halters?  Yes  No
- Do you maintain a log and document all incidents involving injury or accident involving your students?  Yes  No
- Do you provide any night riding instruction?  Yes  No If Yes, is there adequate lighting?  Yes  No

# Equine Supplemental Application

**Clinics –  Not Applicable**

- Do you hold/sponsor clinics for non-students on your premises?  Yes  No Off Premises?  Yes  No  
If Yes, describe \_\_\_\_\_
- Number and Type of Clinics: \_\_\_\_\_
- Number of days per Clinic: \_\_\_\_\_ Average Attendance: \_\_\_\_\_
- Do you rent or lease your premises to others to hold clinics?  Yes  No If Yes, do you require a Certificate of Insurance from each person naming you as an Additional Insured?  Yes  No
- Do you require outside clinicians to provide proof of insurance?  Yes  No
- What are the annual receipts from the clinics? \_\_\_\_\_