



The Equestrian Group

Allen Financial Insurance Group

Date
Producer:

FARRIER INSURANCE APPLICATION

IMPORTANT: This coverage is intended to insure liability arising out of applicant's commercial farrier operations only. ALL OPERATIONS MUST BE DECLARED

NEW BUSINESS – DESIRED EFFECTIVE DATE ___ / ___ / ___

NAME OF APPLICANT	BUSINESS NAME
MAILING ADDRESS / CITY / STATE / COUNTY / ZIP CODE	
TELEPHONE NUMBER ()	PERSON TO CONTACT FOR INSPECTION
FAX NUMBER ()	EMAIL ADDRESS
WEBSITE	FEIN or SSAN
YEAR BUSINESS ESTABLISHED	

TYPE OF OPERATION Check all that apply

If any of the operations listed below are being conducted by the applicant, complete a Commercial Equine Liability application and appropriate supplement(s) located on our website at www.eqgroup.com.

<input type="checkbox"/> Boarding	<input type="checkbox"/> Training	<input type="checkbox"/> Breeding / Sales	<input type="checkbox"/> Hay / Carriage Rides
<input type="checkbox"/> Riding Instruction	<input type="checkbox"/> Rodeo	<input type="checkbox"/> Horse Show	<input type="checkbox"/> Pony Rides
<input type="checkbox"/> Equipment / Product Sales	<input type="checkbox"/> Racing	<input type="checkbox"/> Veterinary Services	<input type="checkbox"/> Other

LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASES PREMISES

Address (including County & Zip Code) _____ Number of Acres _____ Premises _____

1. _____ Own Lease

APPLICANT IS

Individual Partnership LLC / Corporation Owner Operator Tenant

NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION

LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS

\$500,000 CSL/Occ. \$1,000,000 CSL/Occ. \$ _____ CSL/Occ.

\$1,000,000 Agg. \$2,000,000 Agg. Other

COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES: YES Please quote this coverage

\$5,000 / \$25,000 \$10,000 / \$50,000 \$25,000 / \$250,000 \$50,000 / \$250,000 \$100,000 / \$300,000

Care, Custody & Control/Legal Liability provides coverage arising from applicant's negligence resulting in injury to or death of horses applicant does not own in the applicant's care, custody and control as a result of the applicant's negligence as a Farrier. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.

COVERAGE FOR OWNED TRANSPORTABLE FARRIER EQUIPMENT YES Please quote this coverage

\$500 Deductible per claim Limit of Coverage: \$ _____

FARRIER SERVICES INFORMATION

1. Does applicant service animals other than horses? Yes No
 If yes, what type of animals:

a. Number of years of experience as a farrier: _____

Did the applicant attend Farrier school? Yes No

Name of school: _____

Does applicant hold a certification? Yes No

What association? _____

Does applicant hold a farrier license? Yes No

How long? _____

Is applicant a member of: AFA BWFA Other

Average number of horses applicant works on each year:

(Count each horse only once.)

PAYROLL FOR FARRIER OPERATIONS
\$

GROSS RECEIPTS FOR FARRIER OPERATIONS
\$

NUMBER OF FULL TIME EMPLOYEES

NUMBER PART TIME EMPLOYEES

Breed and discipline of horses:

4. Does applicant own horses? Yes No

If yes, how many and use:

Describe applicant's experience with horses

5. How many horses, not owned by applicant, are stabled/pastured at applicant's premises? _____

6. Does applicant operate the business from: Owned Premise Leased Premise Applicants Vehicle

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises: Name

Address

Certificate holder Only Additional Insured

WHO IS RESPONSIBLE FOR FENCE MAINTENANCE & REPAIR

Owner Lessee

RIDING FACILITIES

Arena: Indoor Outdoor

DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES Yes No

IN OTHER OUTBUILDINGS/BARN

Yes No

Do you post safety rules?

Yes No

Are "No Smoking" signs posted?

Yes No

Is the equine law for applicant's state posted?

Yes No

7. Do you maintain dogs on the described premise? Yes No

Are dogs taken with applicant on service calls?

Yes No

Number / Breed _____

HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE Yes No
 IF YES, PROVIDE DETAILS

Are dogs confined while work is being done?

Yes No

8. Are horses shod in an area away from public or other horse traffic?
 Yes No

Describe restraint methods used while shoeing: cross ties live handler other:

Describe other safety procedures applicant has in place

FARRIER APPRENTICES / HELPERS

1. Does applicant employ additional certified or non-certified farriers, apprentices, helpers? Yes No
List **ALL** Farriers / Apprentices / Helpers (Must be at least 18 years old)

2. Name

Employee Independent

Payroll \$

Number of years experience

Farriers School? Yes No

Name

Employee Independent

Payroll \$

Number of years experience

Farriers School? Yes No

Name

Employee Independent

Payroll \$

Number of years experience

Farriers School? Yes No

Does applicant carry workers compensation? Yes No

Date of Birth : _____

Apprentice Helper

Farrier None

Any license/certification: Yes No

Date of Birth :

Apprentice Helper

Farrier None

Any license/certification: Yes No

Date of Birth :

Apprentice Helper

Farrier None

Any license/certification: Yes No

This policy provides no workers compensation coverage

EQUIPMENT / TOOLS / SUPPLIES

. If coverage needed please complete this section.

Total value of all owned transportable farrier equipment (excluding vehicle & trailer): \$ _____

Are all tools and equipment locked in the vehicle and/or trailer when not in use? Yes No

(Locked vehicle warranty applies)

Is there a working alarm system on vehicle? audible and/or disabling?

Is there a working fire extinguisher with current inspection tag in vehicle? Yes No

Is applicant's vehicle and equipment parked in visible sight of applicant's work area? Yes No

If no, where is it parked:

Does applicant have a shop on premises? Yes No If yes, what is the square footage _____

Does applicant sell farrier equipment and products? Yes No (No products liability provided.)

If yes, what kind of equipment and products? _____ What are the annual sales receipts? \$ _____

PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)					
COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES

HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS – IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE
 Yes No

HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS – IF YES, PLEASE EXPLAIN
 Yes No

IF NO PRIOR COVERAGE STATE REASON:

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. No coverage provided for Race Horses and/or Horses in Race Training.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

WARRANTY

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to The Equestrian Group and it's Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).

APPLICANT'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
X	/ /	X	/ /

Submit to:
Allen Financial Insurance Group
 12424 N. 32nd Street Suite 101
 Phoenix, AZ 85032

602.992.1570 FAX 602.992.8327
www.EQGroup.com ballen@eqgroup.com