



## Stable Liability Supplemental Application

All questions must be answered in full. Missing or incomplete information may disqualify the submission.

Application must be signed and dated by the applicant.

Applicant Name \_\_\_\_\_ Agent \_\_\_\_\_  
 \_\_\_\_\_  
 Applicant Mailing Address \_\_\_\_\_ Applicant Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Web Address \_\_\_\_\_  
 \_\_\_\_\_ Inspection Contact \_\_\_\_\_  
 Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_  
 Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

### GENERAL INFORMATION:

1. Number of Stalls? .....
  2. Number of pasture boarded horses? .....
  3. Total number of acres? ..... Fenced \_\_\_\_\_ Open Range \_\_\_\_\_
  4. How often are fences inspected? .....
  5. Total number of employees? .....
  6. Total Payroll \_\_\_\_\_ Total Gross Receipts - Boarding \_\_\_\_\_
  7. Type of Stable:  Private – No Public Access
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Boarding Only of Non Owned Animals | <input type="checkbox"/> Riding Instruction       | <input type="checkbox"/> Equine Therapy Program |
| <input type="checkbox"/> Training/Temperament/Break         | <input type="checkbox"/> Show/Jump/Dressage/Drive | <input type="checkbox"/> Public Rental          |

### OPERATIONS:

1. Are all animal related services provided by employees only? .....  Yes  No  
(other than the animal owners, or their representative)
2. Is a written boarding contract obtained for each customer outlining services provided? .....  Yes  No
3. If yes, does the contract include:
  - A waiver of liability and indemnification clause in your favor? .....  Yes  No
  - Restriction to scheduled individuals authorized to ride the animal while in your care? .....  Yes  No
  - Feeding instructions including any mixing/blending, or formulating of feed? .....  Yes  No
4. Are feed bins appropriately labeled for each animal? .....  Yes  No
5. Are all special medications, or feed additives only administered by the animal owner or their representative? .....  Yes  No
6. Is the animal owner responsible for all medical, farrier, or dental service calls or treatment? .....  Yes  No
7. Are all stalls and gates equipped with adequate animal-proof enclosure latches or straps to prevent animals from opening? .....  Yes  No
8. How is waste disposed of? .....  Subcontract removal service  Distributed to public  Spread on fields
  - Is waste removal performed on a scheduled basis? .....  Yes  No
  - Is animal waste stored at least 25 feet from any building or structure? .....  Yes  No

9. Are you in compliance with all State, Federal, Municipal and Local statutes and codes? .....  Yes  No
10. Are signs clearly posted and in accordance with any statutes and/or codes? .....  Yes  No

**Explain ALL NO Responses in the section below:**


**ADDITIONAL EXPOSURES:**

1. Do you rent, loan, or provide trailers or other equipment, including tack to others? .....  Yes  No
2. Do you provide or arrange for transportation of any animal for others? .....  Yes  No
3. Is there a riding ring located on the premise? (If yes, include physical description and diagram below)? .....  Yes  No
4. Are any riding trails located on property owned by you? .....  Yes  No
- Are trails restricted to use by owners of animals boarded only? .....  Yes  No
- Are waivers included in the boarding contract? .....  Yes  No
- Are trails restricted to horseback riding only? .....  Yes  No
5. Do you sponsor any rider, or promote any special event(s) under your name? .....  Yes  No
6. Are Special Events conducted on the premises (rodeos, horse shows, or other equine sporting events)? .....  Yes  No
- If yes, request the appropriate Supplemental Application(s):  
 Horse Drawn Vehicle Rides Supplemental Application (A096s)  
 Livestock Related Exposures Supplemental Application (Including Rodeo or Other Special Events, Auctions, Stock Yards) (S364s)  
 Special Event Supplemental Application (S305)

**Explain all YES Responses in the section below:**


**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or

attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date