

National Security Underwriters, Inc.
 PO Box 1358
 Hammond, La 70404
 Ph: 985-510-6008 or 866-295-8041
 Fax: 985-510-6015

ADDRESS	
PHONE NUMBER	FAX NUMBER
E-MAIL ADDRESS	

APPLICATION FOR COMMERCIAL EQUINE LIABILITY
 (A Special program Limited to Horse-Related Exposures Only)

THIS IS NOT A BINDER

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.

NEW BUSINESS - DESIRED EFFECTIVE DATE ___/___/___ RENEWAL - EXPIRATION DATE ___/___/___

NAME OF APPLICANT	BUSINESS/STABLE NAME
-------------------	----------------------

MAILING ADDRESS / CITY / STATE / ZIP CODE _____

TELEPHONE NUMBER () _____	PERSON TO CONTACT FOR INSPECTION _____
-------------------------------	--

NOTICE - WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXCEPTED), EXPLAIN INTEREST OF EACH

LOCATION(S) OF ACTUAL OPERATIONS - INDICATE IF APPLICANT OWNS OR LEASES PREMISES Address (including zip code)	Number of Acres	Premises <input type="checkbox"/> Own <input type="checkbox"/> Lease
1. _____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease
2. _____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease

APPLICANT IS
 Individual Partnership Organization/Corporation Owner Operator Other (specify) _____

NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises: Name _____
 Address _____
 Certificateholder Only Additional Insured

Other - Describe Interest: _____
 Name and Address _____
 Certificateholder Only Additional Insured, If Eligible

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

\$300,000 CSL/Occ. \$500,000 CSL/Occ. \$1,000,000 CSL/Occ. \$ _____ CSL/Occ.
 \$600,000 Agg. \$1,000,000 Agg. \$2,000,000 Agg. Other

INQUIRE ABOUT THE AVAILABILITY OF INCREASED LIMITS ON THE FOLLOWING OPTIONS:

General Aggregate Medical Payments Fire Legal Liability

DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES (IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.) Yes No

APPLICANT X	DATE / /
-----------------------	--------------

GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS

NUMBER OF YEARS AT THIS LOCATION _____ NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS _____

IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS

DO YOU HAVE WORKERS' COMPENSATION INSURANCE Yes No
Note: Workers' Compensation and Employer's Liability is not covered under this policy. PAYROLL FOR HORSE OPERATIONS \$ _____

IS THIS YOUR PRINCIPAL OCCUPATION - IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN
 Yes No

ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES - IF YES, PLEASE EXPLAIN
 Yes No

DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS - IF YES, PLEASE EXPLAIN
 Yes No

IS THERE 24-HOUR SUPERVISION OF THE FACILITY - IF YES, PLEASE DESCRIBE
 Yes No

ARE ALL PASTURES TOTALLY FENCED - DESCRIBE TYPE OF ALL FENCING
 Yes No

DESCRIBE CONDITION Excellent Good Fair Poor HOW OFTEN IS FENCING CHECKED _____

WHO IS RESPONSIBLE FOR FENCE REPAIR Owner Lessee RIDING FACILITIES
Arena: Indoor Outdoor Open Fields Trails

DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES Yes No IN OTHER OUTBUILDINGS/BARNs Yes No

DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD - IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION
 Yes No

DO YOU POST RULES Yes No DO YOU POST WARNING SIGNS Yes No DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION _____

DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES - IF YES, HOW MANY Yes No WHAT BREED _____

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

DO YOU OWN/MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC. - IF YES, HOW MANY Yes No WHAT TYPE _____

IS THERE A SWIMMING POOL ON THE PROPERTY Yes No IF YES, IS IT RESTRICTED TO PRIVATE USE Yes No

IS HUNTING/FISHING PERMITTED ON THE PROPERTY - IF YES, PLEASE EXPLAIN
 Yes No

DO YOU OPERATE A BED AND BREAKFAST - IF YES, PLEASE DESCRIBE
 Yes No

ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE

Horses Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured:	Number
1a. Owned horses used for instruction	_____	1. Boarding/pasturing	_____
b. Boarded horses used for instruction to others	_____	2. Show training	_____
2. Show and/or pleasure	_____	3. Racing and/or training to race	_____
3. Racing and/or training to race	_____	4. Breeding (Mares _____, Stallions _____)	_____
4. Breeding (Mares _____, Stallions _____)	_____	5. Foals/weanlings	_____
5. Foals/weanlings	_____	6. Retired and/or lay-ups	_____
6. Retired and/or lay-ups	_____	7. Consignment for sale (Breed _____)	_____
7. For sale (Breed _____)	_____	8. Other (Describe: _____)	_____
8. Other (Describe: _____)	_____		
All Owned Horses Must be Declared		Total (Lines 1-8) _____	
9. Number of carts, buggies, carriages, etc.		9. Total number of stalls on your premises	
Describe Use: _____		10. What is the maximum number of horses, owned and non-owned that can be kept on your premises?	

SECTION II. HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING CHECK IF NO EXPOSURE AND INITIAL

1. TOTAL NUMBER OF STALLS	MAXIMUM NUMBER BOARDED	PASTURED	MONTHLY BOARDING RATE	ANNUAL GROSS
			\$	\$
2. TRAINING PLEASURE & SHOW: MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE	ANNUAL GROSS
			\$	\$
3. BREEDING: NUMBER OF NON-OWNED STALLIONS	BREED	MAXIMUM NUMBER OF OUTSIDE MARES	ARE MARES KEPT ON PREMISE 'TIL FOALING	
4. RACE HORSES: WHAT BREEDS	HOW MANY DO YOU TRAIN FOR OTHERS	PAYROLL	WHAT STATES DO YOU RACE IN	
		\$		
5. ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION III. EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS CHECK IF NO EXPOSURE AND INITIAL

1. IS INSTRUCTION PROVIDED BY		If an independent instructor/trainer is used, complete Section IV.	ARE YOU A CERTIFIED INSTRUCTOR	
<input type="checkbox"/> You <input type="checkbox"/> An Independent Instructor			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. DESCRIBE TYPE OF SAFETY GEAR REQUIRED				
3. DO YOU PROVIDE RIDING FOR THE HANDICAPPED	GROSS ANNUAL RECEIPTS	NON-PROFIT	NUMBER OF HORSES AVAILABLE FOR HANDICAPPED	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
RATIO OF INSTRUCTORS TO STUDENTS	ARE SIDEWALKERS USED	VOLUNTEER COVERAGE REQUESTED		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE	MAXIMUM NUMBER USED AT ANY ONE TIME	GROSS ANNUAL RECEIPTS		
		\$		
5. ARE STALLIONS USED FOR INSTRUCTION	IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
6. DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES	IF SO, ADVISE AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL GROSS RECEIPTS		
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		
7. DO YOU TEACH				
<input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other: _____				
8. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS - IF SO, GIVE DATES CLOSED				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION III. continued

DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No		Injuries to horses and students being transported are not covered.	HOW MANY TIMES PER YEAR	CHECK IF NO EXPOSURE AND INITIAL
DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No			HOW MANY DAYS	AVERAGE ATTENDANCE
DO YOU OPERATE A DAY CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No		OVERNIGHT CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PROVIDE FOOD <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$
RECEIPTS EARNED \$				
GROSS RECEIPTS FOR CAMP \$				
DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS				

SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS

DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES - IF SO, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No		DO THEY CARRY THEIR OWN INSURANCE++ <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.</p>		
PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)		

INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE. ATTACH COPY(IES).

HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS	GROSS RECEIPTS \$	GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES \$
HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS		OR TRAINED UNDER YOUR NAME

SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS

NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES	GROSS RECEIPTS FOR RENTALS \$	GROSS RECEIPTS FOR TRAIL RIDES \$	DO YOU CONDUCT PACK TRIPS <input type="checkbox"/> Yes <input type="checkbox"/> No
PONY RIDES/PARTIES: NUMBER OF RONIES	GROSS RECEIPTS \$	DO YOU USE SIDEWALKERS <input type="checkbox"/> Yes <input type="checkbox"/> No	
DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS - IF SO, HOW MANY - PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION VI. SALES - HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING

DO YOU SELL HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREEDS	HOW MANY PER YEAR	GROSS ANNUAL RECEIPTS
IS BUYER ALLOWED TO TEST RIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES <input type="checkbox"/> In arena <input type="checkbox"/> In open field	DO YOU SELL FROM YOUR OWN PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No	
EXPLAIN ANY OTHER METHOD OF SALES			

DO YOU SELL FOOD OR HAVE A SNACK BAR <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor liability not covered.	GROSS RECEIPTS \$
DO YOU SELL TACK AND/OR CLOTHING - IF YES, USED OR NEW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Used <input type="checkbox"/> New		GROSS RECEIPTS \$
DO YOU SELL HAY OR FEED <input type="checkbox"/> Yes <input type="checkbox"/> No		GROSS RECEIPTS \$
DO YOU MIX FEED FOR SALE/CONSUMPTION <input type="checkbox"/> Yes <input type="checkbox"/> No		
DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No		
DO YOU PERFORM ANY TYPE OF FARRIER SERVICES <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury to horse not covered.	ARE SERVICES ON PREMISE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No
		GROSS RECEIPTS \$

If on premises only, this coverage can be added to this policy.

NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.

SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES

CHECK IF NO EXPOSURE AND INITIAL

1.	RIDES <input type="checkbox"/> HAY <input type="checkbox"/> SLEIGH <input type="checkbox"/> CARRIAGE	NUMBER OF PASSENGERS	GROSS RECEIPTS	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF MOTOR VEH	NUMBER OF TRIPS	ON OR OFF PREMISES
2.	SHOWS Independent vendors are not covered. SHOWS ON PREMISES RODEOS ON PREMISES	DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSO <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF PARTICIPANTS	GROSS RECEIPTS (ALL SHOWS)	MAXIMUM NUMBER OF SPECTATORS PER DAY	TOTAL NUMBER OF SHOW DAYS	SHOW DATES
3.	DO YOU SECURE RELEASES FROM ALL ENTRANTS - ATTACH SAMPLE <input type="checkbox"/> Yes <input type="checkbox"/> No				DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY <input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	DO YOU HAVE BLEACHERS OR GRANDSTANDS <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSTRUCTION	YEAR BUILT	SEATING CAPACITY - NUMBE				
5.	DO YOU MANAGE ANY HUNTS OR RACING EVENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT TYPE	DO YOU OWN/USE/LEASE ANY HOUNDS FOR HUNTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY HOUNDS				
6.	IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS							
7.	DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES. IF YES, PLEASE EXPLAIN. <input type="checkbox"/> Yes <input type="checkbox"/> No							
8.	ALL OPERATIONS MUST BE DECLARED - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION							

NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.

PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES

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

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

3. IS THIS BUSINESS BROKERED - IF YES, BROKER IS TO PROVIDE NAME, ADDRESS, CITY, STATE, ZIP CODE AND TELEPHONE NUMBER
 Yes No

STANDARD FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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 may subject such person criminal and substantial civil penalties. (This wording does not apply in Oregon.)

- FLORIDA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is guilty insurance fraud and is subject to criminal and civil penalties.
- VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to be best of his/her knowledge true.

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

**IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED
INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**

SOUTHERN GENERAL AGENCY, INC.
POST OFFICE 12480
ALEXANDRIA, LA 71315
PHONE 318-443-8277 WATS 800-256-8277
FAX 318-443-0207

New ___
Renewal ___

UNDERWRITING QUESTIONNAIRE
FOR
LEGAL LIABILITY OF LIVESTOCK IN THE
CARE, CUSTODY OR CONTROL OF OTHERS

Supporting Farm Policy # _____

Applicant(s) Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____ County: _____

Effective Date: _____ to _____

Location of Premises where horses are located _____

of Acres: _____ County: _____ State _____

Type of Business _____ Do you own or lease stables? _____

If leased, who is responsible for the buildings and fence repair? _____

Maximum # of Horses in your care: _____ Breed of animals _____

Use of animals _____

Average value of horses in your care: \$ _____

What type of fencing is used in runs, pastures and paddocks?
Condition _____

Are shelters provided in runs or pastures? Yes _____ No _____

Do you transport horses for others (radius 200 miles)? Yes _____ No _____

Name and Address of regular Veterinarian _____

Describe any losses or potential claims in the past three (3) years and include deaths of any animals(s) in your custody, even if a claim was not presented: _____

HORSES

- ___ 1. Limit - \$200,000 per horse - \$500,000 maximum loss per policy year
Maximum - 20 horses - \$2,500. Not available over 20 horses
- ___ 2. Limit - \$100,000 per horse - \$300,000 maximum loss per policy year
Maximum - 20 horses - \$1,600. \$22.00 additional each horse over 20.
- ___ 3. Limit - \$50,000 per horse - \$250,000 maximum loss per policy year.
Maximum - 20 horses - \$1,200. \$20.00 additional each horse over 20.
- ___ 4. Limit - \$25,000 per horse - \$250,000 maximum loss per policy year.
Maximum - 20 horses - \$675. \$20.00 additional each horse over 20.
- ___ 5. Limit - \$10,000 per horse - \$100,000 maximum loss per policy year.
Maximum - 20 horses - \$525. \$13.00 additional each horse over 20.
- ___ 6. Limit - \$10,000 per horse - \$50,000 maximum loss per policy year.
Maximum - 20 horses - \$450. \$11.00 additional each horse over 20.
- ___ 7. Limit - \$5,000 per horse - \$50,000 maximum loss per policy year.
Maximum - 20 horses - \$425. \$10.00 additional each horse over 20.
- ___ 8. Limit - \$5,000 per horse - \$25,000 maximum loss per policy year.
Maximum - 20 horses - \$350. \$8.00 additional each horse over 20.
- ___ 9. TRANSPORTATION EXTENSION - Unlimited Radius - \$100 Annually.

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

Insured Signature _____ Date _____

Agency Name _____ Agency Code # _____

Agency Address _____

Agents Signature _____ Date _____