

TENNESSEE UNDERWRITERS INC.
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Commercial Equine Application Applicant Information Section

Important: This is not a binder. Incomplete and unsigned applications will be returned for completion. All horse related operations must be declared.

Applicants Name _____

DBA: _____

Applicant is a: _____ Corporation _____ Partnership _____ Individual

Mailing Address _____

City/State/Zip _____

Phone No./Fax No./e-mail _____

Location of Operations (if different from mailing address) _____

Please provide a description of your operation(s) _____

Limit of Liability Requested _____ \$300,000 CSL _____ \$500,000 CSL _____ \$1,000,000 CSL

Desired Effective Date _____

Summary of Operations

Check all that apply and attach the required supplement(s) for each activity.

<u>Activity</u>	<u>Supplement</u>
_____ Equestrian Schools, Riding Instruction or Clinics	Section I
_____ Boarding, Pasturing, Training or Breeding	Section II
_____ Horse Shows or Events	Section III
_____ Horse, Tack or Food Sales	Section IV
_____ Wagon, Hay, Sleigh or Carriage Rides	Section V
_____ Pony Rides or Petting Zoos	Section VI
_____ Care, Custody or Control	CCC Application
_____ Riding Club	Riding Club Application
_____ Pleasure, Show Horse(s) or Race Horse(s)	Pleasure Horse App.

Premise Information

Do you raise hay or grain for horses? ____ yes ____ no If yes, please describe. _____

What is the square footage of each of the following? Stable(s) or barn(s) _____

Indoor arena _____

Are you engaged in any other business? ____ yes ____ no If yes, please describe _____

Is the premise supervised 24 hours a day? ____ yes ____ no If no, describe supervision _____

Do you provide hunting, fishing or pack trips? ____ yes ____ no If yes, complete the Guided Recreational Activities Application.

Current Insurance Company Information

Company Name _____

Policy Number _____

Number of Claims the Prior 3 years _____

Please describe, in detail, any claim reported the prior 3 years. Attach a separate page if necessary.

Has coverage ever been cancelled by a prior company in the past five (5) years? If yes, provide the name of the company, the date of cancellation and the reason. _____

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

Applicants Signature--Required

Date