

**Section I—Supplemental Application**  
**Equestrian School, Riding Instruction or Clinics**

To be attached to the Applicant Information Section

Applicants Name \_\_\_\_\_

Location of Operations \_\_\_\_\_

\_\_\_\_\_

**Part One---Owned Horses**

What is the maximum number of owned horses available for riding instructions? \_\_\_\_\_

Do you use boarded horses for riding instruction? \_\_\_\_yes \_\_\_no If yes, how many? \_\_\_\_\_

What are your gross receipts from riding instruction on owned horses? \_\_\_\_\_

How many students participate annually? \_\_\_\_\_

Are students trained to participate in competitive events? \_\_\_\_yes \_\_\_\_no If yes, please describe \_\_\_\_\_

Which riding style(s) is taught? \_\_\_\_\_

Is safety equipment required? \_\_\_\_yes \_\_\_\_no Please describe \_\_\_\_\_

**Part Two---Non-Owned Horses**

How many students, on their own horses, do you provide instruction for? \_\_\_\_\_

What are your gross receipts from riding instruction on non-owned horses? \_\_\_\_\_

Which riding style(s) is taught? \_\_\_\_\_

Is safety equipment required? \_\_\_\_yes \_\_\_\_no Please describe \_\_\_\_\_

**Part Three---Independent Instructors**

Do you use independent riding instructors? \_\_\_\_yes \_\_\_\_no

If yes, are you listed as an additional insured on their insurance policy? Please attach a copy of a certificate of coverage from that policy.

Note: If an independent instructor operating under your name needs to be covered as an additional insured on a policy issued by this company, that person can be added for an additional charge. **Coverage is limited to on-premises lessons while working in your operations.**

Provide the name and address of that person below and attach a copy of their resume. Use a separate page if necessary.

Independent Instructors Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone No./fax/e-mail \_\_\_\_\_

Are all instructors certified by a riding institute?  yes  no Please describe their certification or other qualifications. \_\_\_\_\_

**Part Four—Release of Liability**

Is a release of liability signed by all students or, if that student is a minor, by their parent?  
 yes (attach a copy)  no

**It is a condition of coverage that a copy of your waiver/release form be submitted with this application and that it be acceptable to the company. No coverage will be provided unless this condition is met.**

Are signs, as required by your states equine statute, posted in the riding area?  
 yes  no Please describe \_\_\_\_\_

**Part Five---Clinics**

Do you have clinics?  yes  no

If yes, how many days annually? \_\_\_\_\_

Do non-students participate?  yes  no If yes, how many? \_\_\_\_\_ Do the participants sign a **release of liability**? Please provide a sample.

Describe the activities at your clinics. \_\_\_\_\_

Rating-Owned Horses\*

Number of owned horses times base rate times increased limit factor equals final premium.

\_\_\_\_\_

Rating-Non-Owned Horses\*

Gross receipts times 2.5% times increased limit factor equal final premium.

\_\_\_\_\_

Rating-Independent Instructors\*

Number of independent instructors times additional insured charge equal final premium.

\_\_\_\_\_

\*Round all premiums to the nearest dollar.

\*Policy is subject to a minimum earned premium. Refer to the underwriting guidelines.