



# Independents Application (For Riding Instructors, Horse Trainers, Clinicians)

**Better Options Insurance Services, LLC** • Phone: (800) 264-7750 Fax: (562) 372-3669  
Website: [www.equine.boisinsure.com](http://www.equine.boisinsure.com) Email Application to: [info@betteroptions.info](mailto:info@betteroptions.info)



This coverage is intended to cover the applicant's commercial liability when conducting riding instruction, horse training or clinics on premises the applicant does not own or lease on a long term basis. This is designed to cover the applicant's commercial operation and/or personal owned horses only. No premises liability is included under this policy coverage. **If premises is owned or leased, complete Commercial Equine Liability application.**

**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued.

Applicant: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Web site: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Broker Number: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Section 1 - Applicant Information

Desired Effective Date: \_\_\_\_\_

- Type of Ownership:  Corporation  Individual  Joint Venture  Limited Liability Company  
 Trust  Organization  Partnership  None
- a. Does applicant rent or lease any premises?  Yes  No  
If yes, indicate the location and how many acres? \_\_\_\_\_  
Rent / Lease Period:  1 day  1 week  1 month  6 months  1 year  other: \_\_\_\_\_  
b. Where does applicant operate:  own premises;  boarding stable;  student's premises;  other: \_\_\_\_\_  
**If applicant owns or leases premises with horses on long term basis, complete a Commercial Equine Liability application.**
- Names of corporate partners/officers: \_\_\_\_\_
- a. Is applicant a member of:  AHA;  AQHA;  APHA;  ARIA;  NRCHA;  NRHA;  USDF;  USEF;  USHJA;  
 Other: \_\_\_\_\_  None  
b. Any licenses/certifications?  Yes  No Please check:  ARIA;  CHA;  NARHA;  USHJA;  Other: \_\_\_\_\_
- Choose One  \$ 300,000 occurrence / \$ 900,000 aggregate (\$350.00 Minimum Earned Premium)  
Limit of Liability:  \$ 500,000 occurrence / \$ 1,500,000 aggregate (\$450.00 Minimum Earned Premium)  
(Rates vary in FL, NY, WA)  \$1,000,000 occurrence / \$ 3,000,000 aggregate (\$550.00 Minimum Earned Premium)
- a. Describe applicant's horse operations: \_\_\_\_\_  
b. Number of years in this type of operation: \_\_\_\_\_ Applicant's Date of Birth: \_\_\_\_\_  
c. Describe applicant's experience in the horse business: \_\_\_\_\_
- Do additional insureds need to be added?  Yes  No  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Insurable Interest:  Owner of Premises  Other: \_\_\_\_\_

## Section 2 - Prior Three Year Property & Liability Insurance Information

Must be completed in full in order to receive a quote. Including homeowners, renters and business owners' policies.

Company	Effective Dates	Premium	No. of Claims	Amount Paid

- a. Has applicant been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.)  Yes  No  
b. If yes, please explain: \_\_\_\_\_
- Explain losses/incidents within the past 5 years with dates & details of loss, including amount paid, on separate paper.  None
- Has the applicant ever filed for bankruptcy or had a foreclosure?  Yes  No Explain: \_\_\_\_\_

### Section 3 - Equine Operations

1. Check all operations that apply to the applicant. All operations must be declared.

**Complete a Commercial Equine Liability application, for all operations checked below.**

- Operation(s):  Boarding/Breeding  Day or Overnight Camp  Exotic Animals  Farrier Services  
 Not Applicable  Hay/Sleigh Rides  Horse Sales  Horse Shows  Llamas /Alpaca  
 NARHA Facility  Pony Rides  Rodeo  Trail/Endurance Rides  
 Other: \_\_\_\_\_

2. Estimated gross income from equine operation: \$ \_\_\_\_\_  None

### Section 4 - Summary of Horses

**Count each horse only once, based on its primary use. All horse-related exposures must be insured.**

Declare All Owned / Leased Horses, On or Off Premises

1. Number of Owned & Leased Horses Used for:

- a. Instruction to Others (ie- school horses) \_\_\_\_\_  
b. Pony Rides \_\_\_\_\_  
c. Rental Rides to Others \_\_\_\_\_  
d. Trail & Pack Trips \_\_\_\_\_

**Total of Section 1:** \_\_\_\_\_

2. Number of Owned Horses Used for:

- a. Pleasure: \_\_\_\_; b. Show: \_\_\_\_; c. Training: \_\_\_\_  
d. For Sale: \_\_\_\_; e. Racing: \_\_\_\_; f. Other: \_\_\_\_\_

**Total of Section 2:** \_\_\_\_\_

3. Number of Horses Not Owned by Applicant Used for:

- a. Training (Breed: \_\_\_\_\_)  Race  Show \_\_\_\_\_  
b. On Consignment for Sale (Breed: \_\_\_\_\_) \_\_\_\_\_  
c. Other: \_\_\_\_\_

**Total of Section 3:** \_\_\_\_\_

### Section 5 - Training of Horses No Exposure

**Training is: "Instruction given to horses."**

**Includes demonstration/instruction to owners of horses in training.**

1. Training is given by:  Applicant;  Employee  
2. Type of Training:  Race;  Show – Type of show: \_\_\_\_\_;  Other type of training: \_\_\_\_\_  
3. Does applicant attend shows with horses in training?  Yes  No If yes, number of times per year: \_\_\_\_\_

### Section 6 - Riding Instruction to Students No Exposure

**Instruction is: "Teaching students to ride on their horse or horses provided by applicant."**

1. Riding Instruction is given by:  Applicant;  Employee (Instructors must be a minimum 18 years old.)  
2. a. Number of lessons per week on student owned horses: \_\_\_\_\_; Charge per lesson: \$ \_\_\_\_\_; # of weeks per year: \_\_\_\_  
b. Number of lessons per week on school horses owned/used/leased by applicant: \_\_\_\_\_; Charge per lesson: \$ \_\_\_\_\_; # of weeks per year: \_\_\_\_  
3. Receipts for riding instruction given to students on student owned horses by applicant/employee: \$ \_\_\_\_\_ annually  
4. Does applicant provide riding instruction for handicapped students?  Yes  No  
5. Level of instruction given:  
*Beginner:* Number of students – Under age 18: 18 & over: \_\_\_\_ Ratio of students: \_\_\_\_ to instructor:  
*Intermediate:* Number of students – Under age 18: 18 & over: \_\_\_\_ Ratio of students: \_\_\_\_ to instructor:  
*Advanced:* Number of students – Under age 18: \_\_\_\_ 18 & over: Ratio of students: to instructor: \_\_\_\_  
6. a. Are stallions used during instruction?  Yes  No  
b. If yes, is student:  Beginner;  Intermediate;  Advanced

### Section 7 - Horse Clinics - No Exposure or Exposure (With or without income.)

1. How many clinic days per year: \_\_\_\_\_ 2. What are the annual receipts: \$ \_\_\_\_\_  
3. Average number of participants: \_\_\_\_\_ 4. Maximum number of spectators: \_\_\_\_\_

## Section 8 - Additional Employed Trainers/Instructors/Clinicians

### No Exposure

Complete information for additional employees on separate paper. (MUST BE AT LEAST 18 YEARS OF AGE)

### Trainer / Instructor / Clinician

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_
2. Number of years experience: \_\_\_\_\_
3. Any licenses/certifications?  Yes  No Please check:  ARIA;  CHA;  NARHA;  USHJA;  Other: \_\_\_\_\_
4. Give details on competition experience: \_\_\_\_\_

## Section 9 - Horse Shows/Competitions/Events Conducted by Applicant

### No Exposure

1. a. Type of events:  Shows;  Rodeos (*complete Rodeo supplement*);  Polo matches;  Other: \_\_\_\_\_
2. Number of event days per year: \_\_\_\_\_
3. a. Average number of participants: \_\_\_\_\_ b. Maximum number of spectators: \_\_\_\_\_
4. Name & Location of Event(s): \_\_\_\_\_

## Section 10 - Safety Program

1. a. Does applicant have written safety rules? (*Submit copy or photo.*)  Yes  No  
b. Does applicant abide by the equine liability law in the applicant's state?  Yes  No  
c. Does applicant require a signed waiver/release for all equine activities? (*Submit copy.*)  Yes  No  
d. Is the signed release kept on file for a minimum of 5 years?  Yes  No
2. a. Are ASTM/SEI certified helmets required at all times while mounted by  Everyone;  Everyone under 18; or  not required?  
b. Does applicant require a signed helmet rejection form from those who do not wear an ASTM/SEI certified helmet?  Yes  No  
c. Check safety gear required:  Boots/Heeled Shoes;  Long Pants;  Gloves;  Other: \_\_\_\_\_  
d. Explain other safety procedures followed: \_\_\_\_\_

## Section 11 - Additional Liability Exposure

1. a. Does applicant own / lease / use any of the following?  Yes  No (Indicate all vehicles used.)

**Note: No liability coverage for Three-Wheel All-Terrain Vehicles.**

	None	# of Vehicles	Personal	Farm Use	Rides to Public
All Terrain Vehicles / Utility Vehicle	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buggies / Carts / Carriages	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Carts	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirt Bikes/Motorized Scooters Mopeds	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowmobiles	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleds / Wagons	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Use of any above vehicle is limited to use by the applicant / employee and used for horse operation only.**

1. b. Are any of the above used by:  Students;  Volunteers;  Anyone under 16;  Other: \_\_\_\_\_?  Yes  No  
c. Are operators required to be licensed in applicant's state?  Yes  No
2. a. Does applicant perform/participate in parades?  Yes  No  
b. If yes, number of parades: \_\_\_\_\_; number of horses used per parade: \_\_\_\_\_  
c. Please provide name of parade(s): \_\_\_\_\_; Size of parade(s): \_\_\_\_\_
3. Does applicant conduct the following:  
a. Trail rides, rental/saddle animal for hire? (**Not including** riding instruction.)  Yes  No  
b. Hay rides, sleigh rides, carriage rides, pack trips, hunting or fishing trips?  Yes  No
4. a. Are dogs present during instruction/training/clinics?  Yes  No  
b. If yes, breed of dog(s): (*If mixed, provide primary breed.*) \_\_\_\_\_

**Note: This policy does not cover legal liability for bodily injury or property damage caused by dogs.**

## Section 12 - Care, Custody & Control - Legal Liability

**Not Eligible for this Coverage:** Veterinarians, Equine Dentists, Commercial Transporters, Rehabilitation Centers & Embryo Transplant Facilities.

Legal liability provides coverage arising from applicant's negligence resulting in injury to or death of horses applicant does not own in applicant's care, custody, and control. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. The coverage for the exposure is excluded in most general liability policies. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.

Please check one:  ACCEPT or  DECLINE Care, Custody & Control Coverage.  PLEASE QUOTE.

Check a box below to indicate choice of Care, Custody & Control coverage. If applicant requires different limits, please call us.

Limit Per Horse / Maximum Loss Per Policy Year	Limit Per Horse / Maximum Loss Per Policy Year	Limit Per Horse / Maximum Loss Per Policy Year
<input type="checkbox"/> \$ 5,000 / \$ 25,000	<input type="checkbox"/> \$ 10,000 / \$ 100,000	<input type="checkbox"/> \$ 50,000 / \$ 250,000
<input type="checkbox"/> \$ 5,000 / \$ 50,000	<input type="checkbox"/> \$ 25,000 / \$ 100,000	<input type="checkbox"/> \$ 100,000 / \$ 500,000*
<input type="checkbox"/> \$ 10,000 / \$ 50,000	<input type="checkbox"/> \$ 25,000 / \$ 250,000	<input type="checkbox"/> Other: _____/_____

**\*Substantiation of Value Form may be required when values are \$100,000 and over.**

1. a. Average value of horses not owned in the applicant's care: \$ \_\_\_\_\_  
b. Number of horses the applicant does not own: \_\_\_\_\_
2. Does applicant require mortality coverage for horses in applicant's care, custody & control?  Yes  No
3. a. Does applicant own, lease/rent or use a vehicle in order to transport horses applicant does not own?  Yes  No  
b. Number of vehicles: \_\_\_\_\_ Number of trips per year: \_\_\_\_\_ Radius of operation: \_\_\_\_\_  
c. Have any drivers had any traffic violations within the past 5 years?  Yes  No  
If yes, explain: \_\_\_\_\_  
d. Type and capacity of box or trailer: \_\_\_\_\_  
e. Does applicant have a safety maintenance program for vehicle(s)? (Submit a copy.)  Yes  No  
Current copy of drivers list must be submitted. (MVRs may be required.)
4. Does applicant use an:  equine swimming pool;  hot walker; and/or  tread mill?  Yes  No

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

### Authorization

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Signature	Date	Broker Signature (if applicable)	Date

How did you hear about BOIS:  Magazine Ad;  Referral;  Convention;  Web Site;  Other

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