



**EQUESTRIAN APPLICATION**

Impact Programs  
4300 Shawnee Mission Pkwy  
Fairway, KS 66205

**GENERAL INFORMATION**

Legal Name of Applicant: \_\_\_\_\_  
 dba (if applicable): \_\_\_\_\_  
 Website Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical Address of Your Premises: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ FEIN#: \_\_\_\_\_ Email: \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_ Annual Payroll: \$ \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_  
 # of Years in Business? \_\_\_\_\_ How many years under current management: \_\_\_\_\_  
 If present management is less than 3 years, please describe prior experience:

Ownership is:  Not for profit corp  For profit corp  Other: \_\_\_\_\_  
 Any subsidiaries or other legal entities (501(c)4, etc.)?  Yes  No  
 If Yes, explain: \_\_\_\_\_  
 Do you provide employee benefits (health, 401k, pension trust fund, etc.)?  Yes  No

**TYPE OF OPERATION**  
check all that apply

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Breeding           | <input type="checkbox"/> Horse Training       | <input type="checkbox"/> Riding Club         |
| <input type="checkbox"/> Day Camp           | <input type="checkbox"/> Leased Arena         | <input type="checkbox"/> Riding Instruction  |
| <input type="checkbox"/> Equine Therapy     | <input type="checkbox"/> Overnight Camps      | <input type="checkbox"/> Sales Horse Show    |
| <input type="checkbox"/> Farrier            | <input type="checkbox"/> Petting Zoo          | <input type="checkbox"/> Special Event       |
| <input type="checkbox"/> Guided Trail Rides | <input type="checkbox"/> Pony Rides           | <input type="checkbox"/> Wedding/Party Venue |
| <input type="checkbox"/> Hay/Carriage Rides | <input type="checkbox"/> Public Horse Rentals | <input type="checkbox"/> Vaulting            |
| <input type="checkbox"/> Horse Boarding     | <input type="checkbox"/> Riding Center        |  |

Please indicate if the applicant engages in any other business operation under the name of the insured as it will appear on the policy.  Yes  No

If Yes, please explain: \_\_\_\_\_

Are there any non-farm/ranch operations conducted on premise?  Yes  No

If Yes, describe: \_\_\_\_\_

**Schedule of Locations:**

Address	Owned	Leased	# Acres
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Do you perform any ranching/farming operations?  Yes  No

If Yes, what are the receipts? \$ \_\_\_\_\_

Describe the type of ranching/farming you do: \_\_\_\_\_

Do you own any (non-farm) rental dwelling(s)?  Yes  No

Do you need liability coverage for them?  Yes  No

Are the farm premises open to the public as roadside stands, "uPick," recreational, "rent a garden," auction, food or beverage service, sale of Christmas trees, or any other uses?  Yes  No

If Yes, explain: \_\_\_\_\_

How is animal waste disposed of? \_\_\_\_\_

Do you have any of the following: snowmobiles/ATVs/Golf Carts  Yes  No

Is hunting/fishing permitted on the property?  Yes  No

If Yes, explain: \_\_\_\_\_

**TRAIL RIDE OPERATIONS**

Gross Receipts for Trail Rides: \$ \_\_\_\_\_

Total number of horses available for guest riding: # \_\_\_\_\_

Maximum number of horses in use for guest riding at any one time? # \_\_\_\_\_

What is the youngest rider you will allow on a horse? \_\_\_\_\_ **years old**

Do you require the use of helmets?  Yes  No

Do you ever allow double riding?  Yes  No

Do you have a waiver & release signed by each rider?  Yes  No

**If Yes, please provide a copy with application**

What percent of your horse operations are Unguided? \_\_\_\_\_ % vs. Guided \_\_\_\_\_ %

What is the maximum guide to guest ratio? # \_\_\_\_\_ Guides to # \_\_\_\_\_ Guests

Do you pre-screen guest riders and determine ability prior to riding?  Yes  No

Do guides carry with them any communication device (2-way radio, cell phone, etc.?)  Yes  No

Do you conduct a pre-ride safety briefing with guests?  Yes  No

### TRAIL RIDE OPERATIONS, continued

Are Employees/Volunteers/Staff trained in areas such as guest/customer safety?  Yes  No

How often is the training offered/refreshed? \_\_\_\_\_

How is training documented? \_\_\_\_\_

Do you provide a written safety manual of procedures to all staff members?  Yes  No

**If Yes, please provide a copy**

List reasons why you would decline a person from riding (health, age, weight, alcohol, general, pregnancy):

### PONY RIDE

Annual receipts from pony ride operations: \$ \_\_\_\_\_

Are releases or waivers used?  Yes  No

**If Yes, please provide a copy with application**

Total number of ponies owned: \_\_\_\_\_

Are all pony rides conducted in an enclosed area?  Yes  No

Are safety helmets mandatory?  Yes  No

Type of rides:  Carousel (Merry Go Round)  Hand Led Ponies  Other

Do you offer pony rides off premises?  Yes  No

Percentage of rides given off premises: \_\_\_\_\_ %

Type of off premises location(s) where rides are given: \_\_\_\_\_

Minimum age of children allowed to ride: \_\_\_\_\_ **years old**

Do you allow double or bareback riding?  Yes  No

### EQUESTRIAN SCHOOLS / RIDING INSTRUCTION / CLINICS

Do you have certified instructors?  Yes  No

Type of Certifications held: \_\_\_\_\_

Describe type of safety equipment required: \_\_\_\_\_

Average number of lessons per week: \_\_\_\_\_

Annual horse instruction/clinic receipts: \$ \_\_\_\_\_

Maximum number of school horses available: \_\_\_\_\_

Are Employees/Volunteers/Staff trained in areas such as guest/customer safety?  Yes  No

How often is the training offered/refreshed? \_\_\_\_\_

## RIDING INSTRUCTION TO STUDENTS ON THEIR OWN HORSES

Average number of lessons per week: \_\_\_\_\_

Do you attend off-premises shows with your students?  Yes  No

If Yes, how many times per year? \_\_\_\_\_

Average attendance: \_\_\_\_\_

Do you hold clinics for non-students?  Yes  No

If Yes, how many days per year? \_\_\_\_\_

Do you operate any day camps?  Yes  No

If Yes, how many days per year? \_\_\_\_\_

Do you operate any overnight camps?  Yes  No

If Yes, how many days per year? \_\_\_\_\_

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"/> Equine Therapy	<input type="checkbox"/> Other:	

Are stallions used for instruction?  Yes  No

Do you provide riding for the handicapped?  Yes  No

Do independent trainers or instructors operate on your premises?  Yes  No

If Yes, how many? \_\_\_\_\_

Do they carry their own insurance?  Yes  No

Are Employees/Volunteers/Staff trained in areas such as guest/customer safety?  Yes  No

How often is the training offered/refreshed? \_\_\_\_\_

How is training documented? \_\_\_\_\_

## SALES

Horse, Food, Clothing, Tack, Feed, Horse Shoeing

Do you sell horses?  Yes  No

Gross annual receipts: \$ \_\_\_\_\_

Do you sell tack and/or clothing?  Yes  No

If Yes:  New  Used

Gross receipts: \$ \_\_\_\_\_

Do you sell hay or feed?  Yes  No

Gross receipts: \$ \_\_\_\_\_

Do you mix feed for sale/consumption?  Yes  No

Do you repair riding equipment for others?  Yes  No

Do you perform any farrier services?  Yes  No

**PETTING ZOO**

Annual gross receipts from petting zoo operations: \$ \_\_\_\_\_

Total number of events per year: \_\_\_\_\_

Describe type of animals and total numbers for each type:

Do you provide a hand washing station(s)?  Yes  No

If Yes, how many? \_\_\_\_\_

Is the hand washing liquid antibacterial and capable of killing e-coli and similar bacteria?  Yes  No

How frequently are the station supplies checked and replenished? \_\_\_\_\_

Do you have any exotic or dangerous animals which will ever be used in your operation?  Yes  No

Describe the type(s) of exotic animals: \_\_\_\_\_

Describe type of enclosure where animals are contained: \_\_\_\_\_

Are Employees/Volunteers/Staff trained in areas such as guest/customer safety?  Yes  No

How often is the training offered/refreshed? \_\_\_\_\_

**EQUINE CARE, CUSTODY & CONTROL**

**Please provide a copy of your boarding and release agreements.**

**Lessee of stable - provide copy of lease agreement with application.**

Is Lessee or Property Owner responsible for fence repair?  Lessee  Property Owner

Operations by you or your employees consist of: \_\_\_\_\_

Breed of Horses: \_\_\_\_\_

Are there any times that the number of horses will increase above maximum?  Yes  No

Average # of non-owned horses in your care? \_\_\_\_\_

Minimum # of non-owned horses in your care? \_\_\_\_\_

Are you in compliance with your states equine law?  Yes  No

Is there 24 hour security and supervision of stables?  Yes  No

If Yes, were they installed by manufacturer?  Yes  No

Distance between FD and Property: \_\_\_\_\_

Distance to nearest hydrant: \_\_\_\_\_

Construction # of stalls: \_\_\_\_\_

Sprinklered?  Yes  No

Lightning rods?  Yes  No

Fire extinguishers?  Yes  No

Central Station Alarm?  Yes  No

Have the roof, electrical and plumbing been updated or inspected by a licensed contractor?  Yes  No

## EQUINE CARE, CUSTODY & CONTROL, continued

Smoke/fire alarms?  Yes  No

Name of responding fire station: \_\_\_\_\_

Average value of horses in your care per horse: \_\_\_\_\_

What type of fencing is used in runs, pastures and paddocks? \_\_\_\_\_

Are health statements required before accepting non-owned horses?  Yes  No

What are the emergency procedures for an ill horse if owner is not available?  
\_\_\_\_\_

Are you "for hire" to transport non-owned horses?  Yes  No

Maximum number of horses per trip? \_\_\_\_\_

Do you transport horses that are boarded at your facility?  Yes  No

Are stallions kept separated from mares?  Yes  No

Do you have therapeutic pools/aqua treads for horses?  Yes  No

Are Employees/Volunteers trained in areas such as guest/customer safety?  Yes  No

How often is the training offered/refreshed? \_\_\_\_\_

## OTHER OPERATIONS & EXPOSURES

Do the operations include any of the following?:

Mechanical amusement rides **owned or operated by you.**  Yes  No

Aircraft/Drones  Yes  No

Watercraft (including self-propelled – Canoes, Paddle Boats, etc.)  Yes  No

Fireworks discharged  Yes  No

Horse Racing  Yes  No

Camping/Lodging  Yes  No

Motorsports  Yes  No

ATV Golf Carts/Scooters Rental  Yes  No

Hunting  Yes  No

Bounce House or Other Inflatables  Yes  No

Guided Adventure  Yes  No

Any "Yes" response to the question above requires explanation:

**NON-OWNED / HIRED AUTO SUPPLEMENT**

Does your organization own or lease (long-term) any vehicles?  Yes  No

**If Yes, you must complete an Acord Business Auto application.**

**Non-Owned Vehicles**

Do employees or volunteers regularly use their autos for company business?  Yes  No

If Yes, explain: \_\_\_\_\_

Number of Volunteers (Driving Personal Autos): \_\_\_\_\_ Total # of Employees: \_\_\_\_\_

**Hired Auto Liability**

Do you hire or rent vehicles during your event?  Yes  No

If Yes, please describe vehicle types, estimated number, duration, and usage:

Are any vehicles provided/donated for your use as a part of a sponsorship or promotional agreement?

Yes  No If Yes, please include a copy of the agreement and describe vehicle types, estimated number, duration, and usage:

Do any of the hired, rented, provided, or donated vehicles' owners require you to provide primary liability?

Yes  No If Yes, please provide owner(s) name: \_\_\_\_\_

**Hired Auto Physical Damage**

What is the highest valued vehicle you rent, hire, borrow or is furnished to you? \$ \_\_\_\_\_

Estimated annual rental cost: \$ \_\_\_\_\_

Do you have vehicle return procedures in place to control dealer reported damages?  Yes  No  N/A

## LIQUOR LIABILITY

**(Liquor Liability not available in the following states: (AL, DC, VT))**

Name Liquor License is in: \_\_\_\_\_

dba (if applicable): \_\_\_\_\_

Type of Liquor License: \_\_\_\_\_

Type(s) of alcoholic beverage sold: \_\_\_\_\_

### Prior Experience

Has your liquor license ever been revoked or suspended?  Yes  No

Have you ever been fined by any alcohol regulatory agency?  Yes  No

Have you ever incurred a liquor liability claim?  Yes  No

Has your liquor liability insurance ever been cancelled or non-renewed?  Yes  No

Any "Yes" response requires explanation: \_\_\_\_\_

### Liquor Operations

Anticipated gross liquor sales: \$ \_\_\_\_\_ Last year's gross sales: \$ \_\_\_\_\_

Who serves alcohol?  Employees/Volunteers  Charitable organizations  Other

If Other, please explain: \_\_\_\_\_

Are servers trained in alcohol awareness?  Yes  No

If No, please explain: \_\_\_\_\_

Are procedures and chain of authority established for refusing to serve?  Yes  No

If No, please explain: \_\_\_\_\_

Opening and closing hours of alcohol sales: Open: \_\_\_\_\_ Close: \_\_\_\_\_

If alcohol sales are not shut down at least 30 minutes prior to the premises closing, please explain:

\_\_\_\_\_

Please explain procedures for checking ID: \_\_\_\_\_

Describe limits on the number of beverages purchased at one time: \_\_\_\_\_

Are patrons allowed to carry alcoholic beverages onto premises?  Yes  No

If Yes, please explain:

\_\_\_\_\_



**INLAND MARINE SUPPLEMENT**

**Owned Equipment**

Please attach a separate schedule of owned equipment showing year, model, serial number and value.

**Rented, Hired or Borrowed Equipment\***

**\*Your commercial general liability policy specifically excludes property of others in your care, custody or control. Most rental contracts hold you responsible for damage to rented property. Your commercial general liability policy will not pay claims for damages to rented, hired or borrowed equipment.**

Do you rent, hire or borrow any equipment for the production of your event or other purposes?

Yes  No If Yes, please complete the following:

*List approximate # and total values for each checked item*

<input type="checkbox"/> Radios	# _____	\$ _____	<input type="checkbox"/> Phones	# _____	\$ _____
<input type="checkbox"/> Golf carts	# _____	\$ _____	<input type="checkbox"/> Tents	# _____	\$ _____
<input type="checkbox"/> Booths	# _____	\$ _____	<input type="checkbox"/> Portajohns	# _____	\$ _____
<input type="checkbox"/> Staging	# _____	\$ _____	<input type="checkbox"/> Sound equipment	# _____	\$ _____
<input type="checkbox"/> Lighting equipment	# _____	\$ _____	<input type="checkbox"/> Musical equipment	# _____	\$ _____
<input type="checkbox"/> Generators	# _____	\$ _____	<input type="checkbox"/> Trailers	# _____	\$ _____
<input type="checkbox"/> Other:	_____		<input type="checkbox"/>	# _____	\$ _____

**The above list is not all inclusive. Your specific event may utilize additional types of equipment not listed above. You should carefully review your individual exposure and contracts.**

What is the maximum value of any one item? \$ \_\_\_\_\_

What is the maximum value of **all** rented/hired/borrowed equipment in your possession at **any one time** for which you are responsible? \$ \_\_\_\_\_

Is any equipment rented, furnished or provided to you **with** operators?  Yes  No

If Yes, do you secure a certificate of insurance naming your organization as additional insured?

Yes  No If No, please explain: \_\_\_\_\_

## TERRORISM COVERAGE

**Terrorism Coverage Requested (select one)**    Yes    No

**See TRIA Policyholder Disclosure Notice below. \* Coverage is available for Certified Acts of Terrorism as provided by the Terrorism Risk Insurance Act of 2002.**

TRIA Costs are approximately \$1.00 for every \$250 in premium. If you wish to purchase, call for firm quote.

### **TRIA POLICYHOLDER DISCLOSURE NOTICE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury---in concurrence with the Secretary of State, and the Attorney General of the United States---to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. If you elect to purchase this coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that would be attributable to this coverage, if you select it, is estimated above in the application, and will be specified in your quote. This premium does not include any charges for the portion of losses covered by the United States government under the Act.

## FRAUD STATEMENTS

### **GENERAL STATEMENT**

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA, and WV.)

### **APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV**

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

### **APPLICABLE IN 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 policy holder 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.

### **APPLICABLE IN FLORIDA and OKLAHOMA**

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 (In FL, a person is guilty of a felony of the third degree).

### **APPLICABLE IN KANSAS**

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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, and 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.

### **APPLICABLE IN PUERTO RICO**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**SIGNATURE / NOTICES**

Legal Name of Applicant: \_\_\_\_\_

dba (if applicable): \_\_\_\_\_

I understand this application does not bind coverage, and I hereby certify that the information provided is true and correct. I understand any misrepresentation of the facts provided herein may cause the policy to be canceled or coverage to be denied.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Agent

**BROKER INFORMATION**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Producer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## REMINDERS

**Did you remember to include:**

- Minimum 3 years loss history (currently valued)
- Current financial statement
- Waivers and Releases
- Leasing Agreements
- List of Additional Insureds required and relationship
- Schedule of owned equipment (if Inland Marine coverage desired)
- Other contracts where you agree to indemnify or hold others harmless
- Premises/site lease agreement
- Schedule of events/program/brochure