EQUINE LIABILITY APPLICATION

☐ GREAT AMERICAN INSURANCE COMPANY (01)
☐ GREAT AMERICAN INSURANCE COMPANY OF NEW YORK (03)
☐ GREAT AMERICAN ALLIANCE INSURANCE COMPANY (04)
☐ GREAT AMERICAN ASSURANCE COMPANY (02)
☐ OTHER __________________________

Riding Clubs, Horse Shows/Events, Clinics

(NOTE: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)

PRODUCER

NAME AND ADDRESS (Include Zip Code)

PRODUCER CODE:

AGENCY CODE:

AGENCY PHONE NO.:

TRANSACTION

☐ NEW BUSINESS ☐ QUOTE ☐ AGENCY BILL
☐ RENEWAL OF # ☐ ISSUE ☐ DIRECT BILL

EFFECTIVE DATE: _____________________

QUOTE DESIRED BY: _____________________

APPLICATION IS:

☐ OWNER/OPERATOR ☐ PARTNERSHIP
☐ CORPORATION ☐ MANAGER
☐ ABSENTEE OWNER ☐ OTHER

APPLICANT

NAME AND ADDRESS (Include County & Zip Code)

TYPE OF CLUB __________________________

PHONE NO. __________________________

LIMITS OF INSURANCE - OCCURRENCE/AGGREGATE (000)

☐ $100/$200 ☐ $300/$600 ☐ $500/$1,000 ☐ $1,000/$2,000

**Non-owned horses in your care, custody or control are not covered for injury or death by this policy.**

Location, if other than above address:

1. Does club own any premises? Yes ☐ No ☐ For property coverages send applicable farm application pages or Accord application.
2. Does your club rent any premises on a long-term basis? Yes ☐ No ☐
3. Is the club responsible for the maintenance of any trails? Yes ☐ No ☐
4. If yes, land owned by whom? __________________________ Number of miles __________________________
   Used by nonmembers? Yes ☐ No ☐
5. Give description of all premises and functions:

__________________________________________________________

6. WHAT IS THE MAXIMUM NUMBER OF INDIVIDUAL CLUB MEMBERS EACH YEAR (NOT FAMILY MEMBERSHIPS)?
7. “Public Event Days” - A Public Event is any activity in which spectators are present. Do Not Show Below any activities which are limited to “Members Only”. Coverage for participants excluded. Participant release required. Provide copy.

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Number of Participants</th>
<th>Dates</th>
<th>Number of Spectators</th>
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<tbody>
<tr>
<td>A. Shows</td>
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<td>B. Trail Rides</td>
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<td>C. Clinics</td>
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<td>D. Hunts</td>
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<td>E. Rodeo Type Events</td>
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<td>F. Gymkhana Events</td>
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<tr>
<td>G. Other (Polo Matches, Parades, etc.) Describe</td>
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F8935A (04/01)
TRAIL RIDES

CHECK IF NOT APPLICABLE □

1. Does club have trail rides with rider using own horses? Yes □ No □
   How often? __________

2. Are all riding trails on club’s own premises? Yes □ No □
   Do trails cross or run along roads or highways? Yes □ No □

3. Does club use guides or safety patrol for all riders? Yes □ No □
   Does club secure a signed release from all riders? Yes □ No □

4. Are all riders required to wear safety head gear? Yes □ No □

5. Minimum age riders will be __________

6. Does club rent or lease horses or ponies to camps/resorts or individuals? Yes □ No □

7. Does club rent horses to public? Yes □ No □

8. Do non-members participate in trail rides? Yes □ No □
   Are releases obtained? Yes □ No □

CHECK IF NOT APPLICABLE □

EQUESTRIAN SCHOOLS - RIDING INSTRUCTION -CLINICS-

1. Maximum number of horses available for instruction at peak: (Do not include students on their own horses)

2. Does club give instruction to students on their own horses? Yes □ No □
   How many per year? __________

3. Does club have qualified instructors? Yes □ No □
   Are they all certified by riding institute? Yes □ No □

4. Is there any period of time when club does not give instructions? Yes □ No □
   Give dates closed __________

5. Does club teach: English □ Western □ Jumping □ Vaulting □ Polo □ Other □ Explain __________

6. Is a release signed by all students or, if a minor, by their parent or guardian? Yes □ No □

7. Any safety gear required? Yes □ No □

8. Does club hold clinics for non-members? Yes □ No □
   How Many? __________ Average attendance __________

CHECK IF NOT APPLICABLE □

BOARDING (STALL RENTALS/PADDOCKS)

PASTURING - TRAINING

1. Total number of stalls __________ Maximum number boarded __________
   Pastured (not included in boarded total) __________ Gross receipts __________

2. Does club provide riding facilities for your boarders? Yes □ No □
   Describe __________

3. Does club allow non-boarders to use your facilities? Yes □ No □
   Explain __________

4. TRAINING (not race horses): Maximum number trained (yearly): Owned __________ Nonowned __________
   Is owner of horse given instruction? Yes □ No □
   Gross Receipts: Training __________ Instruction __________

5. Does club obtain releases relieving you from claims for bodily injury and property damage from boarders/students? Yes □ No □

6. Does club attend off-premises shows with horses in training? Yes □ No □
   (Injury to horses being transported not covered)
   How often? ____________
   Does owner attend? Yes □ No □
   Gross Receipts ____________

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HAY RIDES, SLEIGH RIDES

Does club have hay rides? Yes ☐ No ☐ Sleigh Rides? Yes ☐ No ☐
Other rides? Yes ☐ No ☐ Explain ________________________________

How many wagons, sleds, etc? ________________________________
(Coverage cannot be provided if drawn by motor vehicles off premises.
Does club allow non-members to participate? Yes ☐ No ☐

HUNT

In addition to any exposures above, how many hounds does the hunt own or use? ________________________________
If the hunt owns or uses horses other than those owned by participants, how many are used by staff (huntmasters),
whips, etc.? ________ Are any ever rented or loaned to riders? Yes ☐ No ☐ How many? ________
If horses are rented or loaned to others, a release taken for all such riders or from parents or guardians of minors?
Yes ☐ No ☐ Does club allow non-members to participate? Yes ☐ No ☐
Any other operations not described above? Yes ☐ No ☐ Describe fully ________________________________

LOSS RECORD - 3 YEARS

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>PREMIUM</th>
<th>POLICY#</th>
<th>DATE</th>
<th># OF CLAIMS</th>
<th>LOSSES</th>
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Explain any losses: ________________________________

Have you been cancelled or non-renewed in the past 3 years? ☐ Yes ☐ No. If “Yes,” give reason ________________________________

*Note - Not Applicable in Missouri
INSURANCE FRAUD WARNING

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any false, incomplete, or misleading information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

All insurance applications and claim forms except auto:

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which this application is assigned. Subsequent consumer reports may be requested in connection with an update, or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested - and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

The undersigned hereby applies for Insurance Coverage as set forth in the application, and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his knowledge true.

The above statements given above are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature ___________________________ Date ____________________

Agent's Signature ___________________________ Date ____________________