



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

EQUESTRIAN RISKS DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

General Information

1. Applicant (as it would appear on the coverage contract): _____
2. Doing Business As: _____
3. Mailing Address: _____
City: _____ State: _____ Zip: _____
4. Contact Person: _____ Years Experience: _____
Contact Person is: Owner Manager Promoter Management Other: _____
5. Day Phone: _____ Evening Phone: _____ Fax Number: _____
6. Web Address: _____ E-Mail Address: _____
7. Is this a new business? Yes No If no, how many years have you been in business? _____
8. Applicant is: Individual Corporation Partnership Joint Venture Other: _____
9. Length of season: _____
10. Who was your last or is your current insurance carrier? _____
11. What is or was your annual premium? _____
12. Describe your claims and loss history: _____

13. Please select the limits of coverage desired:
- | | |
|--|--|
| <input type="checkbox"/> 25,000/50,000 | <input type="checkbox"/> 250,000/500,000 |
| <input type="checkbox"/> 50,000/100,000 | <input type="checkbox"/> 250,000/750,000 |
| <input type="checkbox"/> 100,000/200,000 | <input type="checkbox"/> 250,000/1,000,000 |
| <input type="checkbox"/> 150,000/300,000 | |

Self Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Business Activities

14. Do you provide instruction or board horses? Yes No

If yes, complete the following table of Annual Gross Receipts:

<u>Services</u>	<u>Monthly Rate</u>	<u>Annual Gross</u>
Boarding Fee		
Training Fee		

15. Do you require a signed release of liability
1. For students Yes No
 2. Boarders Yes No

16. Are there signs posted showing rules or warnings? Yes No

17. Do you give a safety talk to all participants and explain the risks involved as well as the applicable rules: Yes No

If no, explain: _____

18. Do you train race horses? Yes No

If yes, answer the following:

1. Number of Horses in training: Show: _____ Pleasure: _____

2. Do you attend off premise shows with horses in training? Yes No

3. What breeds? _____

4. How many do you train for others _____

5. Do you train your own race horses Yes No

6. What states do you race in _____

7. How many of your horses are being trained by independent trainers: _____

19. Do you rent or lease horses to camps, resorts, clubs, or individuals? Yes No

If yes:

1. Please describe: _____

2. Number of animals available for rental or trail rides: _____

3. Number of ponies: _____

20. Do you conduct pack trips? Yes No

21. Do you sell horses: Yes No

If yes, answer:

1. How many sold per year? _____

2. Do you sell from your own premises: Yes No

3. Is the buyer allowed to test ride? Yes No

If yes, where? _____

22. Do you:

1. Sell food or have a snack bar Yes No

2. Do you sell Saddles and other such equipment Yes No

3. Do you sell clothing Yes No

4. Do you sell feed or hay Yes No

5. Do you repair riding equip. for others Yes No

6. Do you provide any type of farrier services Yes No

(injury to horse is not covered.)

23. Do you conduct Hay rides, Wagon rides and Sleigh? Yes No

If yes, please complete the following table:

RIDES	NUMBER OF PASSENGERS	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF TRIPS	ON OR OFF PREMISES
HAY RIDES/ WAGONS					
SLEIGH RIDES					
CARRIAGE RIDES					

24. Do you manage any shows open to boarders or non-students: Yes No

If yes,

1. Are these shows recognized by the American Horse Show Association? Yes No
2. Do you require a release of all claims from all participants: Yes No
3. What kind of crowd control measures do you have in place: _____

25. Do you have existing structure for such events such as a grandstand or stadium: Yes No

If yes,

1. How many spectators can be seated? _____
2. Year built _____ Construction: _____
3. Please complete the following table:

	NUMBER OF PARTICIPANTS	EXPECTED NUMBER OF SPECTATORS	NUMBER OF SHOWS PER DAY	DATE(S) OF ALL SHOWS
SHOWS ON PREMISES				
RODEOS ON PREMISES				

26. Do you manage any other type of events: Yes No

If yes, give a full description of all such events. All operations must be declared. _____

27. Do you operate any kind of bed and breakfast: Yes No

If yes, please explain: _____

Horses

28. Answer the following questions about horses used by the insured:

1. Are the animals now insured? Yes No
2. Number of animals Owned? Average: _____ Maximum: _____
3. Number of animals Leased? Average: _____ Maximum: _____
4. Number of animals otherwise? Average: _____ Maximum: _____
5. Please provide a list of all horses noting their ages & number of years that you have owned each horse. Describe completely the horse selection procedures, and records or other documentation of all the information required above. It is critical that you include all requested information.

29. Breeding:

1. Number of non-owned stallions _____
Breed: _____

2. Maximum number of outside mares _____

Are they kept on premise until foaling? Yes No

30. Number of horses boarded, pastured, or stalled: Average: _____ Maximum: _____

NOTE: This Coverage Contract excludes Care Custody & Control. Specifically it does not cover damage or death of boarded horses under any circumstances or for any reason.

31. Are you a member of any professional organizations? If so, please list them: _____

32. Do you maintain any other kind of animals on the premises: Yes No

If yes, what kind and have you had any claims or incidents regarding these animals: _____

33. Account for each animal only once based on its primary use in the following table:

Owned/Leased/Used by Insured	Number		Number
Rentals/Trail/Pack Trips		Racing	
Pony Rides		Pleasure	
Used for instruction to students		Training	
Boarded horses used for instruction		Foals/Wealings	
Furnished by independent instructors		Retired	
Breeding		Other	
Show		Other	
For Sale		Other	
Non Owned by Insured	Number		Number
Boarding/pasturing		Racing	
Breeding only		Lay ups	
Stallions		On consignment	
Mares		Other	
Show Training		Other	

Riding Instruction, Schools, Clinics

34. Gross receipts annually: \$ _____

35. Charge per lesson: \$ _____

36. What styles of riding do you teach (check all that apply): English Jumping Saddle Seat
 Western Dressage Other: _____

37. Do you require helmets for jumping instruction? Yes No

38. Describe the safety gear required: _____

39. Instruction on riding is given by: Applicant An Independent Contractor

40. Do independent trainers or instructors operate on your premises Yes No

If yes, how many: _____

If yes, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry.

Name of Independent Instructor	Years of Experience	Years of Working on your premises

41. Are instructors certified? Yes No
42. Is any instruction provided on a student's own horse? Yes No
43. If yes, what percentage? _____%
44. Maximum number of students assigned to an instructor: _____
45. Normal ratio of students per instructor: _____
46. Provide an estimate of the number of lessons that will be given in the next 12 months: _____
47. Is any outside or independent instruction performed on your premises? Yes No
If so, you must require proof of insurance or add this coverage to your Coverage Contract.
48. Are sidewalkers used? Yes No
49. Maximum number of school horses used: _____
50. How many horses are provided for lessons by independent instruction: _____
51. Is there any period of the year that no instruction is given? Yes No
If yes, please give dates: _____

Boarding

52. Describe all activities on premises for boarders. Include a diagram of premises.
53. Maximum number of animals boarded: _____
54. Maximum number of animals pastured: _____
55. Gross receipts for boarding, annually: \$ _____
56. Provide a breakdown of income and charge per horse, etc.
57. Are boarders required to sign a contract that specifically makes them responsible for bodily injury or property damage to others while on your premises? Yes No
If yes, please attach a copy. NOTE: This Coverage Contract specifically excludes Care Custody & Control
58. Describe all training activities, and list who is responsible for each. Include a statement of each trainer's experience.
- _____
- _____
- _____

59. Describe breeding operation, and list who oversees it. Include a statement of experience.
- _____
- _____
- _____

Facilities:

60. Please attach a list of all location(s) and provide the following information for each:
1. Total number of acres owned: _____
 2. Total number of acres leased: _____

61. Do you lease any part of the land, buildings, stalls, stables, operations to others: Yes No

If yes, please explain: _____

62. Do you have some kind of security on the premises: Yes No

Explain: _____

63. Are all pastures completely fenced: Yes No

If yes, answer:

1. Describe type of fencing: _____

2. Fencing is in what type of condition: Excellent Good Fair Poor

3. How often do you check and repair fencing: _____

64. Riding Facilities are: Indoors Outdoors Open Fields Trails

65. What kind of fire suppression devices to you have in place in:

1. Riding Area: _____

2. Stables: _____

3. Other Structures: _____

66. Are fire extinguishers visible and accessible in your stables? Yes No

67. Do you have a swimming pool on the premises? Yes No

68. Is hunting permitted on the property: Yes No

If yes, please explain _____

69. Number of wagons/sleds/carriages/carts/buggies, etc.. _____

Describe use: _____

70. Total number of stables: _____

71. Total number of stalls: _____

72. Please attach each of the following:

A list of all location(s).

Attach a specific description of facilities, activities, etc

A list of all horses noting age and the number of years that you have owned each. Describe completely the horse selection procedures and records & documentation of all the above required information.

It is critical that you include all requested information. Any additional activities, including riding, stables, wagon or buggy rides, special events, rodeos, etc., all must be added separately to include coverage. We will furnish you with the specific application or supplement needed to receive a quote.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that

the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

IMPORTANT: Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the International Special Events and Recreation Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: _____

Applicant:

Signature

Print Name



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APPLICATION FOR MEMBERSHIP

The International Special Events and Recreation Association, Inc., has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$5.00. Annual membership dues are \$75.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Contact Person: _____
4. Day Phone: _____ Evening Phone: _____ Fax Number: _____
5. Type of business conducted: _____
6. How many years have you been in business? _____
7. States of Operation: _____
8. Please list below the name and address of any other association you are currently a member of:

Dated: _____

Applicant:

Signature

Print Name

P.O. Box 526148 Salt Lake City, Utah 84152-6148
Phone: 1-800-321-1493 • Fax: 1-800-666-9011 • E-Mail: isera@smallcompanyinsurance.com
Web Site: smallcompanyinsurance.com/isera/isera.htm