

**PROFESSIONAL HORSEMAN  
LIABILITY SUPPLEMENT**



This supplement is part of your insurance application for liability insurance as a professional horseman.

Name of Applicant: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Please attach a separate statement briefly highlighting your experience and education as a professional horseman.

Include your barn and safety rules       Include your hold harmless agreement(s)

Do you have all clients sign a hold harmless agreement, and keep them in a file?  Yes  No

Do you require clients to wear ASTM/SEI certified helmets?  Yes  No

Safety gear required:  Boots with heel       Long pants  Other:

Do you post or provide a copy of equine liability laws pertinent to the state(s) where you teach?  
 Yes  No

Are you certified or licensed to teach/ train?  Yes  No      Details: \_\_\_\_\_

Riding instruction to students: teaching students to ride on their horse or horse provided by applicant. This is an activity I engage in:  Yes  No

Minimum age of riders: \_\_\_\_\_ Maximum age of riders: \_\_\_\_\_ Group lesson size: \_\_\_\_\_

Are stallions used for lessons:  Yes  No      Rider restrictions: \_\_\_\_\_

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

Training horses: instruction given to horses, including demonstration, instruction, and/or coaching given to owners of horses in training. This is an activity I engage in:  Yes  No

Average number of horses in training per month: \_\_\_\_\_

Instruction/ training is given by:  Applicant  Assistant(s) (Must be at least 18 years of age)

Name(s) of assistants: \_\_\_\_\_

Assistant(s) teach only for applicant:  Yes  No

Is applicant responsible for the care, custody, and control of horses?  Yes  No

Does applicant attend shows with clients and horses?  Yes  No Avg. shows per year:

Is applicant involved in horse sales?  Yes  No Annual gross income: \_\_\_\_\_

Annual gross income from riding instruction: \_\_\_\_\_ Training: \_\_\_\_\_

Does applicant give clinics?  Yes  No Annual gross income: \_\_\_\_\_

Does applicant judge shows?  Yes  No Annual gross income: \_\_\_\_\_

Judge licenses held: \_\_\_\_\_

Do you organize any horse shows?  Yes  No Annual gross income: \_\_\_\_\_

Horses owned or leased by applicant: Total: # \_\_\_\_\_  
 Instruction to others (school horses) # \_\_\_\_\_ Pleasure riding (personal) # \_\_\_\_\_  
 Horses used for showing # \_\_\_\_\_ Sale horses # \_\_\_\_\_  
 Retired # \_\_\_\_\_ Other: \_\_\_\_\_ # \_\_\_\_\_

Other Activities  No exposure

In the course of business does the applicant engage in or use:

Day camps/ holiday camps  Yes  No Dirt bike/ motor scooter  Yes  No  
 Parades  Yes  No Golf Cart  Yes  No  
 Trail rides/ livery stable rides  Yes  No All terrain vehicle or similar  Yes  No  
 Carriage rides or similar  Yes  No

Other Coverages Are you interested in insurance for any of the following:

Tack & equipment owned by applicant  Yes  No  
 Horse mortality/ medical/ surgical  Yes  No  
 Vehicles owned by applicant  Yes  No  
 Care, Custody, Control  Yes  No  
 Home/ Farm/ Ranch  Yes  No

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. Any person who knowingly and with intent to defraud any insurance company or agent who 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 subject the person to criminal and civil penalties.

Applicant:

LEGIS:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date