



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD 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 RISK SUPPLEMENTAL DISCOVERY QUESTIONNAIRE

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

PROPOSED EFFECTIVE DATE: _____

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

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: _____
7. Is this a new business? Yes No If now, how many years have you been in business? _____
8. Insured is: Individual Corporation Partnership Joint Venture Other: _____
9. Length of season: _____

Insurance History

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: _____

Locations

Please attach a list of all locations and provide the following information for each:

13. Total number of acres owned: _____
14. Total number of acres leased: _____

Animals

15. Number of animals owned: Average: _____ Maximum: _____
16. Number of animals leased: Average: _____ Maximum: _____
17. Number of animals other: Average: _____ Maximum: _____

Please provide a list of all horses, noting age & number of years you have owned each. Describe completely the horse selection procedures, records, and documentation of all the above required information. It is critical that you include all requested information.

18. Number of animals boarded, pastured, or stalled: Average: _____ Maximum: _____
19. Other animals (describe): _____
Average number: _____ Maximum: _____
20. Please attach a specific description of facilities, activities, etc.
21. Please attach a complete breakdown of gross receipts for all exposures noting charges per person, per month, etc.

Risk Management

22. Are you a member of any professional organizations? £ Yes £ No
If yes, please list: _____

Riding Instruction, Schools, Clinics

23. Gross receipts annually: \$ _____ Charge per lesson: \$ _____
24. Describe type of instruction provided (Western, English) and a breakdown of percentage for beginner, intermediate, and advanced instruction: _____

25. Is any instruction provided on a student's own horse? £ Yes £ No
If yes, what percentage? _____
26. Maximum number of students per instructor: _____ Average ratio of students per instructor: _____
27. Provide an estimate of the number of lessons that will be given in the next 12 months: _____
28. Is there any outside or independent instruction performed on your premises? £ Yes £ No
If yes, you must require proof of insurance or add this coverage to your Coverage Contract.
29. Do you require helmets for jumping instruction? £ Yes £ No

Boarding

Includes stalled, boarded, and pastured animals including training and breeding.

30. Gross receipts annually: \$ _____ Provide a breakdown of income and charge per horse.
31. Describe all activities on premises for boarders. Include a diagram of premises.
32. 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.
33. Describe all training activities and list who is responsible for each. Include a statement of each trainer's experience.
34. Describe breeding operations and list who oversees it. Include a statement of experience. Explain in detail any additional activities or exposure which you decide coverage is needed:
Note: Any additional activities, including riding, stables, wagon or buggy rides, special events, rodeos, etc., 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 a 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 Worldwide Outfitter and Guides 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