

**T.H.E. INSURANCE COMPANY**

10451 Gulf Boulevard  
Treasure Island, FL 33706

**STABLES AND RIDING ACADEMIES SUPPLEMENT**

New

Renewal

Applicant's Business Name: \_\_\_\_\_

Policy Period Requested From: \_\_\_\_\_ to \_\_\_\_\_

Limit Requested: \$ \_\_\_\_\_ Deductible Requested: \$ \_\_\_\_\_ Per Claim (BI & PD Combined)

Number of horses and/or ponies to be rented to the public: \_\_\_\_\_

Number of horses and/or ponies on the premises: \_\_\_\_\_

Number or "boarded" horses and/or ponies: \_\_\_\_\_

Number of stalls available: \_\_\_\_\_ Number of stalls occupied: \_\_\_\_\_

Are boarded horses and/or ponies to be rented?  Yes  No If yes, how many? \_\_\_\_\_

Number and length of paths or trails (Please identify each): \_\_\_\_\_

Are trails close to major roads or highways?  Yes  No

Are employees who are responsible for training & supervising riders experienced, and what type of apprenticeship and/or on the job training is available?: \_\_\_\_\_

Do you provide guided rides?  Yes  No If yes, please explain: \_\_\_\_\_

Are riders permitted to ride alone?  Yes  No

Is riding double allowed?  Yes  No

Do they run horses?  Yes  No

Are the trails hilly or flat? \_\_\_\_\_

Is there any water exposure?  Yes  No If yes, please describe: \_\_\_\_\_

Is there a riding ring, exercise circle, corral? \_\_\_\_\_

Is "boarded" horses' track allowed to be used?  Yes  No

If yes, is prior written permission granted?  Yes  No

Are tack and mechanical equipment in good condition?  Yes  No

Does insured host horse shows & competitions?  Yes  No If yes, describe: \_\_\_\_\_

Does insured conduct riding classes?  Yes  No If yes, what is the student/instructor ratio?: \_\_\_\_\_

What are the age groups? \_\_\_\_\_

Are members of the public allowed to enter the horse stall?  Yes  No

Does the insured offer hayrides?  Yes  No If yes, how often? \_\_\_\_\_

Is the parking lot clearly defined & sufficiently separated from the other operations?  Yes  No

**IDENTIFICATION OF HORSES**

**OWNED**

**BOARDED**

**RENTED**

Identification #	Name	Identification #	Name	Identification #	Name

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS**

Name and Address	Interest
_____	_____
_____	_____
_____	_____

**GENERAL INFORMATION:**

- Any medical facilities provided or doctors employed/contracted?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Any operation sold, acquired, or discontinued in last 5 years?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Machinery or equipment loaned or rented to others?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Any watercraft, docks, floats owned, hired or leased?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Any parking facilities owned or rented?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Recreation facilities provided?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Is there a swimming pool on the premises?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Sporting or social events sponsored?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Any structural alterations contemplated?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Is any alcohol served or allowed on the premises?  Yes  No  
 If yes, Gross Receipts: \$\_\_\_\_\_

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and that any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

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

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Date Signed