

Equine Commercial General Liability Independent Trainer / Instructor Change Request



Hallmark Equine Insurance Agency, Inc.
 2175 Point Boulevard, Suite 185
 Elgin, IL 60123
 Phone 800.734-0598 • Fax 847.844-8284
www.hallmarkhorse.com
 E-mail: info@hallmarkhorse.com

Producer: _____ Number: _____
 Policy #: _____
 Expiration Date: _____

Applicant: _____ Business Name: _____
 Mailing Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Contact Person: _____

Request to add Trainer / Instructor(s) - On Premises Coverage can be provided for Independent Trainers / Riding Instructors listed below. If any Trainers and/or Instructors require Off Premises coverage, they must complete their own CGL application for a quote.

Request to add an Independent Trainer(s) – (Must be 18 years or older)

Name of trainer: _____ Years experience: _____ Requested effective date: _____
 Name of trainer: _____ Years experience: _____ Requested effective date: _____

Request to delete an Independent Trainer(s)

Name of trainer: _____ Desired deletion date: _____ Reason for deletion: _____
 Name of trainer: _____ Desired deletion date: _____ Reason for deletion: _____

Training *Please provide the following current total training information for your operation with the addition/deletion of the requested Trainer(s).*

Average number of horses in full training monthly, **including Independent Trainers'** On Premises Training: _____
 Average number of training rides **weekly** on horses not in full training: _____

Request to add an Independent Instructor(s) – (Must be 18 years or older)

Name of instructor: _____ Years experience: _____ Requested effective date: _____
 Name of instructor: _____ Years experience: _____ Requested effective date: _____

Request to delete an Independent Instructor(s)

Name of instructor: _____ Desired deletion date: _____ Reason for deletion: _____
 Name of instructor: _____ Desired deletion date: _____ Reason for deletion: _____

Riding Instruction *Please provide the following current total instruction information for your operation with the addition/deletion of the requested Instructor(s).*

Anyone under 21 giving riding instruction: Yes No

Type of instruction: _____

Operation's Total Riding Instruction, both On and Off Premises, including Independent Instructors' On Premises Instruction.

Total lessons given annually: _____ Average number of **weekly** lessons given on *Client's Own* horse(s): _____

Average cost per lesson: \$ _____ Average number of **weekly** lessons given on *School/Insured's* horse(s): _____

Any Day Camp activities: Yes No *(If yes, the Equestrian Day Camp Supplemental Application must be completed.)*

Applicant's Signature: _____

Print Name: _____ Date: _____