

Equine Commercial General Liability Independent Trainer / Instructor Change Request



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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: _____