

**Equine Commercial General Liability  
Independent Trainer / Instructor Change Request**

**Exclusively Underwritten By  
AMERICAN EQUINE  
INSURANCE GROUP**



Producer: Equine Ins. Ctr. Number: 162  
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: \_\_\_\_\_