



APPLICATION FOR COMMERCIAL EQUINE LIABILITY

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.

NEW BUSINESS – DESIRED EFFECTIVE DATE ____/____/____ RENEWAL – EXPIRATION DATE ____/____/____

NAME OF APPLICANT	BUSINESS/STABLE NAME
MAILING ADDRESS / CITY / STATE / COUNTY / ZIP CODE	
TELEPHONE NUMBER ()	PERSON TO CONTACT FOR INSPECTION
FAX NUMBER ()	EMAIL ADDRESS
WEBSITE	FEIN or SSAN

TYPE OF OPERATION Check all that apply

Boarding Training Breeding Riding Instruction Equine Assisted Therapy ***
 Pony Rides Petting Zoo Riding Club *** Outfitter/Guided Trail Rides *** Hay / Carriage Rides ***
 Horse Show / Special Event Production ***

*** Supplement Required

LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASES PREMISES

Address (including County & Zip Code)	Number of Acres	Premises
1.		<input type="checkbox"/> Own <input type="checkbox"/> Lease
2.		<input type="checkbox"/> Own <input type="checkbox"/> Lease

APPLICANT IS

Individual Partnership LLC / Corporation Owner Operator Tenant

NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises: Name
 Address
 Certificate holder Only Additional Insured

Other – Describe Interest:
 Name and Address
 Certificate holder Only Additional Insured, If Eligible

LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS

\$500,000 CSL/Occ. \$1,000,000 CSL/Occ. \$ CSL/Occ.
 \$1,000,000 Agg. \$2,000,000 Agg. Other

INQUIRE ABOUT THE AVAILABILITY OF INCREASED LIMITS ON THE FOLLOWING OPTIONS:

General Aggregate Medical Payments Fire Legal Liability

DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES (IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.)

Yes No

APPLICANT **X** DATE ____/____/____

GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

1. DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS
2. NUMBER OF YEARS AT THIS LOCATION NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS
3. IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS
4. **PAYROLL FOR HORSE OPERATIONS** NUMBER OF FULL TIME EMPLOYEES NUMBER PART TIME EMPLOYEES
\$
5. IS THIS YOUR PRINCIPAL OCCUPATION – IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN
 Yes No
6. ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES – IF YES, PLEASE EXPLAIN
 Yes No
7. DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS – IF YES, PLEASE EXPLAIN
 Yes No
8. IS THERE 24-HOUR SUPERVISION OF THE FACILITY – IF YES, PLEASE DESCRIBE
 Yes No
9. ARE ALL PASTURES TOTALLY FENCED – DESCRIBE TYPE OF ALL FENCING
 Yes No
10. DESCRIBE CONDITION HOW OFTEN IS FENCING CHECKED
 Excellent Good Fair Poor
11. WHO IS RESPONSIBLE FOR FENCE MAINTENANCE & REPAIR RIDING FACILITIES
 Owner Lessee Arena: Indoor Outdoor Open Fields
12. DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES IN OTHER OUTBUILDINGS/BARN
 Yes No Yes No
13. DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD – IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION
 Yes No
14. DO YOU POST RULES DO YOU POST WARNING SIGNS DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION
 Yes No Yes No
15. DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES – IF YES, HOW MANY WHAT BREED
 Yes No
16. HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE – IF YES, PROVIDE DETAILS
 Yes No
17. DO YOU OWN / MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC. - IF YES, HOW MANY WHAT TYPE
 Yes No
18. IS THERE A SWIMMING POOL ON THE PROPERTY Yes No IF YES, IS IT RESTRICTED TO PRIVATE USE
 Yes No
19. IS HUNTING / FISHING PERMITTED ON THE PROPERTY – IF YES, PLEASE EXPLAIN
 Yes No
20. DO YOU OPERATE A BED AND BREAKFAST – IF YES, PLEASE DESCRIBE
 Yes No

SECTION I. SUMMARY OF HORSES – AT PEAK SEASON

ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE

Horses Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured:	Number
1a. Owned horses used for instruction		1. Boarding/pasturing	
b. Boarded horses used for instruction to others		2. Show training.....	
2. Show and/or pleasure		3. Racing and/or training to race	
3. Racing and/or training to race.....		4. Breeding (Mares , Stallions).....	
4. Breeding (Mares ,Stallions).....		5. Foals/weanlings.....	
5. Foals/weanlings		6. Retired and/or lay-ups	
6. Retired and/or lay-ups		7. Consignment for sale (Breed).....	
7. For sale (Breed).....		8. Other (Describe:).....	
8. Other (Describe:).....			

All Owned Horses Must be Declared
Total (Lines 1-8)

Total (Lines 1-8)

9. Number of carts, buggies, carriages, etc.
Describe Use:

9. Total number of stalls on your premises.....
10. What is the maximum number of horses, owned and non-owned that can be kept on your premises?

SECTION II. HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING

CHECK IF NO EXPOSURE AND INITIAL

1.	TOTAL NUMBER OF STALLS	MAX NUMBER BOARDED ONLY	AVG NUMBER BOARDED ONLY	MONTHLY BOARD ONLY RATE \$	ANNUAL GROSS \$
		MAX NUMBER TRAINING & BOARD	AVG NUMBER TRAIN & BOARD	MONTHLY TRAIN/BOARD RATE \$	ANNUAL GROSS \$
2.	TRAINING PLEASURE & SHOW: NON-OWNED HORSES IN TRAINING – NO BOARDING			MONTHLY TRAIN ONLY RATE \$	ANNUAL GROSS \$
	MAXIMUM NUMBER	AVERAGE NUMBER			
3.	BREEDING: NUMBER OF NON-OWNED	BREED OF HORSE	MAXIMUM NUMBER OF OUTSIDE MARES	ARE MARES KEPT ON PREMISE TIL FOALING <input type="checkbox"/> Yes <input type="checkbox"/> No	
	STALLIONS				
4.	STABLE OPERATION PAYROLL		RACE HORSES: WHAT BREEDS	HOW MANY DO YOU TRAIN FOR OTHERS	
	OWNERS \$	EMPLOYEES \$			

SECTION III. EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS

CHECK IF NO EXPOSURE AND INITIAL

1.	IS INSTRUCTION PROVIDED BY <input type="checkbox"/> You <input type="checkbox"/> An Independent Instructor	If an independent instructor/trainer is used, complete Section IV.	ARE YOU A CERTIFIED INSTRUCTOR <input type="checkbox"/> Yes <input type="checkbox"/> No		
	2. DESCRIBE TYPE OF SAFETY GEAR REQUIRED				
3.	RIDING INSTRUCTION TO STUDENTS ON SCHOOL HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL SCHOOL HORSE RECEIPTS \$		
	3A. MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE	AVERAGE NUMBER SCHOOL HORSES USED AT ONE TIME			
4.	RIDING INSTRUCTION TO STUDENTS ON THEIR OWN HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL STUDENT HORSE RECEIPTS \$		
	5. DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	Injuries to horses and students being transported are not covered	HOW MANY TIMES PER YEAR	AVERAGE ATTENDANCE	GROSS RECEIPTS \$
6.	DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY DAYS	AVERAGE ATTENDANCE		RECEIPTS EARNED \$
	7. DO YOU OPERATE A DAY CAMP (Attach Supplement) <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERNIGHT CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PROVIDE FOOD <input type="checkbox"/> Yes <input type="checkbox"/> No		GROSS RECEIPTS FOR CAMP \$
8.	DO YOU TEACH?				
	<input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other:				

SECTION III. CONTINUED

9. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS ARE STALLIONS USED FOR INSTRUCTION
 IF YES, GIVE DATES CLOSED Yes No Yes No

10. DO YOU PROVIDE RIDING FOR THE HANDICAPPED? Yes No If Yes, Please attach Therapeutic Riding Supplement

NON-PROFIT Yes No GROSS ANNUAL RECEIPTS \$ _____

SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS CHECK IF NO EXPOSURE AND INITIAL

1. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES – IF SO, HOW MANY DO THEY CARRY THEIR OWN INSURANCE++
 Yes No Yes No

++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.

PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)

INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE. ATTACH COPY(IES).

2. HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS GROSS RECEIPTS \$ GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES \$

3. HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS OR TRAINED UNDER YOUR NAME

SECTION V. SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS CHECK IF NO EXPOSURE AND INITIAL

1. NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES GROSS RECEIPTS FOR RENTALS \$ GROSS RECEIPTS FOR TRAIL RIDES \$ DO YOU CONDUCT PACK TRIPS Yes No

3. DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN Yes No

SECTION VI. SALES – HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING CHECK IF NO EXPOSURE AND INITIAL

1. DO YOU SELL HORSES WHAT BREEDS HOW MANY PER YEAR GROSS ANNUAL RECEIPTS \$ Yes No

2. IS BUYER ALLOWED TO TEST RIDE IF YES DO YOU SELL FROM YOUR OWN PREMISES Yes No In arena In open field Yes No

3. EXPLAIN ANY OTHER METHOD OF SALES

4. DO YOU SELL FOOD OR HAVE A SNACK BAR Liquor liability not covered. GROSS RECEIPTS \$ Yes No

5. DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW GROSS RECEIPTS \$ Yes No Used New

6. DO YOU SELL HAY OR FEED GROSS RECEIPTS \$ Yes No

7. DO YOU MIX FEED FOR SALE/CONSUMPTION Yes No

8. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS Yes No

9. DO YOU PERFORM ANY TYPE OF FARRIER SERVICES Injury to horse not covered. ARE SERVICES ON PREMISE ONLY GROSS RECEIPTS \$ If on premises only, this coverage can be added to this policy. Yes No

NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.

PONY RIDE SECTION

No Exposure

Average charge per pony ride \$ _____ Total number of rides per year _____

Annual receipts from pony ride operations \$ _____

Number of years pony ride business experience _____ Are releases or waivers signed? Yes No

Maximum number of ponies used at any one time? _____ Are safety helmets mandatory? Yes No

Carousel (Merry Go Round) Hand Led Ponies Other _____

Are all pony rides conducted in an enclosed area? Yes No

Round Pen Small Arena Small Paddock (less than 1/2 acre) Other _____

ALL PONY RIDES MUST BE GIVEN IN AN ENCLOSED AREA OR ON A SWEEP. ROPE OR WIRE ENCLOSURES ARE NOTACCEPTABLE.

Type of off premises location (s) where rides are given? _____

Do you offer pony rides off premises ? Yes No Percentage of rides given off premises? _____

Explain Off Premises activities, locations and type of enclosure used: _____

Do you fasten children to saddle, pony or carousel? Yes No

No coverage is provided if children are fastened or tied to the saddle, pony, or carousel.

Minimum Age of Children allowed to ride _____ Maximum number of Children per event _____

Are Sidewalkers used? Yes No If Yes: Employees Parents Volunteers

Do you allow double or bareback riding? Yes No

Do you offer pony cart rides? Yes No Are parents involved in any activity? Yes No

If Yes, Describe type of involvement _____

Are pictures taken? Yes No If Yes: Applicant Parents Volunteers Who holds the pony? _____

How far is photographer from subject? _____ Is the use of a flash allowed? Yes No

NAME OF PONY	PONY 1	PONY 2	PONY 3
NUMER OF YEARS OWNED			
NUMBER OF YEARS PONY HAS BEEN GIVING RIDES			
NUMBER OF DAYS PER YEAR PONY IS USED			
HEIGHTOF PONY (14 Hands – 56" Max)			
AGE OF PONY			

Photographs of Ponies, Tack, Helmets & Enclosure required

Reproduce this page for additional scheduled ponies

PETTING ZOO SUPPLEMENT

No Exposure

Annual gross receipts from petting zoo operations \$

Describe type of animals and total numbers for each type

ANIMAL TYPES	TOTAL NUMBER	AVG USED PER EVENT

Do you provide a hand washing station(s) ? Yes No If Yes, how many?

Is the hand washing liquid antibacterial and capable of killing e-coli and similar bacteria? Yes No

How frequently are the station supplies checked and replenished?

Do you have any exotic or dangerous animals which will ever be used in your operation ? Yes No

Are animals in fenced enclosure? Yes No

Describe type of enclosure where animals are contained? _____

SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES CHECK IF NO EXPOSURE AND INITIAL

1.	RIDES <input type="checkbox"/> HAY <input type="checkbox"/> SLEIGH <input type="checkbox"/> CARRIAGE	NUMBER OF PASSENGERS	GROSS RECEIPTS \$	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF MOTOR VEH	NUMBER OF TRIPS	ON OR OFF PREMISES
2.	SHOWS Independent vendors are not covered.	DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No			ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOC. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	SHOWS ON PREMISES RODEOS ON PREMISES	NUMBER OF PARTICIPANTS	GROSS RECEIPTS (ALL SHOWS) \$	MAXIMUM NUMBER OF SPECTATORS PER DAY	TOTAL NUMBER OF SHOW DAYS	SHOW DATES		
3.	DO YOU SECURE RELEASES FROM ALL ENTRANTS – ATTACH SAMPLE <input type="checkbox"/> Yes <input type="checkbox"/> No				DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY <input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	DO YOU HAVE BLEACHERS OR GRANDSTANDS <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSTRUCTION	YEAR BUILT	SEATING CAPACITY – NUMBER				
5.	DO YOU MANAGE ANY HUNTS OR RACING EVENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT TYPE	DO YOU OWN/USE/LEASE ANY HOUNDS FOR HUNTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY HOUNDS				
6.	IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS							
7.	DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES? IF YES, PLEASE EXPLAIN. <input type="checkbox"/> Yes <input type="checkbox"/> No							
8.	ALL OPERATIONS MUST BE DECLARED - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION							
NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.								
PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)								
	COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES		
1.	HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS – IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE <input type="checkbox"/> Yes <input type="checkbox"/> No							
2.	HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No							
3.	IF NO PRIOR COVERAGE STATE REASON: I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. No coverage provided for Race Horses and/or Horses in Race Training.							
	FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.							
	WARRANTY							
	I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to The Equestrian Group and it's Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).							
	APPLICANT'S SIGNATURE X	DATE / /	AGENT'S SIGNATURE X	DATE / /				

The Equestrian Group

APPLICATION FOR LEGAL LIABILITY OF NONOWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL

AGENCY NAME		
ADDRESS		
TELEPHONE NO. () ()	FAX NO. () ()	AGENCY CODE

THIS IS NOT A BINDER

- DIRECT BILL NEW BUSINESS – DESIRED EFFECTIVE DATE ____/____/____
 ACCOUNT CURRENT RENEWAL – EXPIRATION DATE ____/____/____ POLICY NO. CCC _____

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATION WILL BE RETURNED FOR COMPLETION.

NAME OF INSURED	BUSINESS/STABLE NAME
MAILING ADDRESS	
CITY/STATE/ZIP CODE	TELEPHONE NO.
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS	
COUNTY	CITY/STATE/ZIP CODE
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS	

A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.

DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT THE PREMISES?	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS. IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE. _____ _____ _____
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IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR? _____

IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR? _____

DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS: _____

DESCRIBE CONDITION OF FENCES: EXCELLENT GOOD FAIR POOR

DESCRIBE CONDITION OF STABLES: EXCELLENT GOOD FAIR POOR

OPERATIONS: STABLE OWNER BOARDING BREEDING TRAINING OTHER

BREED OF ANIMALS _____ USE OF ANIMALS _____

DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES _____

ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE? YES NO

IS ANY STABLE OVER 25 YEARS OLD? YES NO IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED, CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? _____

CARE, CUSTODY OR CONTROL

NUMBER OF STALLS: BARN #1 _____ BARN #2 _____ BARN #3 _____ BARN #4 _____

MINIMUM NUMBER OF HORSES IN YOUR CARE _____ MINIMUM VALUE OF HORSES IN YOUR CARE _____

AVERAGE NUMBER OF HORSES IN YOUR CARE _____ AVERAGE VALUE OF HORSES IN YOUR CARE _____

MAXIMUM NUMBER OF HORSES IN YOUR CARE _____ MAXIMUM VALUE OF HORSES IN YOUR CARE _____

POLICY COVERAGE INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.
*COVERAGE MAY BE EXTENDED. REFER TO UNDERWRITER FOR PREMIUM.

DO YOU TRANSPORT HORSES FOR OTHERS? YES NO IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR _____

MAXIMUM NUMBER OF ANIMALS PER TRIP _____ RADIUS OF NORMAL OPERATIONS _____ miles

NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS _____

HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED _____

ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK? YES NO

DO AT LEAST TWO PEOPLE GO ON EACH TRIP? YES NO

DESCRIBE ANY LOSSES OR POTENTIAL CLAIMS IN THE PAST THREE YEARS AND INCLUDE DEATHS OF ANY ANIMAL(S) IN YOUR CUSTODY, EVEN IF A CLAIM WAS NOT PRESENTED _____

FRAUD NOTICES

Standard: Any person who knowingly and with intent to defraud any insurance company of other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICANT (PRINT)

SIGNATURE X	DATE / /
AGENT SIGNATURE X	DATE / /

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

**CARE CUSTODY OR CONTROL PROGRAM
LIMITS OF LIABILITY (CHECK ONE)**

Limit Per Horse	Maximum Loss per Policy Year
<input type="checkbox"/> 5,000	25,000
<input type="checkbox"/> 5,000	50,000
<input type="checkbox"/> 10,000	50,000
<input type="checkbox"/> 10,000	100,000
<input type="checkbox"/> 15,000	150,000
<input type="checkbox"/> 25,000	250,000
<input type="checkbox"/> 50,000	250,000
<input type="checkbox"/> 75,000	300,000
<input type="checkbox"/> 100,000	300,000

***Limits of 300,000/300,000 must be referred to the company for approval**