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| **CARE, CUSTODY & CONTROL QUESTIONNAIRE** |
| **(Horse Liability Questionnaire Must Also Be Complete)** |

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| INSURED'S NAME      | POLICY NUMBER      |

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| Business:[ ]  Stable Owner | [ ]  Boarding | [ ]  Breeding Farm | [ ]  Trainer | [ ]  Other  |  |

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| How long in business?      | Do you[ ]  own or [ ]  lease stable? | If leasing premises, who is responsible for building and fence repair?      |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Stable | Const? | # ofStalls | Sprinklered | LightingRods? | FireExt.? | Smoke/FireAlarms | 24 HrSecurity | DescribeSecurity | SecondaryEgress? | If over 25 yrs. WhenLast updated |
| **1** |       |       |       |       |       |       |       |       |       |       |
| **2** |       |       |       |       |       |       |       |       |       |       |
| **3** |       |       |       |       |       |       |       |       |       |       |
| **4** |       |       |       |       |       |       |       |       |       |       |

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| Breed of Horses:      | Use of Horses:      |

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| 1. | Minimum number of non-owned horses in your care |       |
| 2. | Maximum number of non-owned horses in your care |       |
| 3. | Minimum value of non-owned horses in your care |       |
| 4. | Maximum values of non-owned horses in your care |       |
| 5. | Average number of non-owned horses in your care |       |
| 6. | Average value of non-owned horses in your care |       |
| 7. | Fire protection class |       |
| 8. | What type of fencing is used in run, pastures and paddocks? |  |
|  |       |
| 9. | Is wire utilized in the construction of pasture fences, paddocks or any area that non-owned horses will have access? if yes, please explain the type and the extent of use (make specific reference to any use of barbed wire). |
|  |       |
| 10. | Are shelters provided in runs of pastures? [ ]  Yes [ ]  NoIf yes, describe |
|  |       |
| 11. | Where are non-owned horses kept at night (stable, pasture, etc.)? |
|  |       |
| 12. | Is smoking allowed within structures? [ ]  Yes [ ]  No | Strickly Enforced? [ ]  Yes [ ]  No |
| 13. | Are stallions housed, pastured and exercised in separate pastures, paddocks and runs, away from mares[ ]  Yes [ ]  No |

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| 14. | Do all electrical lights have explosion proof covers? [ ]  Yes [ ]  No |
| 15. | Are electrical outlets inaccessible to horses? [ ]  Yes [ ]  No |
| 16. | Does applicant mix own concentrate feed rations on the premises? [ ]  Yes [ ]  No |
| 17. | Is feed stored in the stabling area? [ ]  Yes [ ]  No If yes, explain the type of feed and the location of the storage area. |
|  |       |
| 18. | Is the feed room secured with horse proof latches? [ ]  Yes [ ]  No |
| 19. | What is construction of the stalls?       | Type of stalls (box, slip)?       |
| 20. | Size of stalls (sq. ft. & height)?       |
| 21. | Are health certificates required to be provided by the owner(s) prior to accepting the non-owned horses?[ ]  Yes [ ]  No If yes, how often are they required to be updated? |
|  |       |
| 22. | Are all non-owned horses required to have permanent methods of identification, i.e. tags, brands, tattoos, registration records? |
|  | [ ]  Yes [ ]  No If yes, explain       |
| 23. | Are non-owned horses transported for others? [ ]  Yes [ ]  No If yes, please provide the following: |
| Maximum number of trips per year?       | Maximum number of animals per trip?       |
| Radius of operation?       | Do at least two people go on each trip [ ]  Yes [ ]  No |
| How often are trailer(s) or van(s) floor boards checked?       |
| Are fire extinguishers carried on the truck or van? [ ]  Yes [ ]  No |
| 24. | Are there therapeutic pools for horses? [ ]  Yes [ ]  No If yes, were they installed by the manufacturer? |
|  | [ ]  Yes [ ]  No | Electrician?       |
| 25. | Do employees (if any) have written instructions on their responsibility in case of a stable fire? [ ]  Yes [ ]  NoIf yes, please provide a copy of those instructions. |
| 26. | Name/Address of regular Veterinarian: |
|  |       |
|  | How often is he/she on premises? | [ ]  Daily | [ ]  Twice a week | [ ]  Weekly | [ ] Other       |
| 27. | Describe any losses or potential claims in the past three years. Include any deaths of any animal(s) in your custody, even if a claim was not presented: |
|  |       |
|  | **Requested Limits of Insurance: Please place and X beside limits desired!** |
|  |  | **Limit per Horse** | **Limit per Occurrence** | **Aggregate** |
|  | [ ]  $ | 500 |  | $ | 5,000 |  | $ | 5,000 |  |
|  | [ ]  $ | 1,000 |  | $ | 10,000 |  | $ | 10,000 |  |
|  | [ ]  $ | 2,500 |  | $ | 25,000 |  | $ | 25,000 |  |
|  | [ ]  $ | 5,000 |  | $ | 25,000 |  | $ | 25,000 |  |
|  | [ ]  $ | 5,000 |  | $ | 50,000 |  | $ | 50,000 |  |
|  | [ ]  $ | 10,000 |  | $ | 50,000 |  | $ | 50,000 |  |
|  | [ ]  $ | 10,000 |  | $ | 100,000 |  | $ | 100,000 |  |
|  | [ ]  $ | 25,000 |  | $ | 250,000 |  | $ | 250,000 |  |
|  | [ ]  $ | 50,000 |  | $ | 250,000 |  | $ | 250,000 |  |
|  | [ ]  $ | 100,000 |  | $ | 300,000 |  | $ | 300,000 |  |
|  | [ ]  $ | 200,000 |  | $ | 500,000 |  | $ | 500,000 |  |

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| **Insured Signature** |  | **Date** |  |
| **Agent Signature** |  | **Date** |  |