

EQUINE FARM APPLICATION

Application Date:		Agency	
Company Use Only		Address:	
Customer#/SubID		Phone#	
Producer#			
Entity Type:	Individual	Corporation	LLC
Billing:	Direct Bill	Agency Bill	Pay Plan:
Quote needed by:		Bill To:	Insured
Requested Effective Date:			Mortgagee

APPLICANT INFORMATION

Named Insured:			
Additional Named Insured Supplemental Attached (Required for multiple Named Insureds)			
Mailing Address:			
County:	Phone#:	FEIN#:	
Web Address:	Email:		
Inspection Contact Name:	Phone#:		
Coverages to be quoted:	PACKAGE UMBRELLA AUTO	MONOLINE LIABILITY MONOLINE PROPERTY WATERCRAFT	EQUINE CARE, CUSTODY, CONTROL SCHEDULED PERSONAL PROPERTY EMPLOYEE BENEFITS LIABILITY

A State specific ACORD Auto Application in order to quote Auto. ACORD Watercraft Application required for Watercraft. Employee Benefits Liability Supplemental Questionnaire required for EBL Coverage

GENERAL UNDERWRITING QUESTIONS

Loss History: NONE (List all losses for the past 5 years that affect coverage lines requested above)

Date	Coverage Line	Description	Paid	Open/Closed

Prior Carrier Information:

Coverage Line	Company	# of years	Expiring Premium
Property			
Liability			
Care, Custody, Control			
Umbrella			

1. Are you age 18 or over? Yes No
2. Have you been declined, cancelled or non-renewed in the past 3 years? Yes No
If yes, explain: _____
3. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? Yes No
4. During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?
 Yes No
5. How many years experience/in the business with horses? _____

LOCATION SCHEDULE		Additional Locations Supplemental Attached			PC = Protection Class		
	Street Address	City	County	Zip	PC	Owned	Acres
1.							
2.							
3.							
4.							

If no Property Coverage is desired, please skip to the General Liability Section at the bottom of Page 4

PROPERTY UNDERWRITING QUESTIONS									
DWELLING SCHEDULE		Additional Dwellings Supplemental Attached							
	Dwelling#1	Dwelling #2		Dwelling#3		Dwelling#4			
<i>Location # (see Location Schedule)</i>									
<i>Building Name</i>									
<i>Distance to Hydrant/Fire Station</i>	/	/	/	/	/	/	/	/	/
<i>Deductible Amount</i>									
<i>Wind/Hail Deductible %</i>	%	%	%	%	%	%	%	%	%
<i>Building Class</i>									
<i>A. Dwelling Limit</i>									
<i>B. Appurtenant Structures (10%)</i>									
<i>C. Household Contents (70%) (1)</i>		RC		RC		RC		RC	
<i>D. Loss of Use (20%)</i>									
<i>Cause of Loss (2)</i>									
<i>Extended Replacement Cost (3)</i>									
<i>Dwelling Enhancement Endorsement</i>									
<i>Earthquake Coverage</i>									
<i>Dwelling is Located Inside City Limits</i>									
<i>Occupancy: Owner/Tenant/Employee</i>									
<i>Full-time, Part-time or Primary?</i>									
<i>Year Built</i>									
<i>Construction Type (4)</i>									
<i>Total Area/ Area of Living Area (sq ft)</i>	/	/	/	/	/	/	/	/	/
<i>Roof Construction (5)</i>									
<i>Year of Updates (for Dwellings over 30 years of age)</i>	Roof		Roof		Roof		Roof		
	Heating		Heating		Heating		Heating		
	Plumbing		Plumbing		Plumbing		Plumbing		
	Electrical		Electrical		Electrical		Electrical		
<i>Smoke Detectors Present?</i>	Yes	No	Yes	No	Yes	No	Yes	No	
<i>Burglar Alarm? (6)</i>	Local	CS	Local	CS	Local	CS	Local	CS	
<i>Fire Alarm? (6)</i>	Local	CS	Local	CS	Local	CS	Local	CS	
<i>Sprinkler System & Maint Contract?</i>	Yes	No	Yes	No	Yes	No	Yes	No	

ABBREVIATION KEY:

- (1) RC = Replacement Cost
- (2) BA = Basic, BR = Broad, SP = Special, SP/BR = Special all other/Broad Contents
- (3) Extended Replacement Cost (E2 Value required) - Up to 125% Limit of Insurance for Coverage A includes Ordinance or Law Coverage
- (4) Construction Type Choose: Frame, Masonry, Steel frame, Pole or Mobile Home/Mobile Building
- (5) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar
- (6) CS = Central Station alarm monitored by remote monitoring company

OUTBUILDINGS SCHEDULE	Additional Outbuildings Supplemental Attached							
	Building #1		Building#2		Building#3		Building #4	
Location # (see Location Schedule)								
Building Name								
Use of Outbuilding?								
Distance to Hydrant/Fire Station	/		/		/		/	
Deductible Amount								
Wind/Hail Deductible %	%		%		%		%	
Building Class								
Outbuilding Limit								
Cause of Loss (Basic/Broad/Special)								
(Optional) Inflation Guard: 4% or 6%	%		%		%		%	
Earthquake Coverage?								
Avg # hay bales stored in building								
# of Apartments in Outbuilding?								
Type of Occupancy in Apartment?								
Full or part-time occupancy in Apt?								
Area of any Office/Living Area (sq ft)								
Year Built								
# of Stories								
# of Open Sides on Building								
Construction Type (1)								
Total Area								
Roof Construction (2)								
Heat Type								
Year of Updates (for Buildings over 30 years of age)	Roof		Roof		Roof		Roof	
	Heating		Heating		Heating		Heating	
Smoke Detectors in Living Quarters?	Yes	No	Yes	No	Yes	No	Yes	No
Burglar Alarm?	Local	CS	Local	CS	Local	CS	Local	CS
Fire Alarm?	Local	CS	Local	CS	Local	CS	Local	CS
Fire Extinguishers?	Yes	No	Yes	No	Yes	No	Yes	No
Sprinkler System & Maint Contract?	Yes	No	Yes	No	Yes	No	Yes	No

Abbreviation Key:

(1) Construction Type Choose: Frame, Masonry, Steel frame, Pole or Mobile Home/Mobile Building

(2) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar

1. Is **Loss of Farm Income Coverage** needed? Yes No If Yes, Limit? _____
2. Is **Extra Expense Coverage** Needed? Yes No If Yes, Limit? _____
3. Are there any vacant or unoccupied structures on your property? Yes No
 If yes please describe structure and explain oversight/security and plans for occupancy or sale: _____
4. Do any buildings on any of your property have a Wood Burning Stove? Yes No
If Yes, send completed Wood-burning Stove Questionnaire for each building with a Wood Stove

MORTGAGEES	Additional Mortgagees Supplemental Attached		
Mortgagee Name/Address	Loan#	Loc #	Buildings

SCHEDULED PERSONAL PROPERTY		Additional Scheduled Personal Property Supplemental Attached	
An appraisal or sales receipt with photos must accompany all items with an individual value of \$10,000 or more			
Loc#	Category: Jewelry/Fine Arts/Etc	Item Description	Limit

FARM PERSONAL PROPERTY		Additional Schedule Farm Personal Property Supplemental Attached			
Deductible:	\$500	\$1000	\$2500	\$5000	Other: _____
Cause of Loss:	Basic	Broad	Special	Equine Coverage Extension Endorsement	
Replacement Cost on Scheduled Tack	Replacement Cost on Scheduled Office Contents				
	Location	Year/Make/Model OR Description	Serial #	Limit	
1					
2					
3					
4					
5					
6					
7					
8					

LOSS PAYEE SCHEDULE		Additional Loss Payee Supplemental Attached	
(For Item # Use the number corresponding to that particular Farm Personal Property item above)			
Name	Address		Item#

GENERAL LIABILITY UNDERWRITING QUESTIONS:

Company Use Only: _____

Limits: **\$100,000/200,000** **\$300,000/600,000** **\$500,000/1,000,000** **\$1,000,000/\$2,000,000**

1. List all Equine Operations: _____
 Are you engaged in any other farm business, profession, or trade including but not limited to hay sales and custom farming? Yes No If yes, please provide details: _____

2. Is the applicant involved in any of the following activities? (Please check activities applicable)
- | | |
|--|---|
| Dude Ranch | Polo/Horse Ball |
| Entertainment/Amusements involving animal farms/Agritourism/Agritainment | Therapeutic or Riding for the Handicapped |
| Pony Rides | Hunting/Fishing on premises (non-residents) |
| Hay/Carriage/Sleigh Rides | Motorcycles, ATV's (other than resident) |
| Public Horse Rentals/Trail Rides | Vaulting |
| Fox Hunting | Holds Races on Premises |
| Parades | Gymkana/Mounted Games |
| Rodeos | Mounted Shooting |
| Equine Assisted Therapy | Equine Sports Therapy (including massage) |

Please explain any checked activities: _____

3. Are dogs owned? Yes No How many? Breed:
 Any past claims? If yes, explain:
 Are clients' dogs allowed at the facility? Yes No Leashes Required? Yes No
4. If liability coverage desired for any owned snowmobiles/ATVs/Golf Carts, please provide the following:
 ATVs: # of wheels: Use of vehicles: Farm
 Age of Drivers: Off Premises
 Recreational/Hunting
5. Is Unlicensed Farm Vehicle Liability Coverage needed? Yes No How many vehicles?
6. Do any non-Boarders, Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc. use your facility? Yes No
 If yes, please explain:
 Do you lease any part of the building/land to someone else? Yes No
 If yes, please explain:
7. Are all fences/gates in good condition? Yes No
 Type of Fencing?
8. Is there a pool, aqua treadmill, hyperbaric chamber or similar item on your property? Yes No
 Please provide details:
9. Is there an airstrip on the premises? Yes No
10. Do you lease horses to or from others? Yes No
11. Do you judge shows? Yes No Receipts:
12. Do you have any operations or horses in any country outside of the U.S.? Yes No

ADDITIONAL INSURED		Supplemental Additional Insureds Schedule Attached
Name/Address		Relationship to Insured
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>

IF YOU ARE REQUESTING A QUOTE FOR MONOLINE LIABILITY AND WOULD LIKE TO SCHEDULE ANY LOCATIONS PLEASE FILL OUT AND ATTACH THE ADDITIONAL LOCATION SUPPLEMENTAL

- PERSONAL LIABILITY** Yes No
1. Please list all individuals for whom Personal Liability is desired. Make sure to list any children over the age of 18. (married couples may be listed together):

- RIDING INSTRUCTION (Teaching the Rider)** Not Applicable
1. Riding Instruction provided by: You Independent Instructor Employee
2. How many Independent Instructors are giving instruction?
3. Describe the experience/qualifications of you and your employees:

 Are you/employee a certified instructor? Yes No By whom?
4. Number of students per week given lessons by you or your employee :
5. Number of students per week given lessons by an independent instructor :
6. What is the minimum age of the students?
7. What is the maximum number of students per instructor per lesson?

DAY CAMPS

Not Applicable

1. Do you hold day camps? Yes No

If yes, please complete the separate Day Camp Supplemental

HORSE TRAINING (Training of horses)

Not Applicable

1. What type of training is given? _____
2. Total payroll related to Training: _____
3. What is the average number of horses trained per year? _____

BOARDING OF NONOWNED HORSES

Not Applicable

1. What is the total # of non-owned horses including non-owned broodmares? _____
2. Is temporary overnight boarding provided? Yes No Describe _____
3. Is board self board or full care? Self Full
4. Annual Payroll: _____

BREEDING

Not Applicable

1. Breeding Payroll: _____ # of Owned Broodmares: _____
of Owned Stallions: _____ # of Nonowned Stallions: _____
2. Do you offer foaling services? Yes No

OWNED HORSES

Not Applicable

Only include Owned horses not otherwise accounted for in Breeding/Training sections

1. What is the total number of equines you own or lease for your own use? _____
2. Of those, how many are used for the following activities:
- | | | | |
|-----------------|-------|-------------|-------|
| Sales Prep | _____ | Showing | _____ |
| Pleasure Riding | _____ | Instruction | _____ |
| Retired | _____ | | |

SALES BY YOU

Not Applicable

1. Are you in the business of selling horses? Yes No
How many horses do you sell per year? _____ Owned by you: _____ Owned by Others: _____
What are the annual Net Receipts for Horse Sales? _____
What is the method of sale? (private treaty, auction, consignments) _____
2. Do you sell tack or clothing? New Used Reconditioned Tack None
Receipts: _____
3. Do you offer repair of tack or riding equipment? Yes No
4. Do you/employee perform any type of farrier services? Yes No

CLINICS

Not Applicable

1. Do you hold/sponsor clinics for non-students on your premises? Yes No
Off Premises: Yes No Details: _____
2. Type of Clinics: _____
3. Number of Clinics: _____ Number of days per clinic: _____
4. Average Attendance: _____
5. Who teaches the clinics? _____
6. Do you require outside clinicians to provide proof of insurance? Yes No

HORSE SHOWS Not Applicable

1. Do you manage/sponsor any horse shows on your premises? Yes No
 Off Premises? Yes No
2. Number of spectators per day: _____ Number of participants per day: _____
3. Dates of shows: _____
4. Types of shows: _____
5. Do you have bleachers or grandstands? Yes No Construction: _____
 Height: _____ Seating Capacity: _____ Owned Rented
6. Do you sell feed, grain, hay or shavings to participants? Yes No Receipts: _____
7. Do you provide RV or camper hookups during these shows? Yes No
 Number of hookups: _____ Receipts: _____
8. Do you directly provide concessions during these shows? Yes No Receipts: _____
 If yes, explain: _____
9. Do you have vendors on the premises during these shows? Yes No
 If yes, explain items sold: _____

RISK MANAGEMENT CONTROLS (Required for General Liability and Care, Custody, Control)

Review <http://www.horse-insurance.com/law.html> for state requirements

	YES	NO	N/A
Certificate of Insurance on file for Independent Contractors (Riding Instruction/Training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance shows WC coverage for Independent Trainers (Racehorse Training only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance obtained from all Vendors (Horse Shows/Clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release/Hold Harmless agreement in use (Riding Instruction/Training/Boarding/Breeding/Shows)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boarding Contract in Place (Boarding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lease Agreement in Place (Owned Horses Leased to Others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Equine Liability Signs Posted (All Exposures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Hour Supervision of facility (All Exposures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EQUINE CARE, CUSTODY, CONTROL SECTION

COVERAGE IS NOT DESIRED

Limits:

- | | |
|--|---|
| \$5,000 per horse/\$25,000 aggregate | \$25,000 per horse/\$250,000 aggregate |
| \$5,000 per horse/\$50,000 aggregate | \$50,000 per horse/\$250,000 aggregate |
| \$10,000 per horse/\$50,000 aggregate | \$100,000 per horse/\$300,000 aggregate |
| \$10,000 per horse/\$100,000 aggregate | \$200,000 per horse/\$500,000 aggregate |

1. What is the maximum number of non-owned horses you have at any one location at any time? _____
2. Are you for hire to transport non-owned horses not normally in your care? Yes No
****Commercial Hauling of non-owned horses other than those you train/breed/board is excluded****
 Maximum trips per year _____ Radius _____ # of horses per trip _____
3. Describe any losses or potential claims involving non-owned horses in the past 3 years including deaths of any animals in your custody, even if a claim was not presented: _____

UMBRELLA SECTION

Please provide copies of all non-Great American policies (A-rated carriers only) for which umbrella coverage is requested

COVERAGE IS NOT DESIRED

1. Requested Limit of Insurance:

\$1,000,000
\$2,000,000

\$3,000,000
\$4,000,000

\$5,000,000
\$ _____

2. Schedule of Underlying Insurance

Umbrella Additional Underlying Policy Supplemental Attached

Company	Type of Coverage	Limits
_____ Policy# _____ Eff _____ TO _____	Employer's Liability	\$ _____ Each Accident \$ _____ Each Policy \$ _____ Each Employee by Disease
Great American _____ Policy# _____ Eff _____ TO _____	Automobile Liability Personal Commercial Non-owned Hired	\$ _____ Combined Single Limit \$ _____ Bodily Injury - Each Person \$ _____ Bodily Injury - Each Accident \$ _____ Property Damage
Great American _____ Policy# _____ Eff _____ TO _____	General Liability Farm Commercial Personal	\$ _____ General Aggregate \$ _____ Products/Completed Ops \$ _____ Personal & Advertising Injury \$ _____ Each Occurrence
Great American _____ Policy# _____ Eff _____ TO _____	Watercraft Liability	\$ _____ Per Occurrence \$ _____ Aggregate

3. Does the applicant have any of the following exposures?:

Owned or Leased Aircraft
 Custom Application of Farm Chemicals for Others

N/A

Migrant workers used in farming operations
 Watercraft

4. Auto Details (Not required if filling out a separate Auto Application and we will be the only Auto Carrier) :

of Private Passenger Vehicles: _____
 # of Light Trucks: _____
 # of Medium Trucks: _____
 # of Heavy Trucks: _____

of Heavy Truck Tractors: _____
 # of Extra Heavy Truck Tractors: _____
 # of Buses: _____

Are there any drivers under the age of 21? Yes No

Uninsured/Underinsured Motorists Coverage (UM/UIM) is excluded on the Umbrella with the following exceptions:

LA, NH and VT: UM/UIM is included but the maximum selected Umbrella limit is \$1,000,000.
 FL and WV: Is UM/UIM coverage desired? Yes No
 If yes, the maximum selected Umbrella limit is \$1,000,000.

FRAUD STATEMENTS

READ and INITIAL next to the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attached application to your agent.

<input type="checkbox"/>	ALABAMA	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
<input type="checkbox"/>	ARKANSAS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison
<input type="checkbox"/>	COLORADO	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<input type="checkbox"/>	FLORIDA	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.
<input type="checkbox"/>	KENTUCKY	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
<input type="checkbox"/>	MAINE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<input type="checkbox"/>	MARYLAND	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<input type="checkbox"/>	NEW JERSEY	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<input type="checkbox"/>	NEW MEXICO	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<input type="checkbox"/>	NEW YORK	Any person who knowingly and with intent to defraud any insurance company or 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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. For policies covering the peril of fire or explosion, the proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of any material fact or circumstances shall be grounds to rescind the insurance policy.

<input type="checkbox"/>	OHIO	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<input type="checkbox"/>	PENNSYLVANIA	Any person who knowingly and with intent to defraud any insurance company or 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.
<input type="checkbox"/>	TENNESSEE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<input type="checkbox"/>	VIRGINIA	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fine and denial of insurance benefits.
<input type="checkbox"/>	WASHINGTON	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<input type="checkbox"/>	GENERAL: AZ, CA, DE, ID, IN, MN, NH, TX, UT	Any person who knowingly and with intent to defraud any insurance company or another 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 insurance act which is a crime and subjects the person to criminal and civil penalties.

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicant's Signature: _____

Print Name: _____

Date: _____

Agent's Signature: _____

Date: _____

Print Name: _____

Agent's License #: _____