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

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| INSURED'S NAME | POLICY NUMBER |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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? |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Stable | Const? | # of  Stalls | Sprinklered | Lighting  Rods? | Fire  Ext.? | Smoke/Fire  Alarms | 24 Hr  Security | Describe  Security | Secondary  Egress? | If over 25 yrs. When  Last updated |
| **1** |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |

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| --- | --- |
| Breed of Horses: | Use of Horses: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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  No  If 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  No  If 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** |  |