Berkley Equine & Cattle
a Berkley Company

**INSURANCE CARRIER: STARNET INSURANCE COMPANY**

U-W Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005, (866) 298-5525

***RENEWAL APPLICATION FOR EQUINE FARM COVERAGE – PROPERTY/LIABILITY FORM* THIS IS NOT A BINDER**

| | |
|---|---|
| Insured Name: _____ | Agency Name: Equine Insurance Specialists, LLC |
| _____ | Agency Number: 05700 |
| Mailing Address: _____ | Address: PO Box 12440 |
| _____ | Lexington, KY 40583-2440 |
| Phone & Fax#: _____ / _____ | Phone & Fax#: (800) 723-9414 / _____ |
| E-Mail: _____ | E-Mail: _____ |

| | |
|---|---|
| Renewal of Policy # _____ | **Payment Terms (check one):** ☐ Agency Bill |
| Renewal Dates From _____ To _____ | ☐ Direct Bill / Pay Plan: n/a |

*Locations To Be Covered:*

| Address | County | # Of Acres | |
|---|---|---|---|
| _____ | | | ❑ Own ❑ Lease |
| _____ | | | ❑ Own ❑ Lease |
| _____ | | | ❑ Own ❑ Lease |

## ***SECTION I – PROPERTY COVERAGE***

### ***Renew my policy based on the following information:***

❑ *No Changes* (Check This Box If You Want The Same Property Limits As Expiring)

Include any added buildings, farm property or personal property that should be insured.

| | COVERAGES | RENEWAL LIMITS DESIRED | | | | |
|---|---|---|---|---|---|---|
| | | Item 1 | Item 2 | Item 3 | Item 4 | Item 5 |
| A | Dwelling | $ | $ | $ | $ | $ |
| B | Appurtenant Structures | $ | $ | $ | $ | $ |
| C | Household Personal Property | $ | $ | $ | $ | $ |
| D | Loss of Use | $ | $ | $ | $ | $ |
| E | Scheduled Farm Personal Property | $ | $ | $ | $ | $ |
| F | Unscheduled Farm Personal Property | $ | $ | $ | $ | $ |
| G | Barns | $ | $ | $ | $ | $ |

- If you have more than 5 Items per coverage, please attach a separate list. Justification of value may be required for limits higher than expiring.
- Any scheduled personal property or scheduled farm computer coverage will be quoted at expiring limits. Please attach a separate list for any changes.

1. Do you want to renew at the same property coverage deductible as you expiring policy? ❑ **Yes** ❑ **No**
2. If you answered no to question #1 above, what property coverage deductible do you want? $_____
3. Are there any changes in farm activities since your last application? ❑ **Yes** ❑ **No**
4. Describe the horse operations: _____
5. Describe any farm operations other than horses: _____
6. Describe any non-farm operations: _____
7. List any new protective devices and the building(s) they are in (ie burglar/smoke alarms): _____
8. Are any dogs owned by the applicant? ❑ **Yes** ❑ **No** If so, what breed? _____
9. Is there a trampoline on the premises? ❑ **Yes** ❑ **No**

| Mortgagee (loc# _____ ) / Lienholder (item: _____ ) | Mortgagee (loc # _____ )/Lienholder (item: _____ ) |
|---|---|
| _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| Loan #: _____ | Loan #: _____ |

## ***SECTION II - EQUINE LIABILITY SECTION***

### ***Renew my policy based on the following information:***

| | NUMBER OWNED | NUMBER NON-OWNED |
|---|---|---|
| Breeding (includes Foals and Weanlings) | | |
| Training (Pleasure & Show) | | |
| Racing & Race Training | | |
| Boarding (No Training) – Race, Show, & Pleasure Horses | | |
| Other (Retired &/or Laid-Up) | | |
| Other Animals (Cattle, Sheep, Goats, or _____ ) | | |

1. Riding Instruction – number of owned horses and/or non-owned horses used by the applicant: _____
2. Annual receipts for instruction on owned horses and/or non-owned horses used by the applicant: $ _____
3. Maximum number of school horses used at one time: _____; Average number of lessons per week: _____
4. Annual Receipts for instruction on student owned horses: $ _____
5. Average number of lessons per week on student owned horses: _____
6. Independent instructor annual receipts on school horses: $ _____
7. Independent instructor annual receipts on student owned horses: $ _____
8. Annual receipts from selling horses, including commissions paid to you: $ _____

| **Additional Insureds (include any independent instructors):** |
|---|
| **1**. Name: _____ Interest: _____<br>Address: _____ |
| **2**. Name: _____ Interest: _____<br>Address: _____ |
| **3**. Name: _____ Interest: _____<br>Address: _____ |
| Certificate of Insurance required for Additional Insured: **1** &/or **2** &/or **3** (circle # if appropriate) |

8. Are you holding any horse sales, tack sales, horse shows, competitions, horse clinics, or summer camps?
   ❑ **Yes** ❑ **No.** *If 'yes' to any of these, please provide details of all activities, receipts, dates, number of participants, and number of spectators (attach a separate sheet if necessary):* _____
   _____
   _____
9. Describe any additional activities other than what is shown above: _____
   _____
   _____
   _____
10. Provide details for any losses, suits or potential claims during the prior policy term: _____
    _____
    _____

***LIABILITY COVERAGE LIMITS* (check one)**

☐ Renew current limits of $ _____ per occurrence / $ _____ aggregate per policy term; or

Issue at new limits of:

- ☐ $300,000 limit per occurrence / $600,000 aggregate limit per policy term
- ☐ $500,000 limit per occurrence / $1,000,000 aggregate limit per policy term
- ☐ $1,000,000 limit per occurrence / $2,000,000 aggregate per policy term

11. Please indicate whether you would like the renewal of your policy to include Equestrian Professional Liability Coverage. ❑ **Yes** ❑ **No**.

12. Please indicate if you would like the renewal of your policy to include coverage for Motorized Golf Carts used for "Equine Activities". ❑ **Yes** ❑ **No**. Number of Golf Carts? _____

13. Please indicate whether you would like the renewal of your policy to include coverage for non-owned horses in your care, custody, or control. ❑ **Yes** ❑ **No**. *If 'yes', please complete a Care, Custody, or Control application.*

**IF YOUR EXPIRING POLICY HAS CARE, CUSTODY, OR CONTROL COVERAGE, PLEASE COMPLETE SECTION III OF THIS APPLICATION**

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## ***SECTION III – CARE, CUSTODY, OR CONTROL***

List all Breed(s) of non-owned horses: _____

1. What is the number of non-owned horses currently in your care? _____
2. What is the maximum # of non-owned horses expected to be in your care during this policy term? _____
3. What is the value range (highest/lowest) of horses currently in your care? $ _____ / $ _____
4. What is the maximum total value of all horses expected to be in your care? $ _____
5. Do you transport horses for others? ❑ **Yes** ❑ **No** Maximum # of trips per year: _____
   Maximum # of horses per trip: _____ Maximum distance one way: _____ miles
6. What type of trailer do you own (make/model)? _____
7. How often are floorboards checked for damages? _____
8. Provide us with the following information regarding your regular Veterinarian:
   a. Name: _____
   b. Address: _____
   c. Phone/Fax Number: _____ / _____
   d. How often is she/he on the premise(s)? _____

Coverage Limits (check one):

❑ renew current limits of $_____ per horse / $_____ maximum per policy term

❑ issue @ new limits***** of $_____ per horse / $_____ maximum per policy term

*****Limit Options & Basic Premiums:

| | | |
|---|---|---|
| $2,500/$12,500 @ $195 | $10,000/$150,000 @ $440 | $100,000/$300,000 @ $1,100 |
| $2,500/$25,000 @ $220 | $20,000/$200,000 @ $525 | $150,000/$400,000 @ $1,675 |
| $5,000/$25,000 @ $275 | $25,000/$250,000 @ $600 | $200,000/$500,000 @ $1,925 |
| $5,000/$50,000 @ $330 | $50,000/$250,000 @ $880 | |
| $10,000/$100,000 @ $385 | $75,000/$300,000 @ $1,000 | |

*Basic Premium listed is for maximum of 20 horses with maximum number of transit trips per year of 12 and maximum distance one way of 150 miles.*

Describe any losses, suits or potential claims during the current expiring prior policy term: _____

_____

_____

_____

## FRAUD NOTICES AND APPLICANT'S SIGNATURE

**STANDARD:** 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**NOTICE TO COLORADO APPLICANTS:** 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 for the purpose of defrauding or attempting to defraud the 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.

**NOTICE TO KENTUCKY APPLICANTS:** Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 ($5,000) and the stated value for each such violation.

**NOTICE TO 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 subject the person to criminal and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA & WASHINGTON APPLICANTS:** 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.

**I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.**

| Date | Signature of Applicant |
|---|---|
| | |