

GREAT AMERICAN INSURANCE COMPANIES®
AgriBusiness® Division – Equine Farm Center
RENEWAL POLICY REVIEW

Insured: _____

Policy No.: _____
Renewal Date: _____

Producer: _____

Payment Plan:
Agency Bill A _____ S _____ Q _____
Choice Bill 9 Pay _____ 12 Pay _____

Please answer all questions completely (front and back):

Farm Property

Have you purchased any additional locations or acreage? If so, please describe. _____

Have you built any new buildings that you wish to insure? If so, please give description, building class, when built, construction, dimensions and what the buildings are used for and if they are heated and/or store hay. Please attach photos of the new buildings. _____

Have you purchased any new machinery or equipment that you wish to insure? If so, please describe and give Year, make, model, serial number and present values. _____

Have you purchased any new tack items that you wish to insure? If so, please describe and give present values. _____

Have you purchased any new items of jewelry, furs, cameras, etc. that you wish to insure? If so, please describe and give values. _____

Farm Liability

Please describe your equine operations: _____

Describe any non-equine operations: _____

What is your annual payroll for equine operations? _____ Annual receipts? _____

How many horses do you **own** or lease for your own use? _____
How many are used for riding instruction? _____
How many are used for breeding? No. of mares _____ No. of stallions _____
How many are used for pleasure riding? _____
How many are used for showing? _____
How many are in race training? _____
How many are actually racing at the track? _____
Sales Prep? _____
Yearlings and/or weanlings? _____
Any other use: _____

How many **non-owned** horses are on your premises at any one time? _____
How many are there for straight boarding? _____
How many are there for breeding only? _____
How many are there for training? _____

Do you give **pony rides, rent horses** for public riding, offer **trail rides** to non-boarders, give **hay rides, sleigh rides** or **carriage rides**? _____

Are **riding instructions** given? _____ Average number of students who receive lessons each week
by **you** or your **employees** _____

Number of lessons per week given by **independent instructor(s)** _____

Number of independent instructors or trainers **operating on your premises** _____. *A Certificate of General Liability insurance is required from each independent.*

Number of anticipated **horse shows** sponsored by you **on** your premises _____
Please give a brief description (type of shows, # of days per show, # of participants, # of spectators):

Number of **clinics** you will hold **on** your premises for non-students _____
Please give a brief description (types of clinics, number of days per clinic, number of participants):

Do you hold **summer day camps**? _____ If so, how many weeks is the camp in session? _____
How many campers attend per day? _____
Please ask your agent to provide you with our Camp Supplement for completion and return.

Signature: _____ Date: _____

Agents
Signature: _____ Date: _____