

# FARMOWNERS RENEWAL QUESTIONNAIRE

AGENCY NAME	AGENCY CODE	PHONE NUMBER / E-MAIL ADDRESS	POLICY NUMBER
INSURED/DBA		PHONE NUMBER / E-MAIL ADDRESS	EXPIRATION DATE / /

**I. PROPERTY SECTION – If you are not adding or deleting any property, check this box and go to Section II.**

1. Have you made any additions to the insured dwellings, barns, or buildings? – If yes, describe and attach photo.  
 Yes     No

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2. Have any new buildings been added that you wish to insure? – If yes, describe completely including dimensions and attach photo.  
 Yes     No

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3. What was the total cost of the building or addition?  
\$ \_\_\_\_\_

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4. Have you acquired personal valuable articles that you wish to schedule? – If yes, attach a copy of the bill of sale or a current appraisal.  
 Yes     No

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5. Have you acquired farm personal property that you wish to schedule? – If yes, give complete description and value of item(s).  
 Yes     No

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6. Are there any other additions or deletions to be made to your coverage? – If yes, describe.  
 Yes     No

**II. LIABILITY SECTION: FARM PERSONAL OR COMMERCIAL FARM**

Occurrence Limit: \$ \_\_\_\_\_

**Read this section. If there are no changes in your farm operations, check this box and go to Section III.**

1. Has there been any change in occupancy of the residence, dwelling or structures? – If yes, explain.  
 Yes     No

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2. Have you acquired additional land? – If yes, advise number of acres and location.  
 Yes     No     Owned     Leased

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3. Describe fully any (non-farming) business operations conducted on the premises.  
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4. Describe type of farming, including all related operations. Gross Receipts \$ \_\_\_\_\_

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5. Describe any custom farming, including all related operations. Gross Receipts \$ \_\_\_\_\_

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6. Describe any livestock operations (other than horses), including average number of head and range acres.  
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7. Describe any recreational vehicles and their use.  
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**III. HORSE FARM SECTION: PRIVATE AND/OR COMMERCIAL LIABILITY**

PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONS THAT ARE APPLICABLE. WRITE NONE OR 0 IF NO EXPOSURE. DO NOT LEAVE SPACES BLANK. ALL OPERATIONS MUST BE DECLARED. ATTACH A SEPARATE PAGE IF MORE SPACE IS NEEDED.

If you do not own any horses and are not involved in any horse activities or stable operations, check this box and go to Section IV.

**SUMMARY – AT PEAK SEASON. ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE BASED ON PRIMARY USE.**

Horses Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured:	Number
1a. Owned horses used for instruction .....		1. Boarding/pasturing.....	
b. Boarded horses used for instruction to others .....		2. Show training.....	
2. Show and/or pleasure .....		3. Racing and/or training to race .....	
3. Racing and/or training to race .....		4. Breeding (Mares       , Stallions       ).....	
4. Breeding (Mares       , Stallions       ).....		5. Foals/weanlings .....	
5. Foals/weanlings .....		6. Retired and/or lay-ups.....	
6. Retired and/or lay-ups.....		7. Consignment for sale (Breed       ) .....	
7. For sale (Breed       ) .....		8. Other (Describe:       ) .....	
8. Other (Describe:       ) .....			
		<b>Total (Lines 1-8)</b>	
<b>All Owned Horses Must be Declared</b>			
<b>Total (Lines 1-8)</b>		9. Total number of stalls on your premises .....	
9. Number of carts, buggies, carriages, etc. ....		10. What is the maximum number of horses, owned and	
Describe Use:		non-owned that can be kept on your premises?.....	

**RIDING INSTRUCTION – CLINICS: (Breakdown Annual Gross Receipts for the following categories.)**

1. Handicapped Program: Number of lessons/week .....	Gross receipts .....	\$
2. Maximum number of school horses available.....	Maximum number of school horses used at one time .....	
3. Receipts for instruction on school horses ..... \$	Receipts for instruction to students on their own horses ....	\$
Average number of lessons per week.....	Average number of lessons per week .....	
4. Receipts for attending off-premise shows	* Receipts for day camp activities .....	\$
with students on school horses ..... \$	Total number of campers .....	
5. Number of clinic days for non-students.....	Provide clinic dates:	
6. Receipts earned by independent instructors: On school horses \$	On student owned horses \$	
7. Provide the name and address of Independent Instructor(s) to be covered on this policy. (Must be 18 years of age or older.) Advise number of years experience for each. If more space is needed, attach a separate page. Attach a copy of their release if not on file with the company.		

\* The Company may request additional information with respect to camp activities.

**HORSE SHOWS AND OTHER MISCELLANEOUS INFORMATION: (Attach a separate page if more space is needed.)**

**Prior notification is required for all public event days.**

- |   |                                      |
|---|--------------------------------------|
| 1. Number of public event / show days held on premises<br>Provide dates for events: | Number of participants per show      |
| 2. If AHSA, provide competition number  | Dates when spectators exceed 500/day |

3. If you are required to provide a certificate as proof of insurance, provide names and complete addresses of each.  
\_\_\_\_\_
4. If you request coverage for an additional insured, please submit name, complete address, and insurable interest for company approval.  
\_\_\_\_\_
5. Number of horses sold annually: \_\_\_\_\_ Gross receipts from Tack Shop: \$ \_\_\_\_\_
6. Are you obtaining release agreement/waivers from students and boarders?  Yes  No If applicable, do you post state equine liability warning signs?  Yes  No Do you hand out or post barn & safety Rules?  Yes  No  
Are No Smoking signs posted?  Yes  No
7. Do you provide or conduct any of the following activities: pony rides, pony parties, hay, sleigh or carriage rides; rental of horses to the public or pack trips?  Yes  No If yes, provide details.  
\_\_\_\_\_

DESCRIBE FULLY ANY OTHER EVENTS / ACTIVITIES CONDUCTED. (ALL OPERATIONS MUST BE DELCARED.)

\_\_\_\_\_

\_\_\_\_\_

#### SECTION IV.

If there are any material changes in your farming or stable operations during the policy year, please notify your agent at once.

The undersigned hereby applies for renewal of insurance coverage as set forth in the application and affirms that the statements and representations made here are to the best of his/her knowledge true.

INSURED'S SIGNATURE <b>X</b>	DATE / /	AGENT'S SIGNATURE <b>X</b>	DATE / /
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**NOTE: I am interested in the availability of increased limits for the coverage checked below:**

- \$10,000 Medical Payments to Others
- \$100,000 Fire Legal Liability
- General Aggregate Limit Equal to Triple Occurrence Limit

If you have **declined** coverage for the Legal Liability of non-owned horses in your Care, Custody or Control, your signature **rejecting** coverage is required below.

SIGNATURE <b>X</b>
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**IMPORTANT – ORIGINAL MUST BE RETURNED  
INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COMMERCIAL LIABILITY**

# American Bankers Insurance Company of Florida

222 South 15<sup>th</sup> Suite 600 S  
Omaha, NE 68102

## LEGAL LIABILITY CARE, CUSTODY OR CONTROL RENEWAL QUESTIONNAIRE

INSURED / DBA		AGENT	CODE
PHONE NUMBER / E-MAIL ADDRESS		PHONE NUMBER / E-MAIL ADDRESS	
POLICY NUMBER	EXPIRATION DATE	FAX NUMBER	

Renew my policy based on the following information:

Breed of horses \_\_\_\_\_ Use of horses \_\_\_\_\_

**Number** of Non-Owned horses in your care:

Maximum \_\_\_\_\_ Minimum \_\_\_\_\_ Average \_\_\_\_\_

**Value** of Non-Owned horses in your care:

Per horse – Maximum \$ \_\_\_\_\_ Minimum \$ \_\_\_\_\_ Average \$ \_\_\_\_\_

Renew current Limits of: \$ \_\_\_\_\_ per horse, \$ \_\_\_\_\_ maximum loss per policy year

Revise Limits to: \$ \_\_\_\_\_ per horse, \$ \_\_\_\_\_ maximum loss per policy year

Do you transport horses for others?  Yes  No Maximum number of trips per year \_\_\_\_\_

Maximum number of horses per trip \_\_\_\_\_ Normal radius of operation \_\_\_\_\_ (miles)

Number of trips and destinations exceeding normal 150 mile radius \_\_\_\_\_

The undersigned hereby applies for renewal of insurance coverage as set forth in the application and affirms that the statements and representations made here are to the best of his/her knowledge true.

INSURED'S SIGNATURE <b>X</b>	DATE	AGENT'S SIGNATURE <b>X</b>	DATE
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**IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED**  
APPLICANT'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE

# AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

## LEGAL LIABILITY – CARE, CUSTODY AND CONTROL PROGRAM PREMIUM RATING RULES AND GUIDELINES

Premium for the limits chosen will be rated on the average number of horses in the care of the insured or the total number of horses stabled in any one barn, whichever is greater.

Rating on this policy for the limits of liability chosen includes incidental transit, which is generally defined as 6 trips of 150 miles or less, per year, carrying 1 or 2 non-owned horses. If our Transportation Extension Endorsement is used the 150-mile radius restriction is removed and changes it to an Unlimited Radius for an additional premium of \$100 Annually.

### RATES & LIMITS OF LIABILITY

Limit Per Horse	Maximum loss per year	Policy Premium up to 8 horses	Add'l Charge each horse over 8
2,500	25,000	\$ 150	\$ 8
5,000	25,000	\$ 150	\$10
5,000	50,000	\$ 200	\$10
10,000	50,000	\$ 225	\$12
10,000	100,000	\$ 250	\$15
15,000	150,000	\$ 300	\$18
25,000	250,000	\$ 350	\$20
50,000	250,000	\$ 550	\$25
75,000	300,000	\$ 650	\$30
100,000	300,000	\$ 700	\$35
150,000	400,000	\$1,050	\$55
200,000	400,000	\$1,150	\$75
500,000	1,000,000	\$1,500	\$95