

**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	DATE	AGENT'S SIGNATURE	DATE
X	/ /	X	/ /

**IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED
 APPLICANT'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**