

# American Bankers Insurance Company of Florida

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

AGENCY NAME		CODE
ADDRESS		
PHONE NUMBER	FAX NUMBER	
E-MAIL ADDRESS		

## APPLICATION FOR COMMERCIAL EQUINE LIABILITY (A Special program Limited to Horse-Related Exposures Only) THIS IS NOT A BINDER

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.**

NEW BUSINESS – DESIRED EFFECTIVE DATE \_\_\_ / \_\_\_ / \_\_\_       RENEWAL – EXPIRATION DATE \_\_\_ / \_\_\_ / \_\_\_

NAME OF APPLICANT	BUSINESS/STABLE NAME
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MAILING ADDRESS / CITY / STATE / ZIP CODE
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TELEPHONE NUMBER ( )	PERSON TO CONTACT FOR INSPECTION
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<b>NOTICE</b> – WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXCEPTED), EXPLAIN INTEREST OF EACH
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LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASES PREMISES Address (including zip code)	Number of Acres	Premises
1.		<input type="checkbox"/> Own <input type="checkbox"/> Lease
2.		<input type="checkbox"/> Own <input type="checkbox"/> Lease

APPLICANT IS <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Organization/Corporation <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other (specify)
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NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION
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CERTIFICATES OF INSURANCE REQUESTED FOR <input type="checkbox"/> Owner of Premises: Name Address <input type="checkbox"/> Certificateholder Only <input type="checkbox"/> Additional Insured <input type="checkbox"/> Other – Describe Interest: Name and Address <input type="checkbox"/> Certificateholder Only <input type="checkbox"/> Additional Insured, If Eligible
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LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS <input type="checkbox"/> \$300,000 CSL/Occ. <input type="checkbox"/> \$500,000 CSL/Occ. <input type="checkbox"/> \$1,000,000 CSL/Occ. <input type="checkbox"/> \$   CSL/Occ. \$600,000 Agg.   \$1,000,000 Agg.   \$2,000,000 Agg.   Other
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INQUIRE ABOUT THE AVAILABILITY OF INCREASED LIMITS ON THE FOLLOWING OPTIONS: <input type="checkbox"/> General Aggregate <input type="checkbox"/> Medical Payments <input type="checkbox"/> Fire Legal Liability
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DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES (IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.) <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICANT <b>X</b>	DATE / /
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**ORIGINAL APPLICATION MUST BE RETURNED**

## GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

1.	DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS	
2.	NUMBER OF YEARS AT THIS LOCATION	NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS
3.	IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS	
4.	DO YOU HAVE WORKERS' COMPENSATION INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: Workers' Compensation and Employer's Liability is <b>not covered</b> under this policy.
5.	PAYROLL FOR HORSE OPERATIONS \$	
5.	IS THIS YOUR PRINCIPAL OCCUPATION – IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN <input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	IS THERE 24-HOUR SUPERVISION OF THE FACILITY – IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	ARE ALL PASTURES TOTALLY FENCED – DESCRIBE TYPE OF ALL FENCING <input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	DESCRIBE CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	HOW OFTEN IS FENCING CHECKED
11.	WHO IS RESPONSIBLE FOR FENCE REPAIR <input type="checkbox"/> Owner <input type="checkbox"/> Lessee	RIDING FACILITIES Arena: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Open Fields <input type="checkbox"/> Trails
12.	DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES <input type="checkbox"/> Yes <input type="checkbox"/> No	IN OTHER OUTBUILDINGS/BARNES <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD – IF YES, PLEASE <b>ATTACH A COPY TO THIS APPLICATION</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	DO YOU POST RULES <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU POST WARNING SIGNS <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION	WHAT BREED
15.	DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES – IF YES, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE – IF YES, PROVIDE DETAILS <input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	DO YOU OWN/MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC. - IF YES, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT TYPE
18.	IS THERE A SWIMMING POOL ON THE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, IS IT RESTRICTED TO PRIVATE USE <input type="checkbox"/> Yes <input type="checkbox"/> No
19.	IS HUNTING/FISHING PERMITTED ON THE PROPERTY – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No	
20.	DO YOU OPERATE A BED AND BREAKFAST – IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION I. SUMMARY OF HORSES – AT PEAK SEASON**

**ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS 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>All Owned Horses Must be Declared</b>		<b>Total (Lines 1-8)</b>	
<b>Total (Lines 1-8)</b>			
9. Number of carts, buggies, carriages, etc. ....		9. Total number of stalls on your premises .....	
Describe Use:		10. What is the maximum number of horses, owned and non-owned that can be kept on your premises?.....	

**SECTION II. HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING** CHECK IF NO EXPOSURE AND INITIAL

1. TOTAL NUMBER OF STALLS	MAXIMUM NUMBER BOARDED	PASTURED	MONTHLY BOARDING RATE	ANNUAL GROSS
			\$	\$
2. TRAINING PLEASURE & SHOW: MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE	ANNUAL GROSS
			\$	\$
3. BREEDING: NUMBER OF NON-OWNED STALLIONS	BREED	MAXIMUM NUMBER OF OUTSIDE MARES	ARE MARES KEPT ON PREMISE 'TIL FOALING	
4. RACE HORSES: WHAT BREEDS	HOW MANY DO YOU TRAIN FOR OTHERS	PAYROLL	WHAT STATES DO YOU RACE IN	
		\$		
ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

**SECTION III. EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS** CHECK IF NO EXPOSURE AND INITIAL

1. IS INSTRUCTION PROVIDED BY	If an independent instructor/trainer is used, complete Section IV.	ARE YOU A CERTIFIED INSTRUCTOR
<input type="checkbox"/> You <input type="checkbox"/> An Independent Instructor		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DESCRIBE TYPE OF SAFETY GEAR REQUIRED		
3. DO YOU PROVIDE RIDING FOR THE HANDICAPPED	GROSS ANNUAL RECEIPTS	NON-PROFIT
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
RATIO OF INSTRUCTORS TO STUDENTS	ARE SIDEWALKERS USED	VOLUNTEER COVERAGE REQUESTED
		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE	MAXIMUM NUMBER USED AT ANY ONE TIME	GROSS ANNUAL RECEIPTS
		\$
5. ARE STALLIONS USED FOR INSTRUCTION	IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES	IF SO, ADVISE AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL GROSS RECEIPTS
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
7. DO YOU TEACH		
<input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other:		
8. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS – IF SO, GIVE DATES CLOSED		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION III. continued** CHECK IF NO EXPOSURE AND INITIAL

9.	DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	Injuries to horses and students being transported are not covered.	HOW MANY TIMES PER YEAR	GROSS RECEIPTS \$
10.	DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY DAYS	AVERAGE ATTENDANCE	RECEIPTS EARNED \$
11.	DO YOU OPERATE A DAY CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERNIGHT CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PROVIDE FOOD <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS FOR CAMP \$
12.	DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS			

**SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS** CHECK IF NO EXPOSURE AND INITIAL

1.	DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES – IF SO, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	DO THEY CARRY THEIR OWN INSURANCE++ <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.</b></p>			
PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)			
INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE. ATTACH COPY(IES).			
2.	HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS	GROSS RECEIPTS \$	GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES \$
3.	HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS		OR TRAINED UNDER YOUR NAME

**SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS** CHECK IF NO EXPOSURE AND INITIAL

1.	NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES	GROSS RECEIPTS FOR RENTALS \$	GROSS RECEIPTS FOR TRAIL RIDES \$	DO YOU CONDUCT PACK TRIPS <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	PONY RIDES/PARTIES: NUMBER OF PONIES	GROSS RECEIPTS \$	DO YOU USE SIDEWALKERS <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION VI. SALES – HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING** CHECK IF NO EXPOSURE AND INITIAL

1.	DO YOU SELL HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREEDS	HOW MANY PER YEAR	GROSS ANNUAL RECEIPTS \$
2.	IS BUYER ALLOWED TO TEST RIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES <input type="checkbox"/> In arena <input type="checkbox"/> In open field	DO YOU SELL FROM YOUR OWN PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	EXPLAIN ANY OTHER METHOD OF SALES			
4.	DO YOU SELL FOOD OR HAVE A SNACK BAR <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor liability not covered.	GROSS RECEIPTS \$	
5.	DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Used <input type="checkbox"/> New		GROSS RECEIPTS \$	
6.	DO YOU SELL HAY OR FEED <input type="checkbox"/> Yes <input type="checkbox"/> No		GROSS RECEIPTS \$	
7.	DO YOU MIX FEED FOR SALE/CONSUMPTION <input type="checkbox"/> Yes <input type="checkbox"/> No			
8.	DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No			
9.	DO YOU PERFORM ANY TYPE OF FARRIER SERVICES <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury to horse not covered.	ARE SERVICES ON PREMISE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$

*NOTE: Products liability for any and all exposures involving sale or horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.*

**SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES**

CHECK IF NO EXPOSURE AND INITIAL

1. RIDES <input type="checkbox"/> HAY <input type="checkbox"/> SLEIGH <input type="checkbox"/> CARRIAGE	NUMBER OF PASSENGERS	GROSS RECEIPTS	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF MOTOR VEH	NUMBER OF TRIPS	ON OR OFF PREMISES
		\$					

2. SHOWS Independent vendors are not covered.	DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOC. <input type="checkbox"/> Yes <input type="checkbox"/> No				
SHOWS ON PREMISES	NUMBER OF PARTICIPANTS	GROSS RECEIPTS (ALL SHOWS)	MAXIMUM NUMBER OF SPECTATORS PER DAY	TOTAL NUMBER OF SHOW DAYS	SHOW DATES		
RODEOS ON PREMISES		\$					
		\$					

3. DO YOU SECURE RELEASES FROM ALL ENTRANTS – ATTACH SAMPLE <input type="checkbox"/> Yes <input type="checkbox"/> No	DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY <input type="checkbox"/> Yes <input type="checkbox"/> No
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4. DO YOU HAVE BLEACHERS OR GRANDSTANDS <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSTRUCTION	YEAR BUILT	SEATING CAPACITY – NUMBER
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5. DO YOU MANAGE ANY HUNTS OR RACING EVENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT TYPE	DO YOU OWN/USE/LEASE ANY HOUNDS FOR HUNTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY HOUNDS
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6. IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS

7. DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES. IF YES, PLEASE EXPLAIN.  
 Yes  No

8. ALL OPERATIONS MUST BE DECLARED - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION

**NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.**

**PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)**

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES

1. HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS – IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE  
 Yes  No

2. HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS – IF YES, PLEASE EXPLAIN  
 Yes  No

3. IS THIS BUSINESS BROKERED – IF YES, BROKER IS TO PROVIDE NAME, ADDRESS, CITY, STATE, ZIP CODE AND TELEPHONE NUMBER  
 Yes  No

**STANDARD FRAUD WARNING:** 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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

**FLORIDA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.

**VIRGINIA:** 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.

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

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



**American Bankers**  
Insurance Company of Florida

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

**APPLICATION FOR LEGAL LIABILITY OF NON-OWNED HORSES  
IN YOUR CARE, CUSTODY OR CONTROL**

AGENCY NAME		
ADDRESS		
TELEPHONE NO. (    )	FAX NO. (    )	AGENCY CODE

**THIS IS NOT A BINDER**

- |  |   |
|--|---|
| <input type="checkbox"/> DIRECT BILL     | <input type="checkbox"/> NEW BUSINESS – DESIRED EFFECTIVE DATE ____/____/____                                   |
| <input type="checkbox"/> ACCOUNT CURRENT | <input type="checkbox"/> RENEWAL – EXPIRATION DATE ____/____/____ <input type="checkbox"/> POLICY NO. CCC _____ |

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION.**

NAME OF INSURED	BUSINESS/STABLE NAME
MAILING ADDRESS	
CITY/STATE/ZIP CODE	TELEPHONE NO. (    )
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS	
CITY/STATE/ZIP CODE	
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS.	

**A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.**

DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT THE PREMISES?	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS. IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE. _____ _____ _____
IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR? _____ IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR? _____ DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS: _____ DESCRIBE CONDITION OF FENCES: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR DESCRIBE CONDITION OF STABLES: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR OPERATIONS: <input type="checkbox"/> STABLE OWNER <input type="checkbox"/> BOARDING <input type="checkbox"/> BREEDING <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER _____ BREED OF ANIMALS _____      USE OF ANIMALS _____ DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES _____ _____ ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS ANY STABLE OVER 25 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED, CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? _____	

**CARE, CUSTODY OR CONTROL PROGRAM**

NUMBER OF STALLS:      BARN #1 \_\_\_\_\_      BARN #2 \_\_\_\_\_      BARN #3 \_\_\_\_\_      BARN #4 \_\_\_\_\_  
MINIMUM NUMBER OF HORSES IN YOUR CARE      \_\_\_\_\_      MINIMUM VALUE OF HORSES IN YOUR CARE      \_\_\_\_\_  
AVERAGE NUMBER OF HORSES IN YOUR CARE      \_\_\_\_\_      AVERAGE VALUE OF HORSES IN YOUR CARE      \_\_\_\_\_  
MAXIMUM NUMBER OF HORSES IN YOUR CARE      \_\_\_\_\_      MAXIMUM VALUE OF HORSES IN YOUR CARE      \_\_\_\_\_

**SELECT APPROPRIATE LIMITS OF LIABILITY FROM THE OPTIONS OUTLINED ON PAGE 3.**

**POLICY COVERS INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.  
\*COVERAGE MAY BE EXTENDED. REFER TO UNDERWRITER FOR PREMIUM.**

DO YOU TRANSPORT HORSES FOR OTHERS?  YES  NO      IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR \_\_\_\_\_  
MAXIMUM NUMBER OF ANIMALS PER TRIP \_\_\_\_\_      RADIUS OF NORMAL OPERATIONS \_\_\_\_\_ miles  
NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS \_\_\_\_\_  
HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED \_\_\_\_\_  
ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK?  YES  NO  
DO AT LEAST TWO PEOPLE GO ON EACH TRIP?  YES  NO

DESCRIBE ANY LOSSES OR POTENTIAL CLAIMS IN THE PAST THREE YEARS AND INCLUDE DEATHS OF ANY ANIMAL(S) IN YOUR CUSTODY, EVEN IF A CLAIM WAS NOT PRESENTED .

**FRAUD NOTICES**

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

**Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**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.

APPLICANT (PRINT)

SIGNATURE

**X**

DATE

/ /

AGENT SIGNATURE

**X**

DATE

/ /

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.



**CARE, CUSTODY OR CONTROL PROGRAM  
LIMITS OF LIABILITY (CHECK ONE)**

	<b>Limit Per Horse</b>	<b>Maximum Loss per Policy Year</b>
<input type="checkbox"/>	2,500	25,000
<input type="checkbox"/>	5,000	25,000
<input type="checkbox"/>	5,000	50,000
<input type="checkbox"/>	10,000	50,000
<input type="checkbox"/>	10,000	100,000
<input type="checkbox"/>	15,000	150,000
<input type="checkbox"/>	25,000	250,000
<input type="checkbox"/>	75,000	300,000
<input type="checkbox"/>	100,000	300,000
<input type="checkbox"/>	150,000	400,000
<input type="checkbox"/>	200,000	500,000
<input type="checkbox"/>	<b>500,000</b>	<b>*1,000,000</b>

\*Limits of 500,000/1,000,000 must be referred to the company for approval.