

FARM APPLICATION

PHOTOGRAPHS FOR ALL INSURED BUILDINGS, INCLUDING INTERIOR PHOTOS OF ALL DAIRY BARNs, STABLES and OTHER FARM BUILDINGS WITH ELECTRICAL SERVICE ARE REQUIRED. IDENTIFY PHOTOS WITH BUILDING NUMBER AND DATE TAKEN

GENERAL INFORMATION

I am a member of New England Farmers Union: Yes No

EFFECTIVE DATE:

QUOTE

ISSUE

I am a member of the New England Apple Council: Yes No

AGENCY:

AGENT CODE:

ADDRESS:

NAMED INSURED:

MAILING ADDRESS:
STREET

CITY, STATE, ZIP

Phone

Email:

Inspection Contact Person:

FAX:

Phone

NAMED INSURED IS: INDIVIDUAL PARTNERSHIP JOINT VENTURE: CORP LLC OTHER

IF OTHER, EXPLAIN:

WEBSITE:

UNDERWRITING QUESTIONS

1

Describe type of farming operations:

2

Number of years of farming experience by the insured:

3

Is farming the major source of income? Yes No If NO, please explain:

4

Is fertilizer, herbicides or insecticides used? Yes No

Applied by 3rd party contractor - Yes No

Are you an Additional Insured under Third party's policy? Yes No

Do you get a Certificate of Insurance from your contractor? Yes No

Self-applied - Yes No

If self-applied, are proper licensing and training in place? Yes No

5

Are there Smoke Detectors in all Habitational buildings? Yes No Carbon Monoxide Detectors? Yes No

6

Are there UL approved Lightning Rods on any buildings? Yes No If YES, which ones:

7

Are there any livestock on premises? Yes No If YES, what kinds:

8	How do you keep new-born livestock warm?
9	Any horses on premises? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES COMPLETE EQUINE APPLICATION If yes please indicate if : <input type="checkbox"/> Public Riding <input type="checkbox"/> Boarding <input type="checkbox"/> Racing <input type="checkbox"/> Public Livery <input type="checkbox"/> Owned – Pleasure Only <input type="checkbox"/> Other If other explain:
10	Are all livestock areas fenced? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of fencing:
11	If Cattle are present on premises do you now or have you in the past supplemented cattle feed with bone meal, protein supplements or animal by-products? Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Do you own/maintain dogs on the premises? Yes <input type="checkbox"/> No <input type="checkbox"/> How many? Breed: Has any dog bitten or caused injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Does insured grow and/or store tobacco? Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Has insured ever filed for Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Does insured prepare and sell animal feed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details and receipts:
16	Does Insured mix, process or otherwise prepare for “end customer” his or any other grower’s product? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details and receipts:
17	Swimming Pools? Yes <input type="checkbox"/> No <input type="checkbox"/> Diving Board? Yes <input type="checkbox"/> No <input type="checkbox"/> Fenced? Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Trampolines on property? Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Other bodies of water on premises suitable for firefighting? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details of water source: Are any dry hydrants available on property? Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Any commercial food processing by insured? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please describe:
21	Dairy Farm Operators: Is there any processing and/or retail sales of milk products to public? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes – Receipts: RAW MILK SALES FOR HUMAN CONSUMPTION: Yes <input type="checkbox"/> (If Yes – Refer to HO) No <input type="checkbox"/> MUST ATTACH DAIRY FARM SUPPLEMENTAL APPLICATION FOR ALL DAIRY FARMS
22	Identify all that are located on your property: open dump pits <input type="checkbox"/> silage bunkers <input type="checkbox"/> sump holes <input type="checkbox"/> lakes <input type="checkbox"/> manure pits <input type="checkbox"/> manure lagoons <input type="checkbox"/> reservoirs <input type="checkbox"/> methane digester <input type="checkbox"/> Other, please list:
23	Does the insured provide any camping areas or overnight trailer parking? Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts:
24	Does the insured allow any paying guests on premises for hunting, fishing, dude ranch or use of a resort facility? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details and receipts:

25	Any non-farming activities ? Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts If Yes, please describe:
26	Does the insured allow the premises to be used for snowmobile races, rodeos, riding exhibitions or any other non-farming activities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details: Receipts:
27	Does the insured rent or lease any portion of the premises to individuals, corporations or any other interest for activities not related to farming? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: Receipts:
28	Does the insured operate: Snowmobiles: Yes <input type="checkbox"/> No <input type="checkbox"/> ATVs: Yes <input type="checkbox"/> No <input type="checkbox"/> Dirt Bikes: Yes <input type="checkbox"/> No <input type="checkbox"/> Golf Carts: Yes <input type="checkbox"/> No <input type="checkbox"/> Watercraft: Yes <input type="checkbox"/> No <input type="checkbox"/> Watercraft Description: If yes, are they used <i>exclusively</i> on the farm premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, number and type used off premises:
29	Is there any vacation, seasonal premises or short term rental properties maintained by insured? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:
30	Is any land held for real-estate development or speculation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:
31	Are there any plans for construction or renovation work to be done on the premises in the next 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:
32	Does the insured engage in building, repair or design of machinery, equipment or systems for a fee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details and receipts:
33	Any airstrips on the premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide name of Aviation insurer: Acadia Agribusiness does not provide Aviation Insurance
34	Do you do Custom farming (farming operations done for others for a fee)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: receipts:

NAME OF CURRENT INSURER (REQUIRED)	COVERAGE	Expiration date	Premium

List losses for past FIVE years plus current year for all coverages requested (Attach loss runs from current insured)			
COVERAGE	Date of loss	Loss Amount	Describe loss and corrective action taken

Has coverage been cancelled, declined, non-renewed in past 3 years? Yes No

If yes please provide details including dates, insurer and reasons:

REMARKS:

PREMISES INFORMATION – LIST PRIMARY LOCATION 1ST; THEN ALL OTHER LOCATIONS

Loc No.	Buildings included	Street Address	City/Town	County	ACRES	State	Zip Code	Prot Class
1	Yes <input type="checkbox"/> No <input type="checkbox"/>							
2	Yes <input type="checkbox"/> No <input type="checkbox"/>							
3	Yes <input type="checkbox"/> No <input type="checkbox"/>							
4	Yes <input type="checkbox"/> No <input type="checkbox"/>							
5	Yes <input type="checkbox"/> No <input type="checkbox"/>							
6	Yes <input type="checkbox"/> No <input type="checkbox"/>							
7	Yes <input type="checkbox"/> No <input type="checkbox"/>							
8	Yes <input type="checkbox"/> No <input type="checkbox"/>							
9	Yes <input type="checkbox"/> No <input type="checkbox"/>							
10	Yes <input type="checkbox"/> No <input type="checkbox"/>							

FARM TYPE CLASSIFICATION:

Type I Farms (Highest Exposure) *	Type II Farms*	Type III Farms*	Type IV Farms*
Horses <input type="checkbox"/>	Dairy – Cattle <input type="checkbox"/>	Vegetables <input type="checkbox"/>	Wheat <input type="checkbox"/>
Livestock – Cattle <input type="checkbox"/>	Dairy – Goats <input type="checkbox"/>	Melons <input type="checkbox"/>	Soybean <input type="checkbox"/>
Any cherry groves on or near property: Yes <input type="checkbox"/> No <input type="checkbox"/>	Animal specialties:	Fruits & Berries <input type="checkbox"/>	Estate Farms <input type="checkbox"/>
	Goats <input type="checkbox"/>	Tree nuts <input type="checkbox"/>	Grain <input type="checkbox"/>
	Llamas <input type="checkbox"/>	Horticulture <input type="checkbox"/>	Hay <input type="checkbox"/>
	Alpacas <input type="checkbox"/>	Bees, fish, worms <input type="checkbox"/>	Corn <input type="checkbox"/>
	Sheep <input type="checkbox"/>	Maple Syrup <input type="checkbox"/>	Other field crops <input type="checkbox"/>

* The highest risk exposure on the farm establishes the Type of Farm (Type I being the highest, Type IV the lowest). *In determining the applicable Type of Farm, disregard any exposure on the farm that accounts for less than 15 percent of total gross income from farming.*

ADDITIONAL COVERAGES:

Limited Farm Pollution Liability Extension: (Use FL 04 30 for Farmowners Liability) (Use CG 24 15 for Farm CGL)	Yes <input type="checkbox"/> No <input type="checkbox"/>	LIMIT: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000
Chemical Drift Liability Coverage: (Use FL 01 63 – <u>Amendatory Endorsement</u> - for Farmowners Liability-form provides base limit of \$25,000) (Use CL FL 01 08 - <u>Basic Farm Premises Liability</u> -form provides base limit of \$25,000)	Yes <input type="checkbox"/> No <input type="checkbox"/>	LIMIT: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000
Borrowed Farm Equipment (Policy provides only \$10,000 of coverage for 30 days)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Disruption of Farming Operations	Yes <input type="checkbox"/> No <input type="checkbox"/>	LIMITS: <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days
Period of Indemnity:		Coinsurance:
Mechanical Breakdown Coverage:	Yes <input type="checkbox"/> No <input type="checkbox"/>	(think Boiler & Machinery Coverage)
Farm Property Broadening Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>	

COMMENTS:

For Underwriter Only: Farm Combination Policy? Yes No

GENERAL LIABILITY:

TOTAL ACREAGE: _____ **(Include all owned and leased locations)**

Choose One:	<input type="checkbox"/> Farm Liability <small>(Personal Liability and Product liability is included, subject to the provisions and conditions of the coverage forms)</small>	OR	<input type="checkbox"/> Farm CGL with: Personal Liability: Yes <input type="checkbox"/> No <input type="checkbox"/> Product Liability: Yes <input type="checkbox"/> No <input type="checkbox"/>
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	LIMIT OF INSURANCE		LIMIT OF INSURANCE
General Aggregate	\$	Employers Liability	\$
Products/Completed Ops AGG Limit	\$	Medical Payments	\$
Personal & Advertising Injury	\$	Total Payroll	\$
Each Occurrence	\$	Total Number of Employees	
Fire Damage Legal Liability (any one fire)	\$	With Auto Med pay	<input type="checkbox"/>
Medical payments (any one person)	\$	Without Auto Med pay	<input type="checkbox"/>

Additional Insureds: (Include relationship to named Insured and Insurable interest in Property or Liability):

ADDITIONAL FARM EXPOSURES:

Farm Store – mostly food (18435): Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Cheese Production (52002) : Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Farm Store – mostly non-food (18437): Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Maple Sugar/Syrup Production (59647) : Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Farm Stand – Seasonal (01235): Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$ <small>[use code for Farm Liability Only]</small>	Cider Making (53565): Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Firewood sales (13201): Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Hard Cider (59963): Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Milk Processing (57001) : Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Ice Cream Manufacturing (52002): Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Are farm products processed off premises to be sold in the Farm Store? Yes <input type="checkbox"/> No <input type="checkbox"/> Maximum Value of these products: \$	

AGRITAINMENT QUESTIONNAIRE

IF NO AGRITAINMENT ACTIVITIES, INITIAL HERE:

ACTIVITY	Please Indicate Y or N:	ACTIVITY	Please Indicate Y or N:
Agricultural exhibits	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Mini-Golf	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Agriculture related crafts	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Music Festival – Type of Music:	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Camping/picnicking	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	On-farm sales	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Christmas tree farms	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Other (describe):	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Corn maze/ Hay bale maze	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Petting zoos	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Exotic farm animals	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Paint ball operations	EXCLUDED IN POLICY
Farm/ranch vacations	EXCLUDED IN POLICY	Pony Rides	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Festivals/fairs	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Pumpkin patch	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
For-fee fishing and hunting	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Roadside stand	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Golf range	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	School tours	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Haunted trail rides/House	EXCLUDED IN POLICY	Skiing	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Hay Rides	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Sledding/Tubing Hill	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Hiking trails	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Sleigh Rides	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Hourly Horseback riding (usually hourly rates and not part of a boarding and training facility)	EXCLUDED IN POLICY	U-pick operations	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Ice Skating	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$	Weddings	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Inflatables	EXCLUDED IN POLICY	Wildlife viewing & photography	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: \$
Night Hay rides or Sleigh rides	EXCLUDED IN POLICY	Zip Lines	EXCLUDED IN POLICY
Snowmobile trail operations and rentals	EXCLUDED IN POLICY		

Do you have any activity taking place on the farm not listed above and not related to farming?

Are participants required to sign any releases or waivers? (If yes, please attach a copy of the waivers) Yes No

All receipts from all activities: \$ _____

Total Farm Receipts: \$ _____

FARM PERSONAL PROPERTY AND INVENTORY - ALL VALUES ARE BASED ON ACV ONLY

(Use additional pages if more space is needed)

******ATTENTION: FARM PERSONAL PROPERTY APPLIES TO ALL LOCATIONS******

LOC #	E	Description	Limit of Insurance	Cause of Loss	Ded		
	<input type="checkbox"/>	GRAIN		<input type="checkbox"/> Basic <input type="checkbox"/> Broad			
	<input type="checkbox"/>	HAY (inside)		<input type="checkbox"/> Basic <input type="checkbox"/> Broad			
	<input type="checkbox"/>	HAY (outside)		<input type="checkbox"/> Basic <input type="checkbox"/> Broad			
	<input type="checkbox"/>	STRAW (inside)		<input type="checkbox"/> Basic <input type="checkbox"/> Broad			
	<input type="checkbox"/>	FODDER		<input type="checkbox"/> Basic <input type="checkbox"/> Broad			
	<input type="checkbox"/>	SILGAGE		<input type="checkbox"/> Basic <input type="checkbox"/> Broad			
	<input type="checkbox"/>	HARVESTED CROPS:		<input type="checkbox"/> Basic <input type="checkbox"/> Broad			
	<input type="checkbox"/>	TRAYS, BOXES, etc.		<input type="checkbox"/> Basic <input type="checkbox"/> Broad			
	<input type="checkbox"/>	FARM & DAIRY PRODUCTS, NOC Describe:		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special			
	<input type="checkbox"/>	FARM PROPERTY, NOC Describe:		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special			
	<input type="checkbox"/>	If Any: Miscellaneous Tools & Equipment – This is blanket for items not to exceed \$3,000 each		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special			
LIVESTOCK		Description:	#	Value each	Limit of Insurance	Cause of Loss Basic or Broad only	Ded
	<input type="checkbox"/>	Calves, under 6 months	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	Heifers-Open	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	Heifers-Bred	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	Dairy Cows	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	Bulls	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	Beef Cattle	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	Feeder Cattle	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	Horses	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	Hogs/Pigs	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	Sheep/Goats	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	Llamas/Alpacas	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	Poultry	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	OTHER:	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
	<input type="checkbox"/>	OTHER:	@			<input type="checkbox"/> Basic <input type="checkbox"/> Broad	

DWELLINGS – LIST ALL DWELLINGS TO BE INSURED HERE – REGARDLESS OF LOCATION

Include Household Property Coverages as well - We will apply 10% of Coverage A for Appurtenant Structures (Cov B) and Loss of Use (Cov D)

LIST ALL OTHER STRUCTURES UNDER COVERAGE G

¹ TYPE 1: \$40,000 Minimum & excellent condition TYPE 2: \$25,000 Minimum & good condition TYPE 3: All Others		² COV C LIMIT % of COV A Options: 0%, 40%, 50%, 60%, 70%, 80%		³ Type of Construction FRM - Frame BV - Brick Veneer MAS – Masonry FR- Fire Res		⁴ Type of Roof: 1-Asphl 2-Metal 3-Slate 4-Other		⁵ Cause of loss Options: 1-Basic, 2-Broad, 3-Special OR: 4 - Special for Cov A&B with Broad for Contents	
LOC #									
DWG #									
¹ Building Type									
COV A Limit									
² COV C Limit (% of A)									
COV D Limit									
³ Type of Construction									
⁴ Type of Roof									
Rented to Others	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Owner Occupied	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Deductible									
⁵ Cause of loss									
Smoke/Heat Detector	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Wood Stoves	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Space Heaters	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Year Built									
Year Last Updates									
Earthquake Coverage	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Dwelling RC or ACV	<input type="checkbox"/> RC <input type="checkbox"/> ACV	<input type="checkbox"/> RC <input type="checkbox"/> ACV	<input type="checkbox"/> RC <input type="checkbox"/> ACV	<input type="checkbox"/> RC <input type="checkbox"/> ACV	<input type="checkbox"/> RC <input type="checkbox"/> ACV	<input type="checkbox"/> RC <input type="checkbox"/> ACV	<input type="checkbox"/> RC <input type="checkbox"/> ACV	<input type="checkbox"/> RC <input type="checkbox"/> ACV	<input type="checkbox"/> RC <input type="checkbox"/> ACV
Personal Property RC	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
TOTAL SQ Feet									
Seasonal occupancy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Heating System:									
Type									
Fuel									
MOBILE HOME: <input type="checkbox"/>Y <input type="checkbox"/>N If requesting coverage on Mobile Homes please answer questions below									
Skirted	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Tied Down	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

MISCELLANEOUS SCHEDULED PERSONAL PROPERTY

Attach Schedule for Fine Arts, Jewelry, Guns, Furs, Cameras, Golf Equipment, Silverware, Goldware – Appraisal required for any item over \$25,000

Name of class:	Limit of Insurance: \$
Name of class:	Limit of Insurance: \$
Name of class:	Limit of Insurance: \$
Name of class:	Limit of Insurance: \$
Name of class:	Limit of Insurance: \$

Additional Comments or Information:

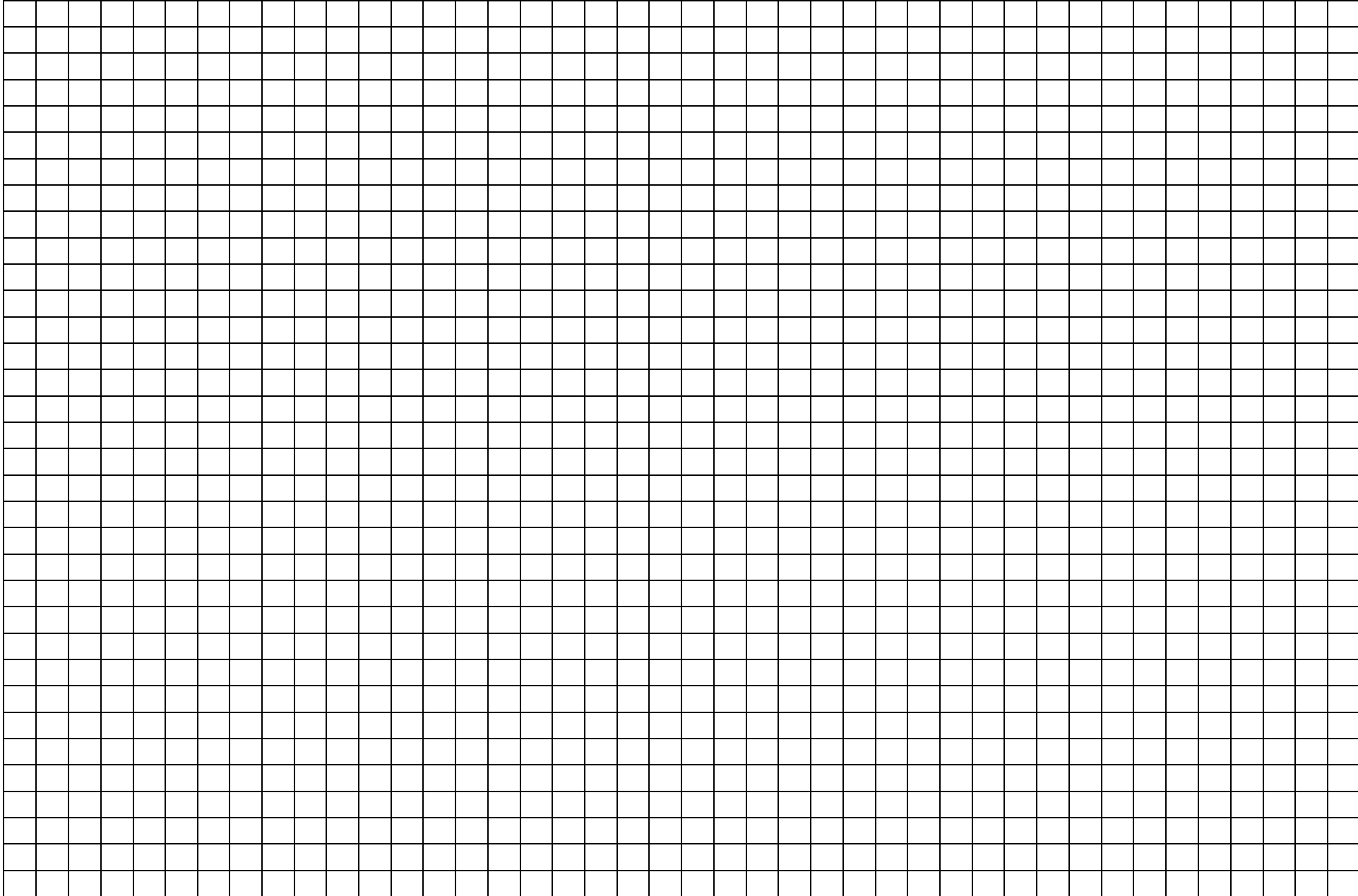
Inflation Guard - Dwelling: 4% 6% 8% 10% 12% 14%

Inflation Guard - Farm Buildings: 4% 6% 8% 10% 12% 14%

Mortgagee/Loss Payee :

DIAGRAM: provide a diagram showing all insured and uninsured buildings and approximate distance between each building

NORTH



FRAUD STATEMENT:

MAINE: It is a crime to knowingly present a 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.

MASSACHUSETTS: NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

NEW YORK: 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

RHODE ISLAND: In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

Yes No

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal penalties.

The signing of this APPLICATION does not bind the Applicant or Acadia Insurance Company to complete this insurance unless otherwise indicated below:	
Coverage Bound <input type="checkbox"/>	A.M. /P.M. Date:
EXCEPTIONS:	
AGENT:	APPLICANT:
Date:	Applicant Title:

Insurance policies may be issued by one or more of the following affiliated insurance companies: Acadia Insurance Company, Continental Western Insurance Company, Firemen's Insurance Company of Washington, D.C. and Union Insurance Company.



Acadia Insurance®

EQUINE & CARE, CUSTODY, CONTROL APPLICATION

Completed Farm Application Required

GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE

EFF DATE:

AGENT:

Insured Name:

Describe all horse related operations (Check all that apply) :

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Boarding | <input type="checkbox"/> Barrel racing | <input type="checkbox"/> Gymkhana | <input type="checkbox"/> Team chasing |
| <input type="checkbox"/> Breeding & Sales | <input type="checkbox"/> Breakaway roping | <input type="checkbox"/> Harness racing | <input type="checkbox"/> Team roping |
| <input type="checkbox"/> Clinics/Shows | <input type="checkbox"/> Calf roping | <input type="checkbox"/> Pleasure driving | <input type="checkbox"/> Thoroughbred horse racing |
| <input type="checkbox"/> Hay/Carriage/Sleigh Rides | <input type="checkbox"/> Classical dressage | <input type="checkbox"/> Point-to-point | <input type="checkbox"/> Western pleasure |
| <input type="checkbox"/> Lessons | <input type="checkbox"/> Cowboy Mounted Shooting | <input type="checkbox"/> Pole bending | <input type="checkbox"/> Western riding (horse show) |
| <input type="checkbox"/> Pony Rides | <input type="checkbox"/> Cutting (sport) | <input type="checkbox"/> Roadster | <input type="checkbox"/> Working cow horse |
| <input type="checkbox"/> Public Horse Rentals | <input type="checkbox"/> Draft horse showing | <input type="checkbox"/> Saddle bronc and bareback riding | <input type="checkbox"/> Vaulting |
| <input type="checkbox"/> Riding Clubs | <input type="checkbox"/> Fine harness | <input type="checkbox"/> Scurry Driving | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Polo/Horse Ball | <input type="checkbox"/> Flat racing | <input type="checkbox"/> Show hunter | |
| <input type="checkbox"/> Therapeutic Riding | <input type="checkbox"/> Foxhunting | <input type="checkbox"/> Steeplechase | |
| <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Goat tying | <input type="checkbox"/> Steer wrestling | |

Number of years of experience with horses:

If less than five (5) years' experience, give brief description of experience and background in horse business:

Do you have Workers Compensation Insurance: Yes No

Note: Complete ACORD WC application for coverage if desired

Total Payroll for Horse Operations: \$

Total Full Time Employees:

Total part-time:

WEBSITE:

- | | |
|---|--|
| 1 | Is this your main source of income? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO please describe occupation or business you are engaged in: |
| 2 | Are there any non-farm business enterprises or professional offices on any of the described premises? Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES please explain:
If YES , is there insurance covering the operation? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3 | Do you lease any part of the land, buildings, stables, stall space, or operations to others? Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES , please explain: |

4	Is there 24 hour supervision of the facility? Yes <input type="checkbox"/> No <input type="checkbox"/> Please Explain:
5	Are all pastures totally fenced?: Yes <input type="checkbox"/> No <input type="checkbox"/> Describe type of fencing: Describe condition of fencing: <input type="checkbox"/> Excellent, <input type="checkbox"/> Good, <input type="checkbox"/> Fair, <input type="checkbox"/> Poor How often is fencing inspected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
6	Do you obtain a release signed by boarders and students relieving you of claims for BI & PD? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, provide copy.
7	Riding facilities: Yes <input type="checkbox"/> No <input type="checkbox"/> If YES check all that apply: <input type="checkbox"/> Indoor Arena <input type="checkbox"/> Outdoor Arena <input type="checkbox"/> Open Fields
8	Are Fire extinguishers available and operable in Stables? Yes <input type="checkbox"/> No <input type="checkbox"/> In other farm buildings? Yes <input type="checkbox"/> No <input type="checkbox"/> Are Fire extinguishers inspected at least annually? Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Do you post rules? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you post warning signs? Yes <input type="checkbox"/> No <input type="checkbox"/> If required, are State Equine Liability signs clearly posted: Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Does insured prepare and sell animal feed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:

SUMMARY OF HORSES AT PEAK SEASON – Equine Activities
HORSES SHOULD ONLY BE COUNTED ONCE!

Exposure	# Owned Horses	# Non-Owned Horses	Payroll	Receipts
1 Breeding Stables				
2 Boarding Stables – No training				
3 Training Stables – Boarded Horses being Trained in a show discipline				
4 Training Stables – Boarded Horses being Trained for racing				
5 Horse Riding Clubs	# of Members			
Horse Riding Instruction				
1 Clinics & Schools				
2 School Horses Used				

3	Independent Contractors/Riding instructors	# of horses provided by Independent instructors		
4	Livestock sales:	# Sold	Breed:	
5	Horse Shows:	# of Show days < 50 participants:		
		# of Show days 51 to 250 participants:		
		# of Show days 251 to 500 participants:		
		# of Show days over 500 participants:		
6	Private Riding Clubs	# of Members		
Private Pleasure Horses		#		
A - HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING				<input type="checkbox"/> INITIAL IF NONE
1	Total Number of Stalls:	Maximum Number Boarded:	Number Pastured:	Total Annual Gross Receipts: \$
2	Maximum Number of Non-Owned Horses In training:	What type of Training:		Total Annual Gross Receipts: \$
3	Do you attend off-premises shows with horses in training? Yes <input type="checkbox"/> No <input type="checkbox"/>			
4	Are you actively involved in the racing/training of your race horses? Yes <input type="checkbox"/> No <input type="checkbox"/>			
5	Breeding: Number of Non-Owned Stallions:	Breed:	Maximum Number Of Outside Mares:	Are mares Kept On premises 'til Foaling: Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Race Horses What breeds:	How Many do You train for others:	Total Training Payroll: \$	What States do You race In:
B - EQUESTRIAN SCHOOLS – RIDING INSTRUCTIONS – CLINICS				<input type="checkbox"/> INITIAL IF NONE
1	Instruction Is Provided by <input type="checkbox"/> You <input type="checkbox"/> or Independent Instructor	If an Independent instructor/trainer is used, complete Section D		Are you a certified instructor? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Describe Type of Safety Gear Required:			
3	Do you provide therapeutic riding Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES , Gross Annual receipts: \$		Number of Horses used for Therapeutic riding:
4	Are Therapeutic Riding Instructors certified? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES , Indicate Certifying Organization:			
5	Ratio of Instructors to students:		Are Side walkers Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	

6	Maximum Number of school horses available:	Maximum Number of School horses used at any one time:	Gross Annual receipts: \$
7	Are Stallions used for Instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, indicate the level of the rider and age:	
8	Do you give instruction to students on their own horses: Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, advise average number of students per week:	Gross Annual receipts: \$
9	Do you teach: English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other:		
10	Is there any time of the year during which you do not give instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes give dates when closed:		
11	Do You attend off-Premises Shows with your Students? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many times a year?	Gross Receipts: \$
12	Do you operate a day camp? Yes <input type="checkbox"/> No <input type="checkbox"/>	Overnight camp Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you provide food? Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Describe all activities offered at camps other than riding instructions:		
C – CLINICS			<input style="border: 1px solid black; width: 40px; height: 20px;" type="text"/> INITIAL IF NONE
1	Do you hold or sponsor clinics for non-students on your premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	Off Premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Type of Clinics:		
3	Number of Clinics:	Number of days per clinic:	
4	Average Attendance:		
5	Do you rent/lease your facility to others to hold clinics: Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • If Yes, provide Certificates of Insurance with your name as Additional Insured • If Yes, who teaches these clinics? <p style="text-align: center;">Do you require outside clinicians to provide proof of insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide Certificate of Insurance of clinician's insurance.</p>		
6	Total receipts for the clinics:		
D – INDEPENDENT INSTRUCTORS / TRAINERS			<input style="border: 1px solid black; width: 40px; height: 20px;" type="text"/> INITIAL IF NONE
Do independent instructors or trainers operate on your premises? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do they carry their own insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**** If they carry insurance secure a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We also require that you are named as and Additional Insured under their policy.**

If the Independent Instructors or Trainers do not carry their own insurance, they can be added as an insured for an additional charge. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.

Provide names & addresses for independent instructors:

How many horses are provided for lessons by Independent Instructors:	Gross receipts: \$	Gross receipts for instruction to students on their own horses \$
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How many of your boarded horses are being trained by Independent Instructors:	Or trained by you:
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E – Sales – Horse, Food, Clothing, Tack, Feed, Horseshoeing

Check if NONE

1.	Do you sell from your premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you sell horses are buyers allowed to test ride? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, do you require a Hold harmless agreement to be signed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you obtain a release signed by buyer relieving you of claims for BI & PD? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, provide copy.	If Yes, in arena: Yes <input type="checkbox"/> No <input type="checkbox"/> Or Open field Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Explain any other method of sales: <input type="checkbox"/> Private Treaty <input type="checkbox"/> Auction <input type="checkbox"/> Consignment <input type="checkbox"/> Other:			
3	Do you sell food or have a snack bar? Yes <input type="checkbox"/> No <input type="checkbox"/> Gross Receipts: \$		Liquor Liability not covered	
4	Do you Tack and /or Clothing? Yes <input type="checkbox"/> No <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/>		Gross Receipts: \$	
5	Do you Sell Hay or Feed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Gross Receipts: \$	
6	Do you MIX Hay or Feed for sale or consumption? Yes <input type="checkbox"/> No <input type="checkbox"/>			
7	Do you repair riding equipment for others? Yes <input type="checkbox"/> No <input type="checkbox"/>			
8	Do you perform any type of farrier services? Yes <input type="checkbox"/> No <input type="checkbox"/>		Gross Receipts: \$	



CARE, CUSTODY, CONTROL APPLICATION

Insured Name:

Describe horse related operations: Stable Owner Boarding Breeding Farm Trainer Other:

How Long In Business: Do you: Own or Lease stable? If leasing premises, who is responsible for building and fence repair:

Stable	Construction	# of Stalls	Sprinklered	Lightning Rods	Fire Exts:	Smoke/Fire Alarms	24 Hr. Security	Describe Security	Secondary Egress	If over 25 yrs old last update
1.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Breed of Horses:

Use of Horses:

- 1 Minimum **Number** of non-owned horses in your care:
- 2 Maximum **Number** of non-owned horses in your care:
- 3 **Minimum Value** of non-owned horses in your care:
- 4 Maximum **Value** of non-owned horses in your care:
- 5 Average **Number** of non-owned horses in your care:
- 6 Average **Value** of non-owned horses in your care:
- 7 Fire Protection Class :
- 8 What type of fencing is used in run, pastures and paddocks?
- 9 Are shelters provided in runs of pastures? Yes No If **Yes**, please describe:
- 10 Where are non-owned horses kept at night? Stable Pasture Other:
- 11 Is smoking allowed within structures? Yes No Strictly Enforced? Yes No
- 12 Are **stallions** housed, pastured and exercised in separate pastures, paddocks and runs, away from mares? Yes No
- 13 Do all electrical lights have explosion proof covers? Yes No
- 14 Are all electrical outlets inaccessible to horses? Yes No
- 15 Does applicant mix own concentrate feed rations on the premises? Yes No
- 16 Is feed stored in the stabling area? Yes No if **YES**, explain type of feed and the location of the storage area:
- 17 Is the feed room secured with horse proof latches? Yes No
- 18 What is the construction of the stalls? Type of stalls: Box Slip Size of stalls(sq Ft & height)

19	Are health certificates required from the owners prior to accepting non-owned horses? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES how often are they required to be updated?
20	Are all non-owned horses required to have permanent methods of identification (tags, brands, tattoos, etc.) registration records? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES , explain:
21	Are non-owned horses transported for others? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES , please provide the following: Maximum # of Trips per year _____ Maximum number of animals per trip: _____ Radius of operation: _____ Do at least 2 (two) people go on each trip: Yes <input type="checkbox"/> No <input type="checkbox"/> How often are trailer(s) or van(s) floor boards checked? _____ Are fire extinguishers carried on the truck or van? Yes <input type="checkbox"/> No <input type="checkbox"/>
22	Are there therapeutic pools for horses? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES , were they installed by the manufacturer? Yes <input type="checkbox"/> No <input type="checkbox"/>
23	Do employees (if any) have written instructions on their responsibility in case of a stable fire? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES , provide copy.
24	Name and address of regular Veterinarian: How often is he/she on premises? <input type="checkbox"/> daily <input type="checkbox"/> twice a week <input type="checkbox"/> weekly <input type="checkbox"/> Other (describe): _____
25	Describe any losses or potential claims in the last 3 years (Include Deaths of any animals in your care, custody & control – even if no claim was made):

Requested Limits of Insurance: Check appropriate box

Check One	Limit per Horse	Aggregate Limit of Insurance	TOTAL NUMBER of HORSES: _____
<input type="checkbox"/>	\$ 2,500	\$ 25,000	Insured Signature _____ Date _____ Agent Signature _____ Date _____ Insurance policies may be issued by one or more of the following affiliated insurance companies: Acadia Insurance Company, Continental Western Insurance Company, Firemen's Insurance Company of Washington, D.C. and Union Insurance Company
<input type="checkbox"/>	\$ 5,000	\$ 25,000	
<input type="checkbox"/>	\$ 5,000	\$ 50,000	
<input type="checkbox"/>	\$ 10,000	\$ 100,000	
<input type="checkbox"/>	\$ 10,000	\$ 150,000	
<input type="checkbox"/>	\$ 20,000	\$ 200,000	
<input type="checkbox"/>	\$ 25,000	\$ 250,000	
<input type="checkbox"/>	\$ 50,000	\$ 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	