



Application for Equine Care, Custody & Control Insurance

Coverage as part of an Agripolicy

Producer Information Producer Code: _____ Producer Name: _____	Applicant Information Name and Mailing Address: _____ Your Telephone Number: _____
Proposed Policy Period: _____	From: _____ To: _____ Maximum Term = 12 months

1. The Insured's Business is: <input type="checkbox"/> Stable Owner <input type="checkbox"/> Boarding of Horses <input type="checkbox"/> Training of Horses <input type="checkbox"/> Other _____	
2. How Long in Business? _____ Years	3. Do You Own or Lease the Stables? <input type="checkbox"/> Own <input type="checkbox"/> Lease If leased, who is responsible for building & fence repairs?
4. Breed of Animals: _____	5. Use of Animals: _____
6. Minimum Number of horses in your care: _____	7. Minimum Value of horses in your care: \$ _____
8. Average Number of horses in your care: _____	9. Average Value of horses in your care: \$ _____
10. Maximum Number of horses in your care: _____	11. Maximum Value of horses in your care: \$ _____

Limits – Limit Per Horse and Annual Aggregate Per Policy Limit

Select (1) a Limit Per Horse, and Limit	(2) an Annual Aggregate Per Policy
<input type="checkbox"/> \$5,000 Limit Per Horse Annual Aggregate Per Policy Limits:	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
<input type="checkbox"/> \$10,000 Limit Per Horse Annual Aggregate Per Policy Limits:	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
<input type="checkbox"/> \$15,000 Limit Per Horse Annual Aggregate Per Policy Limits:	<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$25,000 Limit Per Horse Annual Aggregate Per Policy Limits:	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000
<input type="checkbox"/> \$50,000 Limit Per Horse Annual Aggregate Per Policy Limits:	<input type="checkbox"/> \$250,000
<input type="checkbox"/> \$100,000 Limit Per Horse Annual Aggregate Per Policy Limits:	<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000

Premium computation based on _____ Horses: Base Premium (For Initial 10 horses): \$ _____ +

Number of horses over 10 in increments of 10 (or a portion thereof) = _____ units X \$ _____ = \$ _____

Annual Premium: \$ _____



AGRI INSURANCE

Stable Number	Construction	Number of Stalls	Sprinklered	Lightning Rods	Fire Extinguishers	Smoke or Fire Alarms	Fire Prot Class
1							
2							
3							
4							

12. Is there 24 hour security and supervision of stables? Yes No If yes, describe:
 Is there a night watchman on premises? Yes No
 Are visitors required to check into main office? Yes No
 Is access to the property open to the general public? Yes No

13. Are shelters provided in runs or pastures? Yes No

14. What type of fencing is used in runs, pastures and paddocks?
 Condition of fence?

15. Do you transport horses for others? Yes No If yes,
 maximum number of trips per year: _____
 If yes, maximum number of animals per trip: _____ Radius of Operation: _____
 Do at least two people go on each trip? Yes No
 Are fire extinguishers carried on truck or van? Yes No
 How often are trailer or van floor boards checked? _____

16. Do you have therapeutic pools for horses? Yes No
 If yes, were they installed by manufacturer? _____ If yes, were they installed by a licensed Electrician? _____

17. Do your employees (if any) have instructions, in writing, on their responsibilities in case of a stable fire?
 Yes No
 If yes, please attach the instructions.

18. Name and address of regular Veterinarian: _____
 How often is he/she on premises? Daily Twice Weekly Weekly _____
 Other (describe) _____

19. 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:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Insured Signature: _____ Date ____ / ____ / ____
 By: _____ Time _____ AM / PM
 Title: _____

Agent Signature: _____ Date ____ / ____ / ____