



# Building Coverage Form

Applicant: \_\_\_\_\_

**Please use a separate Building Coverage Form for each location with structures to be insured.**

Location #: \_\_\_\_\_ Acres: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Name and department number of the nearest Fire Station.</b>	<b>Feet from Hydrant</b>	<b>Miles from Fire Department</b>	<b>Deductible: Residence &amp; Farm Structures</b> <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other: \$ _____
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	Residence	Farm Barns, Buildings, and Structures – Coverage G					
Building Name / Diagram #							
Use or Description							
A. Dwelling	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B. Appurtenant Structures	\$ _____						
C. Household Contents	\$ _____						
D. Loss of Use	\$ _____	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>
Covered Causes of Loss <i>(Subject to eligibility)</i>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> ELITE <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>
Inflation Guard Desired	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Loss Settlement* - Dwelling	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"/>
Loss Settlement* - Contents	RC <input type="checkbox"/> ACV <input type="checkbox"/>						
Ordinance or Law	10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/>						
Occupancy <i>(Owner-Primary, Owner-Seasonal, Manager, Tenant, Vacant, Under Construction)</i>							
Number of Families							
Year Built							
Type of Construction**							
Roof Type*** Age							
Heating Type/Source Central or Number of Units Age							
Cooling Central or # of Window Units	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"/>
Electrical System Type Capacity (Amps)							
Smoke Alarm <i>(Battery, Hard Wired)</i>	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"/>
Burglar Alarm <i>(Central, Local)</i>	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"/>
Lightning Rods	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"/>
Fire Extinguishers	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"/>
Sprinkler System	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"/>
Hay Storage	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"/>
Renovation Update: <b>Please provide year of update for Buildings over 25 years old.</b>	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.

Do any buildings have Exposed Urethane or Styrene Insulation? Yes  No  *If yes, please identify buildings and describe:*

**Please fill out the Wood Stove / Mobile Home Tie Down Supplemental Application if any of the following questions are answered with Yes.**

Wood Stove	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"/>
Mobile Home	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"/>

Remarks: \_\_\_\_\_

**\*Loss Settlement:** RC = Replacement Cost, ACV = Actual Cash Value, as verified on attached Replacement Cost Forms. **\*\*\*Type of Roof:** Asphalt, Metal, Tile, Cedar Shake

**\*\*Type of Construction:** Frame, Masonry, Steel Frame, Pole, Mobile Home, Mobile Building, House-Barn Frame, House-Barn Masonry

# Property Diagram

Applicant:

Location #:

## **Property Diagram for each location with insured buildings.**

Show all buildings on premises, even if not covered.  
Show distance in feet between buildings.  
Label all buildings and attach dated photographs.  
Label "NC" if not covered.

Show nearest Roads, Highways, or Interstates.  
Show Fire Hydrants if applicable.  
Show any Lakes, Rivers, or Ponds.  
Show Fuel Tank locations.

## **Must include current photos of all buildings.**

*Please indicate North.*



A large grid of small dots for drawing the property diagram.



# Scheduled Farm Personal Property

Applicant:

## Farm Personal Property

**Deductible:**     \$250     \$500     \$1,000     \$2,500

**Note:** *Loss Settlement for Farm Personal Property, whether Blanket or Scheduled, is Actual Cash Value.*

**Covered Cause of Loss**

- Basic
- Broad
- Special

<b>Mini Blankets</b>	<b>The Limit of Insurance is the most the Company will pay for damage to property as a result of a single occurrence. Items to be insured for more than \$2,500 must be scheduled below.</b>	<b>Limit of Insurance</b>
A. Tack & Grooming Equipment:	Saddles, bridles, tack trunks, grooming equipment, blankets, etc.	
B. Small Tools & Supplies:	Small lawn mowers, chain saws, weed eaters, power tools, hand tools, etc.	
C. Office Equipment:	Computers (hardware and software), phone systems, copiers, fax machines, etc.	
D. Barn Contents:	Furniture, Washer and Dryer units, other domestic appliances, etc.	

**Schedule below all Tractors, Tractor Implements, Other Farm Machinery, and all items valued over \$2,500.**  
**Note:** *Coverage for Hay and Grain is limited to Broad Perils, and only while stored in a building.*

	<b>Description and Model</b>	<b>Year</b>	<b>Serial Number</b>	<b>Limit of Insurance</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
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17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
	<b>Total Scheduled Personal Property</b>			<b>\$</b>

# Liability Section

## Limits of Liability

<b>Comprehensive Personal Liability Only Desired</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Each Occurrence Limit (Select one)</b>			\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
<b>General Aggregate Limit</b>			\$600,000	\$1,000,000	\$2,000,000
Medical Payments (Any one Person)			\$5,000	\$5,000	\$5,000

(Note: If only selecting CPL coverage, please skip to Optional Coverages below.)

<b>Equine Commercial General Liability desired</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Comprehensive Personal Liability desired</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Each Occurrence Limit (Select one)</b>			\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
<b>General Aggregate Limit</b>			\$300,000	\$500,000	\$1,000,000
Fire Damage Limit (Any one Fire)			\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)			\$5,000	\$5,000	\$5,000
<b>Double Aggregate Limit desired</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$600,000	\$1,000,000	\$2,000,000
<b>Triple Aggregate Limit desired</b>					
(Note: Only available with \$1,000,000 Occurrence Limit)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A	N/A	\$3,000,000

<b>Excess Coverage desired</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Note: Requires \$1,000,000 Occurrence Limit, and \$2M or \$3M Aggregate Limit.)		
<b>Excess limits (Each Occurrence and General Aggregate)</b>			\$1m <input type="checkbox"/>	\$2m <input type="checkbox"/>	\$3m <input type="checkbox"/>
			\$4m <input type="checkbox"/>	\$5m <input type="checkbox"/>	

### Optional Coverages – Subject to eligibility and underwriting approval.

<b>Equine Personal Liability desired</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Products and Completed Operations desired</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Race Horse Owner's Liability desired</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Personal and Advertising Injury desired</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Equine Professional Liability desired</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

**Note:** *If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.*

**Additional Insureds**  
*List Additional Insureds and describe their connection to your equine activities. Independent Trainers, Instructors, and Clinicians are not eligible as Additional Insureds and should be listed on the next page for coverage consideration. Do not list employees.*

<i>Name:</i> _____	<i>Address:</i> _____	<i>Relationship:</i> _____
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Summary of Equine Activities

Description of your operation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Years experience with horses: \_\_\_\_\_ Professional years operating this type of an operation as a business: \_\_\_\_\_  
 Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you are not the primary manager, Manager's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Years Exp: \_\_\_\_\_

24-hour supervision of facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Riding Helmets are Required:</b> <input type="checkbox"/> By everyone ALL OF THE TIME <input type="checkbox"/> 18 and under ALL OF THE TIME <input type="checkbox"/> Everyone while jumping/speed work <input type="checkbox"/> Only 18 and under while jumping <input type="checkbox"/> Not required
Emergency numbers posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safety & Barn Rules posted and written out	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>	
Current liability waivers utilized	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>	
State Equine Activity signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fire Drills conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
No Smoking signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Smoke Alarms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Smoking allowed in barns	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shoes with heels required for riders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Is all fencing in good condition? Yes  No

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: \_\_\_\_\_

**Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.**

**Owned / Leased Horses**

Total number of horses you own: \_\_\_\_\_

Total number of horses you lease from others: \_\_\_\_\_

Maximum number of horses you own or lease from others taken off premises (horse shows etc.): \_\_\_\_\_

Maximum number of horses you lease to others on premises: \_\_\_\_\_

Maximum number of horses you lease to others off premises: \_\_\_\_\_

Maximum number of horses used for **Riding Instruction / School Horses**: \_\_\_\_\_

Do you use any horses for driving, pulling, or work? Yes  No

If yes, please explain: \_\_\_\_\_

Do you own Race Horses? Yes  No  If yes, number of Race Horses owned: \_\_\_\_\_

If yes, please indicate breed, type of racing activity your horse(s) participate in, and give a description of your Race Horse participation. (Note: If racing is your primary activity, please complete the Race Horse Owner's & Trainer's Estate application.) \_\_\_\_\_

**Breeding** Yes  No

Average Stud Fee charged: \$ \_\_\_\_\_

Total number of stallions standing stud (Live and A.I.) on premises: \_\_\_\_\_

Total number of stallions, that you own or have partial ownership, standing at stud (Live and A.I.) off premises: \_\_\_\_\_

Total number of mares covered annually on premises: \_\_\_\_\_

Total number of mares, which you own, covered annually off premises: \_\_\_\_\_

**Boarding** Yes  No

What is the total number of horses boarded monthly: \_\_\_\_\_

Average number of horses on: \_\_\_\_\_

Monthly charge per horse: \_\_\_\_\_

Total number of stalls on premises: \_\_\_\_\_

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

Full Board: \_\_\_\_\_ Pasture Board: \_\_\_\_\_

Full Board: \$ \_\_\_\_\_ Pasture Board: \$ \_\_\_\_\_

**Horse Sales** Yes  No

How many horses do you sell annually: \_\_\_\_\_

Average value of horses sold: \_\_\_\_\_

Owned by you: \_\_\_\_\_ Owned by others: \_\_\_\_\_ Total: \_\_\_\_\_

Owned by you: \$ \_\_\_\_\_ Owned by others: \$ \_\_\_\_\_

**Training** Yes  No

Average number of horses in full training monthly, **including Independent Trainers'** On Premises Training: \_\_\_\_\_

Average number of training rides **weekly** on horses not in full training: \_\_\_\_\_

**Independent Trainers** Yes  No  (Must be 18 years or older)

1. \_\_\_\_\_ Years Exp. \_\_\_\_\_ 2. \_\_\_\_\_ Years Exp. \_\_\_\_\_

3. \_\_\_\_\_ Years Exp. \_\_\_\_\_ 4. \_\_\_\_\_ Years Exp. \_\_\_\_\_

**Riding Instruction** Yes  No  Anyone under 21 giving riding instruction: Yes  No

Type of instruction: \_\_\_\_\_

Operation's Total Riding Instruction, both On and Off Premises, **including Independent Instructors'** On Premises Instruction.

Total lessons given annually: \_\_\_\_\_ Average number of **weekly** lessons given on Client's Own horse(s): \_\_\_\_\_

Average cost per lesson: \$ \_\_\_\_\_ Average number of **weekly** lessons given on School/Insured's horse(s): \_\_\_\_\_

Any Day Camp activities? Yes  No  (If yes, the Equestrian Day Camp Supplemental Application must be completed.)

<b>Independent Instructors</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Must be 18 years or older)</i>
1. _____	Years Exp. _____	2. _____	Years Exp. _____
3. _____	Years Exp. _____	4. _____	Years Exp. _____

<b>Officiating/Judging</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total show days Judging / Officiating annually: _____
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<b>On Premises Riding Clinics</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ No. of participants per day: _____
Clinic Dates: _____			
Description of Clinic: _____			

<b>Off Premises Riding Clinics</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ No. of participants per day: _____
Clinic Dates: _____			
Description of Clinic: _____			

**Note:** *If dates have not been set, Written Notice of the clinic must be received in our office prior to the clinic date. Coverage is not provided for clinic dates that have not been declared to the Company in advance of the clinic.*

<b>Host Shows / Events</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Please provide a description of the show/event (such as show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.</i>
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<b>Hosted Sanctioned Show Days</b> per year: _____	Sanctioning Organization(s): _____
Event/Show date(s): _____	
Description of event: _____	Description of event activities: _____
Average number of participants per Show / Event: _____	Average number of spectators per Show / Event Day: _____
Maximum number of participants: _____	Maximum number of spectators: _____

<b>Hosted Non-Sanctioned Show Days</b> per year: _____	
Event/Show date(s): _____	
Description of event: _____	Description of event activities: _____
Average number of participants per Show / Event: _____	Average number of spectators per Show / Event Day: _____
Maximum number of participants: _____	Maximum number of spectators: _____

**Note:** *If dates have not been set, Written Notice of the show/event must be received in our office prior to the show/event date. Coverage is not provided for show/event dates that have not been declared to the Company in advance of the show/event.*

<b>Tack Store / Retail Sales</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Tack manufacturing and repair not eligible.)</i> Annual Gross Revenue from Sales: _____
<i>If yes, please describe types of items sold and locations where items are sold:</i>			
_____			
_____			

<b>Arena / Facility Rentals</b>	
Do you rent your facility to others? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please explain to whom, how often, and for what types of events. Please also submit the written guidelines for use of the facility and any rental agreements / user guides.</i>	
_____	
_____	

<b>Pony Rides</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(If yes, the Pony Rides Supplemental Application must be completed.)</i>
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<b>Horse Drawn Vehicle Rides</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(If yes, the Horse Drawn Vehicle Rides Supplemental Application must be completed.)</i>
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**Do you own dogs?** Yes  No  If yes, how many, what type, and for what purpose: \_\_\_\_\_

Are other dogs permitted at your facility or at any events you host? Yes  No   
 If yes, please explain your policy regarding dogs: \_\_\_\_\_

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? (If yes, attach details on a separate page.) Yes  No

**Other animals on premises?** Yes  No  If yes, how many, what type, and for what purpose: \_\_\_\_\_

**Hunting on premises?** Yes  No  If yes, by:  Owners  Others Do you charge a fee? Yes  No   
 Please explain hunting activities: \_\_\_\_\_

**Swimming pool on premises?** Yes  No   
 If yes, do you have a security fence around your pool? Yes  No   
 Is the pool for your personal use only? Yes  No   
 If no, please explain: \_\_\_\_\_

**Is alcohol permitted on your premises?** Yes  No   
 If yes, describe: \_\_\_\_\_  
 Is alcohol sold, served, or furnished on your premises? Yes  No   
 If yes, describe: \_\_\_\_\_

**Note:** The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

Is CARE, CUSTODY OR CONTROL (CCC) coverage desired? Yes  No

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. Coverage is not available to Commercial Haulers. Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.

Select from the limits below. Premiums shown are for up to 20 horses.

	Maximum Limit Per Horse	Aggregate Limit Per Year	Annual Base Premium	Per horse over 20 horses
<input type="checkbox"/> 1)	\$5,000	\$25,000	\$300.00	\$5.00
<input type="checkbox"/> 2)	\$5,000	\$50,000	\$375.00	\$8.00
<input type="checkbox"/> 3)	\$10,000	\$50,000	\$400.00	\$9.00
<input type="checkbox"/> 4)	\$10,000	\$100,000	\$475.00	\$10.00
<input type="checkbox"/> 5)	\$15,000	\$100,000	\$500.00	\$13.00
<input type="checkbox"/> 6)	\$25,000	\$100,000	\$550.00	\$15.00
<input type="checkbox"/> 7)	\$25,000	\$250,000	\$600.00	\$17.00
<input type="checkbox"/> 8)	\$25,000	\$300,000	\$700.00	\$18.00
<input type="checkbox"/> 9)	\$50,000	\$300,000	\$1,100.00	\$20.00
<input type="checkbox"/> 10)	\$100,000	\$300,000	\$1,400.00	\$25.00
<input type="checkbox"/> 11)	\$100,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 12)	\$250,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 13)	\$500,000	\$1,000,000	Submit for Quote	

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium. No   
 (If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Do you transport horses in your Care, Custody or Control? Yes  No

If yes, how often, for what reasons, and for whom you transport horses: \_\_\_\_\_

Do you transport horses not usually in your Care, Custody or Control? (Coverage not provided for Commercial Haulers.) Yes  No

If yes, please describe: \_\_\_\_\_

Type and capacity of your horse trailer(s): \_\_\_\_\_

Are your horse trailers in good repair? Yes  No

Are your horse trailers on a regular maintenance program? Yes  No

**Annual Gross Revenues from Equine Activities**

Leasing out horses: \$ _____	Breeding: \$ _____	Boarding: \$ _____	Horse Sales: \$ _____
Training: \$ _____	Riding Instruction: \$ _____	Day Camps: \$ _____	Officiating: \$ _____
Riding Clinics: \$ _____	Hosting Shows: \$ _____	Tack/Retail Sales: \$ _____	Arena Rentals: \$ _____
Pony Rides: \$ _____	Horse Vehicle Rides: \$ _____	Other ( ): \$ _____	(Explain below.)
<b>Total Annual Gross Revenue:</b>			<b>\$ _____</b>

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.  
**(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)**

**Regulatory Fraud Warnings**

*In Arkansas, Louisiana, and New Mexico*

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES INCLUDING CONFINEMENT IN PRISON.

*In Colorado, District of Columbia, Maine, Tennessee, and Virginia*

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

*In Florida and Oklahoma*

WARNING: 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.

*In Kentucky, New York, and Pennsylvania*

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 subjects such person to criminal and civil penalties. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

*In New Jersey*

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

*In Ohio*

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!**

*I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement. I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.*

(Must be signed and dated)

Applicant's Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_