

Equine Care, Custody and Control Application

Company Use Only

Customer No. _____
 Producer No _____

**Coverage applies only to
 Non-Owned Horses**

(Note: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)

Agency's Name and address (Include Zip Code)

Agency Phone # () -

City

St

Zip

Producer

Transaction

New Business

Quote

Issue

Effective Date

Quote Desired By

Renewal of #

to

Agency installments require premium to be \$1,000 or more plus there are installment

Direct Bill installment plans have fees.

Agency Bill **A** **Semi-A** **Q** **10 payments**

Direct Bill to Applicant **A** **Monthly** **Multiple**

Applicant is

Owner/Operator

Absentee Owner

Manager

Corporation

Partnership

LLC

Other

Applicant - Name and address (include County and Zip Code)

City

Co

St

Zip

Insured's Phone Number () -

WWW.

- 1- Business operated by Stable Owner Other _____
 Lessee of stable - provide copy of lease agreement with application. Lessee or Property owner responsible for fence repair? _____
- 2- Operations by you or your employees consist of: Boarding Breeding Training Instruction
 Other _____
- 3- How long have you been in business? _____ **Please provide a copy of your boarding and release agreements.**
- 4- Are you in compliance with your states equine law? Yes No If not - details _____
- 5- Have you ever been cancelled or non-renewed? No Yes Details _____
- 6- Do you carry liability coverage? No Yes Name of carrier _____ Limits of Liability _____
- 7- Breed of Horses _____ Use of animals _____
- 8- Minimum # of non-owned horses in your care _____ Maximum # of non-owned horses in your care? _____
 Average # of non-owned horses in your care? _____
- 9- Are there any times that the number of horses will increase above maximum? No Yes
 Details _____

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10- Minimum value of horses in your care Per Horse Total value of all horses
 Maximum value of horses in your care Per Horse Total value of all horses
 Average value of horses in your care Per Horse Total value of all horses

11-	Construction	# of Stalls?	Sprinklered?	Lightning Rods?	Fire Ext?	Smoke/Fire Alarms?	Central Station Alarm?	If building 20 years or older have the roof, electrical and plumbing been updated or inspected by a licensed contractor? Provide details
Stable #1								
Stable #2								
Stable #3								
Stable #4								

12- Is there 24 hour security and supervision of stables? Yes No Describe

13- Fire Protection Class? Name of Responding Fire Station
 Distance between FD and Property Hydrants within 1,000 feet of structures Yes No

14- What type of fencing is used in runs, pastures and paddocks?

15- Any wire fencing used for confinement? No Yes Details

16- Are shelters provided in runs or pastures? Yes No Describe

17- Where are horses kept in the evening? Stable, pasture etc.

18- Are stallions kept separated from mares? Yes No

19- Are health statements required before accepting non-owned horses? Yes No

20- What are the emergency procedures for an ill horse if owner is not available?

21- Are you for hire to transport non-owned horses? No Yes Note: Commerical hauling of non-owned horses other then those you train/breed are excluded.

22- Do you transport horses that are boarded at your facility ? No Yes Annual Receipts.
 Maximum number of horses per trip? How often are trailer or van floor boards checked?
 Are fire extinguishers carried on truck or van? Yes No Do at least two people go on each trip? Yes No

23- Do you have therapeutic pools / aqua treads for horses? Yes No
 If yes, were they installed by manufacturer? Yes No Who was the electrician?

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

25- Name/Address of regular Veterinarian

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26- 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:

Comments

INSURANCE FRAUD WARNING - APPLICANT TO INITIAL ALL APPLICABLE STATES

<input type="checkbox"/>	Delaware:	Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<input type="checkbox"/>	Kentucky:	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
<input type="checkbox"/>	Michigan:	Any person who knowingly and with intent to injure, or defraud any insurer files any application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
<input type="checkbox"/>	Minnesota:	A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<input type="checkbox"/>	New York:	All Insurance applications and claim forms except auto:
<input type="checkbox"/>	Ohio:	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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<input type="checkbox"/>	Oklahoma:	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<input type="checkbox"/>	Pennsylvania:	Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

The above statements given are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature: _____

Date _____

Agents Signature: _____

Date _____

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Average number of horses on premise at one time.

Options

- 1 Limit - \$5,000 per horse - \$25,000 maximum loss per policy year.
\$275 minimum premium for the first 1-20 horses \$9 additional premium for each horse over 20
- 2 Limit - \$5,000 per horse - \$50,000 maximum loss per policy year.
\$330 minimum premium for the first 1-20 horses \$11 additional premium for each horse over 20
- 3 Limit - \$10,000 per horse - \$50,000 maximum loss per policy year.
\$385 minimum premium for the first 1-20 horses \$12 additional premium for each horse over 20
- 4 Limit - \$10,000 per horse - \$100,000 maximum loss per policy year.
\$440 minimum premium for the first 1-20 horses \$14 additional premium for each horse over 20
- 5 Limit - \$25,000 per horse - \$250,000 maximum loss per policy year.
\$550 minimum premium for the first 1-20 horses \$22 additional premium for each horse over 20
- 6 Limit - \$50,000 per horse - \$250,000 maximum loss per policy year.
\$825 minimum premium for the first 1-20 horses \$22 additional premium for each horse over 20
- 7 Limit - \$100,000 per horse - \$300,000 maximum loss per policy year.
\$990 minimum premium for the first 1-20 horses \$24 additional premium for each horse over 20
- 8 Limit - \$200,000 per horse - \$500,000 maximum loss per policy year.
\$1,650 minimum premium for the first 1-20 horses \$28 additional premium for each horse over 20

Limits other than those designated above - refer to company for rating.

- 9 Limit - _____ per horse _____ Maximum loss per policy year.
_____ minimum premium for first 1-20 horses
_____ additional premium for each horse over 20.

*** Annual premiums are subject to state charges (SC) and individual risk premium modifications (IRPM).**

	1	2	1+2		
Option	((_____ + (_____ X _____ = _____)) = _____	((_____ + (_____ X _____ = _____)) = _____	_____	X X	Company Use CCC - IRPM _____ PKG - IRPM = _____ *SC Factor X _____ Final Premium
Option	((_____ + (_____ X _____ = _____)) = _____	((_____ + (_____ X _____ = _____)) = _____	_____	X X	Company Use CCC - IRPM _____ PKG - IRPM = _____ *SC Factor X _____ Final Premium
Option	((_____ + (_____ X _____ = _____)) = _____	((_____ + (_____ X _____ = _____)) = _____	_____	X X	Company Use CCC - IRPM _____ PKG - IRPM = _____ *SC X _____ Final Premium