

EQUINE FARM & RANCH INSURANCE APPLICATION

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

PRODUCER	NAME AND ADDRESS (include Zip Code)	PRODUCER CODE: AGENCY CODE: AGENCY PHONE NO:	
TRANSACTION	☐ NEW BUSINESS ☐ QUOTE ☐ RENEWAL ☐ ISSUE ☐ Full Pay ☐ Semi Annual ☐ Quarterly	EFFECTIVE DATE: _____ to _____	QUOTE DESIRED BY:
APPLICANT	NAME AND ADDRESS (include County and Zip Code) FARM NAME _____ PHONE NO. (____) _____	APPLICANT IS: ☐ OWNER/OPERATOR ☐ ABSENTEE OWNER ☐ MANAGER ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER PERSON TO CONTACT FOR INSPECTION PURPOSES: PHONE NO. (____) _____	

INSURED LOCATION		LEGAL DESCRIPTION (Section, Township, Range, County, State)	Note Operations Conducted At Each Location
Location No.	Acres		

NAME AND ADDRESS OF MORTGAGEE	* Note buildings applicable to	NAME AND ADDRESS OF LOSS PAYEE	* Note items applicable to
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GENERAL RISK INFORMATION

1. Are horse operations main source of income? _____ Years experience? _____ Other sources _____
2. Describe horse operations _____
3. Describe farm operations other than horses _____
4. Any non-farm operations? _____ Explain _____
5. Number farm employees _____ Number domestic employees _____
Is Worker's Compensation carried? _____ Carrier _____ Policy No. _____
6. Do any buildings have protective devices? (smoke/burgular alarms, etc.) Identify buildings and describe protection.

7. Any property leased to others? _____ Explain. _____
8. Nearest responding fire department or District Name _____ Manned _____ Volunteer _____
Distance from premises _____ Distance from nearest hydrant _____
9. Any buildings over 20 years old? _____ Dates and details of renovations/improvements _____
10. Are all fences/gates maintained in good operating condition? _____
11. Swimming pool on premises? _____ Fenced? _____ Any use by other than applicant? _____ Explain. _____
12. Is main dwelling occupied year round? _____ If not, detail _____
13. Time applicant known by agent _____ Date premises inspected _____
14. Is Applicant involved in any of the following activities?

	Yes	No
a. Dude Ranch	☐	☐
b. Entertainment/Amusements involving farm animals	☐	☐
c. Hunting or fishing on premises by other than owner and family	☐	☐
d. Hay Rides	☐	☐
e. Motorcycles, ATV's operated by other than applicant	☐	☐
f. Public horse rentals	☐	☐

Explain any "Yes" answers _____
15. Are dogs owned? _____ If so, how many? _____ Breed _____
Any past problems? (i.e. bites, etc.) _____

[illegible][illegible]

\$ _____

COVERED CAUSES OF LOSS — Texas - ☐ Fire ☐ EC ☐ AEC
☐ = Basic ☐ = Broad ☐ = Special EQ = Earthquake ACV = Actual Cash Value RC = Replacement Cost
 * Note - 5% deductible applies to Earthquake

Is Woodburning Device used in any of the dwelling(s) ☐ Yes ☐ No. *If 'Yes', complete the Woodstove Questionnaire and attach photo.*

Private Power and Light Poles Excess of \$500. \$ _____ /Loc. No.: _____ \$ _____ /Loc. No _____

		LIMIT OF INSURANCE	ACV or RC	SCHEDULE
(A)	Jewelry	\$ _____	_____	_____
(B)	Furs	_____	_____	_____
(C)	Cameras	_____	_____	_____
(D)	Musical Instruments	_____	_____	_____
(E)	Silver, etc.	_____	_____	_____
(F)	Golfer's Equipment	_____	_____	_____
(G)	(1) Fine Arts	_____	_____	_____
	(2) Fine Arts with Breakage Coverage	_____	_____	_____
(H)	Postage Stamps	_____	_____	_____
(I)	Coin Collection	_____	_____	_____
(J)	Guns	_____	_____	_____

Schedule all items with complete description above or on separate sheet of paper. An appraisal less than three years old must accompany this application for all items \$5,000.00 and over, per item.

COVERAGE E - FARM PERSONAL PROPERTY

Description	Serial #	Year	Make	Model	Insurable Value
Tractor	_____	_____	_____	_____	_____
Tractor	_____	_____	_____	_____	_____
Tractor	_____	_____	_____	_____	_____
Tractor	_____	_____	_____	_____	_____
Combine/Picker	_____	_____	_____	_____	_____
Combine/Picker	_____	_____	_____	_____	_____
Quantity					Insurable Values
Baler	_____	_____	_____	_____	_____
Bale Loader/Hay	_____	_____	_____	_____	_____
Chopper - Sileage	_____	_____	_____	_____	_____
Cultipacker	_____	_____	_____	_____	_____
Disc	_____	_____	_____	_____	_____
Feed Grinder/Mixer	_____	_____	_____	_____	_____
Fertilizer Spreader	_____	_____	_____	_____	_____
Grain Auger	_____	_____	_____	_____	_____
Gravity Wagon	_____	_____	_____	_____	_____
Manure Spreader	_____	_____	_____	_____	_____
Mower/Conditioner	_____	_____	_____	_____	_____
Planter	_____	_____	_____	_____	_____
Plow	_____	_____	_____	_____	_____
Post Hole Digger	_____	_____	_____	_____	_____
Hay Rake	_____	_____	_____	_____	_____
Rotary Hole	_____	_____	_____	_____	_____
Sprayer	_____	_____	_____	_____	_____
Wagon	_____	_____	_____	_____	_____
Tack (List items over \$1,000)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Covered Causes of Loss:

☐ Basic ☐ Special ☐ Broad ☐ EQ

Coverage E or F Deductible:

☐ \$500 ☐ \$1,000 ☐ Other _____ ☐ Texas - 1%

Livestock - One Head Deductible (_____)

Irrigation Equipment*	Quantity	Insurable Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Sub-Total		_____
Personal Property Noc	_____	_____
Bulk Milk Tank*	_____	_____
Milking Equipment*	_____	_____
Portable Building	_____	_____
Seed	_____	_____
Fertilizer	_____	_____
Chemicals	_____	_____
_____	_____	_____
Subtotal		_____
Hay/Straw/Fodder	_____	_____
Hay/Ton	_____	_____
Straw/Ton	_____	_____
Sileage/Ton	_____	_____
Haylage/Ton	_____	_____
Subtotal		_____
Grain in Buildings**	_____	_____
Ear Corn/ton	_____	_____
Shell Corn/bu	_____	_____
Wheat/bu	_____	_____
Barley/bu	_____	_____
Oats/bu	_____	_____
Soybeans/bu	_____	_____
_____	_____	_____
_____	_____	_____
Subtotal		_____

** M - All Metal, F - Frame/Other Construction

FARM PERSONAL PROPERTY (continued):**Livestock**

* Note - \$3,000 limit per animal
\$400 limit - Texas

	Quantity	Insurable Values
Calves under 6 months	@ \$	
Heifers - Open	@ \$	
Heifers - Bred	@ \$	
Dairy Cows	@ \$	
Bulls	@ \$	
Beef Cattle	@ \$	
Feeder Cattle	@ \$	
Horses	@ \$	
Hogs	@ \$	
Shoats	@ \$	
Market Hogs	@ \$	
	@ \$	
	@ \$	
	@ \$	
	@ \$	
	@ \$	

Items Excluded from Coverage F: _____

* Irrigation Equipment, Poultry, Tobacco, Cotton, Milk Tanks, Milk-
ing Equipment, Portable Building, etc., are excluded property
under Coverage F and must be scheduled under Coverage E.
Refer to Coverage F Form for other excluded property.

Machinery Sub-Total	
Personal Property Sub-Total	
Hay/Straw/Fodder Sub-Total	
Grain Sub-Total	
Livestock Sub-Total	
Grand Total	
Coinurance %	X
Limit of Insurance	

OPTIONAL COVERAGES - Coverage E or F:

☐ Peak Season (_____)

Description _____

Amount of Increase

\$ _____ from _____ to _____

\$ _____ from _____ to _____

☐ Cab Glass (_____) Total Number of Units _____

Description of Each Unit _____

☐ Collision Resulting in Death of Livestock (_____)

Number of Head _____ Value per Head \$ _____

Note: No other Cause of Loss Form can apply when requesting this coverage.

☐ Refrigerated Farm Personal Property (_____)

Limit of Insurance \$ _____

Description _____

☐ Tobacco Curing Permit (_____) From _____ To _____

Limit of Insurance \$ _____

☐ Farm Operations Records Restoration Increased Limit:

\$ _____

☐ Extra Expense Increased Limit: \$ _____

☐ Damage In Course of Transit Increased Limit: \$ _____

☐ Computer Coverage (_____)

	Description	Limit of Insurance
Class I - Hardware		\$ _____
		\$ _____
Class II - Software		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

LIABILITY QUESTIONNAIRE

LOCATION NUMBER	ACRES	# OF DWELLINGS	# OF STRUCTURES	INSURED'S INTEREST

Additional Residence (Non-Farm) Maintained by Insured _____
 Additional Residences (Non-Farm) Rented to Others _____
 Business or Professional Office (Non-Farm) Type _____
 Custom Farming: Type _____ Receipts _____
 Watercraft: ☐ Owned ☐ Leased Length _____ H.P. _____ Snow Mobile: Make _____ Model _____
 Is Farm general liability to include personal liability? ☐ Yes ☐ No All terrain vehicles _____ No. wheels _____
 Additional Insured(s) (Give relationship and reason) _____

LIMITS OF INSURANCE - Occurrence/Aggregate (000) *Note: No Aggregate in Texas.
☐ \$100/\$200 ☐ \$300/\$600 ☐ \$500/\$1,000 ☐ \$1,000/\$2,000
 ** UNLESS SPECIFICALLY ENDORSED NON-OWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL ARE NOT COVERED FOR INJURY OR DEATH BY THIS POLICY **

SECTION II LIABILITY

SUMMARY OF HORSES AT PEAK SEASON (If horse used for more than 1 activity, count only primary use)

	Receipts	Payroll	# Owned	# Non-Owned
Rentals/Trail Rides	_____	_____	_____	_____
Riding Instructions	_____	_____	_____	_____
Breeding (Stallions _____ Mares _____)	_____	_____	_____	_____
Personal Use (Pleasure/Show)	_____	_____	_____	_____
Race Horses (in training or at track)	_____	_____	_____	_____
Sales prep or conditioning	_____	_____	_____	_____
Yearlings/Weanlings	_____	_____	_____	_____
Boarded/Pastured	_____	_____	_____	_____
Any other use _____	_____	_____	_____	_____
Total _____	Total _____	Total _____	Total _____	Total _____

Any riding for the handicapped? _____
 What is Area of Barns _____ Stables _____ Indoor Arenas _____ Outdoor Arenas _____
 Any Apartments over or attached to barn or farm buildings? _____ Number _____
 Tenant ☐ or Employee ☐

EQUESTRIAN RIDING INSTRUCTION

Do you teach ☐ English ☐ Jumping ☐ Western ☐ Other (explain) _____
 Do you attend off premises shows with your students? ☐ Yes ☐ No If 'Yes', no. of shows _____ Gross Receipts _____
 Do you hold clinics for non-students? ☐ Yes ☐ No If 'Yes', give number _____ average attendance _____
 Gross receipts from instructions _____ Instructions taught by: ☐ Insured ☐ Employee ☐ Independent
 Are releases obtained from all students? (attach sample) _____ Average # of students weekly by Applicant/Employee _____
 Any instructions given to students on their own horses? _____ Number of Students annually _____
 If instruction is given on your premises by independent contractors:
 How many such instructors _____ How many students _____ Your commissions _____
 Do you obtain certificates of insurance? ☐ Yes ☐ No (Provide copy)
 Independent contractors operating under your name can be added as additional insured with appropriate charge, but coverage is limited to your operations only.
 Names to be added / addresses _____

 Describe experience, qualifications _____

BOARDING/BREEDING/TRAINING

Do you provide riding facilities for boarders? ☐ Yes ☐ No. If 'Yes', describe _____

Do you have boarders sign hold harmless agreements? ☐ Yes ☐ No. If 'No', Explain _____

Are any medications prescribed or dispensed? _____ Explain. _____

Number of stalls on premises _____ Maximum # Boarded _____ Pastured _____

Annual Receipts related to Boarding _____ Boarding payroll _____

Do you have a trainer on staff? ☐ Yes ☐ No. If 'Yes', his payroll _____

Racing related or other? _____

Total payroll related to racing and training _____

If trainer is independent contractor, do you require certificates of insurance? ☐ Yes ☐ No

What states do you race in? _____

If independent trainer operates under your name, they can be added as additional insured for additional charge, but coverage is limited to your operations.

Names to be added / addresses _____

PREMISES SALES OPERATIONS BY YOU

Horses: Types and Breed _____ per year _____

Method of Sales _____ Receipts _____

Food or Snack Bar _____ Receipts _____

Tack and/or Clothing _____ Square Footage Used _____

Receipts _____ Payroll _____

HAY OR FEED

Do you cut and bale? ☐ Yes ☐ No. If 'Yes', receipts _____

Do you prepare or mix feed? ☐ Yes ☐ No. If 'Yes', receipts _____

Any Horseshoeing? ☐ Yes ☐ No. If 'Yes', explain _____ Annual Receipts _____

HAYRIDES, SHOWS

Note - Coverage not provided for injury to participants in events.

Wagon, Sleigh Hayrides _____ No. Passengers _____ Receipts _____

No. of trips per year _____ No. of Wagons _____

Any off-premises exposure? ☐ Yes ☐ No. If 'Yes', explain _____

Do you manage or run any shows on your premises? ☐ Yes ☐ No

Are they recognized by the AHSA? ☐ Yes ☐ No

Number of shows per year _____ Any Concessions? _____ Receipts _____

No. Admissions _____ No. Participants _____ Receipts _____ No. Days Per Show _____

Do you manage any hunts? ☐ Yes ☐ No. If 'Yes', what type? _____

Do you secure releases from all entrants? ☐ Yes ☐ No. Maximum No. of Spectators per day _____

DESCRIBE ANY SPECIAL SAFETY FEATURES OR PROGRAMS ABOUT ANY OF YOUR OPERATIONS _____

APART FROM OPERATIONS MENTIONED ABOVE, LIST AND EXPLAIN FULLY ANY OTHER OPERATIONS CONDUCTED ON PREMISES OR UNDER YOUR NAME AS LISTED ON THIS APPLICATION _____

EXPERIENCE - 3 Years

Company	PREMIUM	POLICY #	DATES	# OF CLAIMS	LOSSES

Explain any losses _____

Have you been cancelled or non-renewed in the past 3 years? ☐ Yes ☐ No **If 'Yes', give reason** _____
*Note - Not applicable in Missouri

INSURANCE FRAUD WARNING**Applicant's Initials:**

- ☐ 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.
- ☐ 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.
- ☐ 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.
- ☐ 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.
- ☐ 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.
- ☐ New York: **All insurance applications and claim forms except auto:**
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 violation.
- ☐ 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.
- ☐ 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.
- ☐ 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 above 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 _____

Agent's Signature _____ Date _____

DIAGRAM

SHOW ALL BUILDINGS ON THE PREMISES (WHETHER INSURED OR NOT) AND DISTANCE IN FEET BETWEEN THEM. LABEL ALL BUILDINGS AND ATTACH A DATED PHOTOGRAPH OF EVERY BUILDING. (INDICATE "N.C." IF NOT COVERED.)

[illegible]