

# EQUINE FARM & RANCH INSURANCE APPLICATION

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

<b>PRODUCER</b>	NAME AND ADDRESS (include Zip Code)	PRODUCER CODE: AGENCY CODE: AGENCY PHONE NO:	
<b>TRANSACTION</b>	<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> QUOTE <input type="checkbox"/> RENEWAL <input type="checkbox"/> ISSUE <input type="checkbox"/> Full Pay <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly	EFFECTIVE DATE: _____ to _____	QUOTE DESIRED BY:
<b>APPLICANT</b>	NAME AND ADDRESS (include County and Zip Code)	APPLICANT IS: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> MANAGER <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER	
	FARM NAME _____ PHONE NO. ( _____ ) _____	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	<input type="checkbox"/>	<input type="checkbox"/>
b. Entertainment/Amusements involving farm animals	<input type="checkbox"/>	<input type="checkbox"/>
c. Hunting or fishing on premises by other than owner and family	<input type="checkbox"/>	<input type="checkbox"/>
d. Hay Rides	<input type="checkbox"/>	<input type="checkbox"/>
e. Motorcycles, ATV's operated by other than applicant	<input type="checkbox"/>	<input type="checkbox"/>
f. Public horse rentals	<input type="checkbox"/>	<input type="checkbox"/>

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

## DWELLING(S)

**Limits of Insurance** \* Please note the following % of cov. A included: B-10%, C-50%, D-20%

Loc. No.	A Dwelling	B Appurtenant Structures	C Personal Property	RC	D Loss of Use	Bldg Class	Cause of Loss	Construc-tion	Year Built	Sq. Ft.	Type Heat	Occupant	Prot. Class	EQ

TEXAS — FRO A  FRO B  FRO 449 - Residence Glass Breakage

## COVERAGE G - SCHEDULE OF FARM BUILDINGS, STABLES AND OTHER STRUCTURES

Loc.	Item #	DESCRIPTION	LIMIT OF INSURANCE	BLDG. CLASS	CAUSE OF LOSS	CONSTRUC-TION	SQ. FT.	TYPE HEAT	RC.	PROT. CLASS	YEAR BUILT	EQ.

Any urethane insulation in farm buildings? Explain. \_\_\_\_\_ \$    
 Please note any bldgs. storing substantial hay (50 bales) \_\_\_\_\_

**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

**DEDUCTIBLE:**  \$500  \$1,000  OTHER \_\_\_\_\_ Texas Deductible is 1%

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

Inflation Guard \_\_\_\_\_ % Annually Outdoor Radio and TV Antennas / Satellite Dishes Limit \$250 Dish  Antenna   
 Increased Values \_\_\_\_\_ Number \_\_\_\_\_ Limit \_\_\_\_\_

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.**

<b>COVERAGE E - FARM PERSONAL PROPERTY</b>						<b>Covered Causes of Loss:</b>			
Description	Serial #	Year	Make	Model	Insurable Value	<input type="checkbox"/> Basic	<input type="checkbox"/> Special	<input type="checkbox"/> Broad	<input type="checkbox"/> EQ
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)			_____		_____				
_____			_____		_____				
_____			_____		_____				

  

<b>Coverage E or F Deductible:</b>	
<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
<input type="checkbox"/> Other _____	<input type="checkbox"/> Texas - 1%
Livestock - One Head Deductible ( _____ )	

  

Irrigation Equipment*	Quantity	Insurable Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Sub-Total</b>		_____

  

Personal Property Noc	_____
Bulk Milk Tank*	_____
Milking Equipment*	_____
Portable Building	_____
Seed	_____
Fertilizer	_____
Chemicals	_____
_____	_____
<b>Subtotal</b>	
Hay/Straw/Fodder	_____
Hay/Ton	_____
Straw/Ton	_____
Sileage/Ton	_____
Haylage/Ton	_____
<b>Subtotal</b>	
Grain in Buildings**	_____
Ear Corn/ton	_____
Shell Corn/bu	_____
Wheat/bu	_____
Barley/bu	_____
Oats/bu	_____
Soybeans/bu	_____
_____	_____
_____	_____
<b>Subtotal</b>	

\*\* 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	_____
Coinsurance %	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

<b>LOCATION NUMBER</b>	<b>ACRES</b>	<b># OF DWELLINGS</b>	<b># OF STRUCTURES</b>	<b>INSURED'S INTEREST</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 _____	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____

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 \_\_\_\_\_

**SECTION II LIABILITY**

**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.)**

