# Care, Custody or Control

***Exclusivley Underwritten By***

American Equine Insurance Group | AEIG

Broker: _____ Broker Number: _____

Broker License Number: _____

Policy and/or Renewal #: _____

Requested Effective Date: _____

**Note: *Incomplete applications will be returned to the applicant.***

Applicant: _____ Business Name: _____

Mailing Address: _____ Contact Person: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Website: _____ Email: _____

*Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.*

Use: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own ☐ *or* Lease ☐ the facilities utilized by the applicant.

Is applicant currently insured? Yes ☐ No ☐

**Most recent or present insurance company:** _____ **Annual premium: $** _____

Pay Plan Desired? Yes ☐ No ☐ ***Ask your broker for more information.***

Has the applicant had any liability claims or reported incidents in the past five years? Yes ☐ No ☐

Has the applicant had coverage cancelled or refused in the past five years? *(Not applicable in Missouri.)* Yes ☐ No ☐

*Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.*

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes ☐ No ☐
*If yes, attach a separate sheet and explain.*

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes ☐ No ☐
*If yes, attach a separate sheet and explain.*

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* |
|---|---|---|---|---|---|
| ☐ | 1) | **$5,000** | **$25,000** | $350.00 | $5.00 |
| ☐ | 2) | **$5,000** | **$50,000** | $425.00 | $8.00 |
| ☐ | 3) | **$10,000** | **$50,000** | $450.00 | $9.00 |
| ☐ | 4) | **$10,000** | **$100,000** | $525.00 | $10.00 |
| ☐ | 5) | **$15,000** | **$100,000** | $550.00 | $13.00 |
| ☐ | 6) | **$25,000** | **$100,000** | $600.00 | $15.00 |
| ☐ | 7) | **$25,000** | **$250,000** | $675.00 | $17.00 |
| ☐ | 8) | **$25,000** | **$300,000** | $775.00 | $18.00 |
| ☐ | 9) | **$50,000** | **$300,000** | $1,200.00 | $20.00 |
| ☐ | 10) | **$100,000** | **$300,000** | $1,500.00 | $25.00 |
| ☐ | 11) | **$100,000** | **$500,000** | *Submit for Quote* | |
| ☐ | 12) | **$250,000** | **$500,000** | *Submit for Quote* | |
| ☐ | 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 ☐

Description of your operation: _____

Total years experience with horses: _____ Total 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 ☐ | No ☐ | Fire Drills conducted | Yes ☐ | No ☐ |
| Emergency numbers posted | Yes ☐ | No ☐ | No Smoking signs posted | Yes ☐ | No ☐ |
| Safety & Barn Rules posted and written out | Yes ☐ *Enclose copies.* | No ☐ | Smoke Alarms | Yes ☐ | No ☐ |
| Current liability waivers utilized | Yes ☐ *Enclose copies.* | No ☐ | Smoking allowed in barns | Yes ☐ | No ☐ |
| State Equine Activity signs posted | Yes ☐ | No ☐ | | | |

Describe precautions taken to keep horse(s) from having access to public roads: _____

**Do you own dogs?** Yes ☐ No ☐ *If yes, how many, what type, and for what purpose:* _____

Are other dogs permitted at your facility? Yes ☐ No ☐

If yes, please explain your policy regarding dogs: _____

**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:* _____

***NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL HAULERS***

**This space intentionally left blank**

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia** - 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 fines and confinement in prison.

**Colorado**- It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

**Florida** - 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 of the third degree.

**Kansas** - An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey, 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.

**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.

**Oregon** - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**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.

**Tennessee, Virginia, Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## DECLARATION

**DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):**

*Your failure to disclose any material information that could reasonably result in a claim may result in the insurance policy/coverage that you are applying for being void and/or subject to rescission. If any of the information in this application has been falsely stated by you or if material information has not been disclosed by you which may influence the Company's underwriting decision, any insurance policy/coverage issued to you by the Company may be void and/or subject to rescission.*

*I/We, the undersigned, confirm to the best of my/our knowledge and belief that the above statements are true, complete and correct, and that I/we have disclosed all material information. I/We acknowledge that this application is not a binder of insurance coverage or an insurance policy. I/We acknowledge my/our completion of this application does not obligate me/us to purchase an insurance policy/coverage from the Company. I/We further acknowledge that the information provided by me/us in this application will be the primary basis for the underwriting of any insurance policy/coverage that may be issued by the Company to me/us. I/We also acknowledge that my/our operation may be subject to inspection by the Company or its authorized representative.*

***This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.***

**New York** - 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.

*(Must be signed and dated)*

*Applicant's Signature:* _____ *Date:* _____

*Broker Signature (required in NH)* _____ *Date:* _____