

## Equine Farm Application

Application Date \_\_\_\_\_ Policy # \_\_\_\_\_  
 Agency Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

**Company Use Only:** Customer#/SubID \_\_\_\_\_ Producer# \_\_\_\_\_

Entity Type:  Individual  Corporation  LLC  Partnership  \_\_\_\_\_

Billing:  Direct Bill  Agency Bill Pay Plan: \_\_\_\_\_

Bill To:  Insured  Mortgagee

Quote needed by \_\_\_\_\_ Requested Effective Date \_\_\_\_\_

Do you want your agent to send an electronic copy of the policy?  Yes  No

### Applicant Information

Named Insured \_\_\_\_\_

Additional Named Insured Supplemental Attached *(Required for multiple Named Insureds)*

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone# \_\_\_\_\_ FEIN# \_\_\_\_\_

Web Address \_\_\_\_\_ Email \_\_\_\_\_

Inspection Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_

#### Coverages to be quoted

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Package                                    | <input type="checkbox"/> Monoline Liability | <input type="checkbox"/> Equine Care, Custody, Control |
| <input type="checkbox"/> Umbrella <i>(Not applicable in Canada)</i> | <input type="checkbox"/> Monoline Property  | <input type="checkbox"/> Scheduled Personal Property   |
| <input type="checkbox"/> Auto                                       | <input type="checkbox"/> Watercraft         | <input type="checkbox"/> Employee Benefits Liability   |

**A State specific ACORD Auto Application is required in order to quote Auto. ACORD Watercraft Application required for Watercraft. Employee Benefits Liability Supplemental Questionnaire required for EBL Coverage**

**General Underwriting Questions**

**Loss History**

None

*(List all losses for the past 5 years that affect coverage lines requested above)*

Date	Coverage Line	Description	Paid	Open	Closed
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Prior Carrier Information**

Coverage Line	Company	# of years	Expiring Premium
Property			
Liability			
Care, Custody, Control			
Umbrella			

- |   | N/A                      | Yes                      | No                       |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are you age 18 or over?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been declined, cancelled or non-renewed in the past 3 years?<br>If yes, explain _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How many years experience/in the business with horses? _____   |                          |                          |                          |

**Location Schedule**  Additional Locations Supplemental Attached

PC = Protection Class

Street Address	City/State/Province	County	Zip	PC	Owned	Acres
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

**If no Property Coverage is desired, please skip to the General Liability Section on Page 6.**

**Property Underwriting Questions**

**DWELLING SCHEDULE**       Additional Dwellings Supplemental Attached

	Dwelling #1	Dwelling #2	Dwelling #3	Dwelling #4
Location # (see Location Schedule)				
Attached to barn?				
Distance to Hydrant/Fire Station	/	/	/	/
Deductible Amount				
Wind/Hail Deductible %				
Building Class				
A. Dwelling Limit	_____	_____	_____	_____
B. Appurtenant Structures (10%)	_____	_____	_____	_____
C. Household Contents (70%) <sup>(1)</sup>	_____ <input type="checkbox"/> RC			
D. Loss of Use (20%)	_____	_____	_____	_____
Cause of Loss <sup>(2)</sup>				
Extended Replacement Cost <sup>(3)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling Enhancement Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling is Located Inside City Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupancy: Owner/Tenant/ Employee				
Full-time, Part-time or Primary?				
Year Built				
Construction Type <sup>(4)</sup>				
Total Area/Area of Living Area (sq ft)	/	/	/	/
Roof Construction <sup>(5)</sup>				
Year of Updates (for Dwellings over 30 years of age)	Roof _____ Heating _____ Plumbing _____ Electrical _____			
Smoke Detectors Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Burglar Alarm? <sup>(6)</sup>	<input type="checkbox"/> Local <input type="checkbox"/> CS			
Fire Alarm? <sup>(6)</sup>	<input type="checkbox"/> Local <input type="checkbox"/> CS			
Sprinkler System & Maint Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Abbreviation Key:**

- (1) RC = Replacement Cost
- (2) BA = Basic, BR = Broad, SP = Special, SP/BR = Special all other/Broad Contents
- (3) Extended Replacement Cost (E2 Value required) – Up to 125% Limit of Insurance for Coverage A includes Ordinance or Law Coverage
- (4) Construction Type Choose: Frame, Masonry, Steel frame, Pole or Mobile Home/Mobile Building
- (5) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar
- (6) CS = Central Station alarm monitored by remote monitoring company

Property Underwriting Questions *Continued*
**OUTBUILDINGS SCHEDULE**     Additional Outbuildings Supplemental Attached

	Building #1	Building #2	Building #3	Building #4
Location # (see Location Schedule)				
Building Name				
Use of Outbuilding?				
Distance to Hydrant/Fire Station	/	/	/	/
Deductible Amount				
Building Class				
Wind/Hail Deductible %	_____ %	_____ %	_____ %	_____ %
Outbuilding Limit				
Cause of Loss (Basic/Broad/Special)				
(Optional) Inflation Guard: 4% or 6%	_____ %	_____ %	_____ %	_____ %
Avg # hay bales stored in building				
# of Apartments in Outbuilding?				
Type of Occupancy in Apartment?				
Full or part-time occupancy in Apt?				
Area of any Office/Living Area (sq ft)				
Year Built				
# of Stories				
# of Open Sides on Building				
Construction Type <sup>(1)</sup>				
Total Area				
Roof Construction <sup>(2)</sup>				
Heat Type				
Year of Updates (for Buildings over 30 years of age)	Roof _____ Heating _____	Roof _____ Heating _____	Roof _____ Heating _____	Roof _____ Heating _____
Smoke Detectors in Living Quarters?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Burglar Alarm?	<input type="checkbox"/> Local <input type="checkbox"/> CS			
Fire Alarm?	<input type="checkbox"/> Local <input type="checkbox"/> CS			
Fire Extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sprinkler System & Maint Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Abbreviation Key:**

(1) Construction Type Choose: Frame, Masonry, Steel frame, Pole or Mobile Home/Mobile Building

(2) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar

**Property Underwriting Questions Continued**

- |  | N/A                      | Yes                      | No                       |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is Loss of Farm Income Coverage needed?<br><b>If yes, Limit?</b> _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is Extra Expense Coverage Needed?<br><b>If yes, Limit?</b> _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any vacant or unoccupied structures on your property?<br><b>If yes</b> please describe structure and explain oversight/security and plans for occupancy or sale:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do any buildings on any of your property have a Wood Burning Stove?<br><b>If yes</b> , send completed Wood-burning Stove Questionnaire for each building with a Wood Stove. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**MORTGAGEES**       Additional Mortgagees Supplemental Attached

Mortgagee Name/Address	Loan#	Loc #	Buildings

**SCHEDULED PERSONAL PROPERTY**       Additional Scheduled Personal Property Supplemental Attached

*An appraisal or sales receipt with photos must accompany all items with an individual value of \$10,000 or more*

Loc#	Category: Jewelry/Fine Arts/Etc	Item Description	Limit

**FARM PERSONAL PROPERTY**       Additional Schedule Farm Personal Property Supplemental Attached

- Deductible:     \$500     \$1000     \$2500     \$5000     Other \_\_\_\_\_
- Cause of Loss:  Basic     Broad     Special     Equine Coverage Extension Endorsement
- Replacement Cost on Scheduled Tack     Replacement Cost on Scheduled Office Contents

Location	Year/Make/Model OR Description	Serial #	Limit
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**LOSS PAYEE SCHEDULE**       Additional Loss Payee Supplemental Attached

*(For Item # Use the number corresponding to that particular Farm Personal Property item above)*

Name	Address	Item#

**General Liability Underwriting Questions**

N/A      Yes      No

**Company Use Only:**

Limits:  \$1,000,000/\$2,000,000

1. List all Equine Operations \_\_\_\_\_

Are you engaged in any other farm business, profession, or trade including but not limited to hay sales and custom farming?            

If yes, please provide details:

2. Is the applicant involved in any of the following activities? *(Please check activities applicable)*

- |   |   |
|---|---|
| <input type="checkbox"/> Dude Ranch   | <input type="checkbox"/> Polo/Horse Ball                                    |
| <input type="checkbox"/> Entertainment/Amusements involving animal farms/Agritourism/Agritainment | <input type="checkbox"/> Hunting/Fishing on premises <i>(non-residents)</i> |
| <input type="checkbox"/> Pony Rides/Petting Zoos  | <input type="checkbox"/> Motorcycles, ATV's <i>(other than resident)</i>    |
| <input type="checkbox"/> Hay/Carriage/Sleigh Rides  | <input type="checkbox"/> Vaulting   |
| <input type="checkbox"/> Public Horse Rentals/Trail Rides   | <input type="checkbox"/> Holds Races on Premises                            |
| <input type="checkbox"/> Fox Hunting  | <input type="checkbox"/> Gymkana/Mounted Games                              |
| <input type="checkbox"/> Parades  | <input type="checkbox"/> Mounted Shooting                                   |
| <input type="checkbox"/> Rodeos   | <input type="checkbox"/> Equine Sports Therapy <i>(including massage)</i>   |
| <input type="checkbox"/> Equine Assisted Therapy  | <input type="checkbox"/> Birthday Parties                                   |

Please explain any checked activities:

3. Are dogs owned?            

How many? \_\_\_\_\_ Breed \_\_\_\_\_

Any past claims?            

If yes, explain \_\_\_\_\_

Are clients' dogs allowed at the facility?            

Leashes Required?            

**4. Recreational Motor Vehicle (AL7405)**

Class Code 07990

Year	Make	Model	Serial or Motor Number	Number of	Use





General Liability Underwriting Questions *Continued*

	N/A	Yes	No
<b>SALES BY YOU</b> <input type="checkbox"/> Not Applicable			
1. Are you in the business of selling horses? How many horses do you sell per year? Owned by you: _____ Owned by Others: _____ What are the annual Gross Receipts for Horse Sales? _____ What is the method of sale? ( <i>private treaty, auction, consignments</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you sell tack or clothing? <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned Tack <input type="checkbox"/> None Receipts _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you offer repair of tack or riding equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you/employee perform any type of farrier services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CLINICS</b> <input type="checkbox"/> Not Applicable			
1. Do you hold/sponsor clinics for non-students on your premises? Off Premises? _____ Details _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Type of Clinics _____			
3. Number of Clinics _____ Number of days per clinic _____			
4. Average Attendance _____			
5. Who teaches the clinics? _____			
6. Do you require outside clinicians to provide proof of insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HORSE SHOWS</b> <input type="checkbox"/> Not Applicable			
1. Do you manage/sponsor any horse shows on your premises? Off Premises? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Number of spectators per day _____ Number of participants per day _____ Are there any individual show dates where the number of participants exceeds 150 or the number of spectators exceeds 1000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dates of shows _____			
4. Types of shows _____			
5. Waiver Athletic Sports Participants Exclusion ( <i>The Athletic Sports Participation Exclusion is automatically applied to foxhunting, cross country jumping, polo, vaulting, eventing and rodeo type events.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have bleachers or grandstands? Construction _____ Height _____ Seating Capacity _____ <input type="checkbox"/> Owned <input type="checkbox"/> Rented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you sell feed, grain, hay or shavings to participants? Receipts _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you provide RV or camper hookups during these shows? Number of hookups _____ Receipts _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you directly provide concessions during these shows? Receipts _____ <b>If yes, explain</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**General Liability Underwriting Questions *Continued***

	N/A	Yes	No
10. Do you have vendors on the premises during these shows? <b>If yes, explain items sold</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Describe any entertainment/activities managed by you at the event ( <i>other than equine-related</i> )			

**Risk Management Controls** (*Required for General Liability and Care, Custody, Control*)

	N/A	Yes	No
Review <a href="https://www.insureyourhorse.com/industry-resources/equine-activity-statutes/">https://www.insureyourhorse.com/industry-resources/equine-activity-statutes/</a>			
Certificate of Insurance on file for Independent Contractors ( <i>Riding Instruction/Training</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance shows WC coverage for Independent Trainers ( <i>Racehorse Training only</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance obtained from all Vendors ( <i>Horse Shows/Clinics</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release/Hold Harmless agreement in use ( <i>Riding Instruction/Training/Boarding/Breeding/Shows</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boarding Contract in Place ( <i>Boarding</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lease Agreement in Place ( <i>Owned Horses Leased to Others</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Equine Liability Signs Posted ( <i>All Exposures</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Hour Supervision of facility ( <i>All Exposures</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Equine Care, Custody, Control Section**

**COVERAGE IS NOT DESIRED**

Limits:

- |   |  |
|---|--|
| <input type="checkbox"/> \$5,000 per horse/\$25,000 aggregate   | <input type="checkbox"/> \$25,000 per horse/\$250,000 aggregate  |
| <input type="checkbox"/> \$5,000 per horse/\$50,000 aggregate   | <input type="checkbox"/> \$50,000 per horse/\$250,000 aggregate  |
| <input type="checkbox"/> \$10,000 per horse/\$50,000 aggregate  | <input type="checkbox"/> \$100,000 per horse/\$300,000 aggregate |
| <input type="checkbox"/> \$10,000 per horse/\$100,000 aggregate | <input type="checkbox"/> \$200,000 per horse/\$500,000 aggregate |

	N/A	Yes	No
1. What is the maximum number of non-owned horses you have at any one location at any time? _____			
2. Are you for hire to transport non-owned horses not normally in your care? <i>**Commercial Hauling of non-owned horses other than those you train/breed/board is excluded**</i> Maximum trips per year _____ Radius _____ # of horses per trip _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Describe any losses or potential claims involving non-owned horses in the past 3 years including deaths of any animals in your custody, even if a claim was not presented:			

**4. What is the value of the most expensive individual non-owned horse in your care?** \_\_\_\_\_

**Umbrella Section (Not applicable in Canada)**

Please provide copies of all non-Great American policies (A-rated carriers only) for which umbrella coverage is requested.

**COVERAGE IS NOT DESIRED**

1. Requested Limit of Insurance:

- \$1,000,000       \$3,000,000       \$5,000,000  
 \$2,000,000       \$4,000,000       \$ \_\_\_\_\_

2. Schedule of Underlying Insurance       Umbrella Additional Underlying Policy Supplemental Attached

Company	Type of Coverage	Limits
<input type="checkbox"/> _____ Policy# _____ Eff _____ To _____	Employer's Liability	\$ _____ Each Accident \$ _____ Each Policy \$ _____ Each Employee by Disease
<input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy# _____ Eff _____ To _____	Automobile Liability <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Non-owned <input type="checkbox"/> Hired	\$ _____ Combined Single Limit \$ _____ Bodily Injury - Each Person \$ _____ Bodily Injury - Each Accident \$ _____ Property Damage
<input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy# _____ Eff _____ To _____	General Liability <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Personal	\$ _____ General Aggregate \$ _____ Products/Completed Ops \$ _____ Personal & Advertising Injury \$ _____ Each Occurrence
<input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy# _____ Eff _____ To _____	Watercraft Liability	\$ _____ Per Occurrence \$ _____ Aggregate

3. Does the applicant have any of the following exposures?       N/A
- Owned or Leased Aircraft       Migrant workers used in farming operations  
 Custom Application of Farm Chemicals for Others       Watercraft

4. Auto Details (Not required if filling out a separate Auto Application and we will be the only Auto Carrier)

# of Private Passenger Vehicles \_\_\_\_\_ # of Heavy Truck Tractors \_\_\_\_\_  
 # of Light Trucks \_\_\_\_\_ # of Heavy Trucks \_\_\_\_\_  
 # of Medium Trucks \_\_\_\_\_ # of Buses \_\_\_\_\_

# of Extra Heavy Truck Tractors \_\_\_\_\_

Are there any drivers under the age of 21?      **N/A**      **Yes**      **No**

          

**Uninsured/Underinsured Motorists Coverage (UM/UIM) is excluded on the Umbrella with the following exceptions:**

**LA, NH and VT:**      **UM/UIM is included but the maximum selected Umbrella limit is \$1,000,000.**  
**FL and WV:**      **Is UM/UIM coverage desired?**                    
                                  **If yes, the maximum selected Umbrella limit is \$1,000,000.**



## Building Class Definitions

<b>DWELLINGS</b>	
<b>Building Class</b>	<b>Building Characteristics</b>
CLASS 1	<ul style="list-style-type: none"> <li>Owner or operator occupied</li> <li>Newer construction or remodeled inside and outside</li> <li>Evidence of proper maintenance and good housekeeping</li> <li>Continuous enclosed foundation</li> <li>Circuit Breakers (<i>no fuses</i>)</li> <li>Must not be mobile home or log construction</li> <li>Insured to 80% of replacement cost</li> </ul>
CLASS 2	<ul style="list-style-type: none"> <li>Evidence of proper maintenance and good housekeeping</li> <li>Thermostatically controlled heating</li> <li>Continuous enclosed foundation (<i>porches excepted</i>)</li> <li>Modern interior plumbing and electrical system (<i>fuses acceptable</i>)</li> <li>Must not be mobile home or log construction more than 15 years of age</li> <li>Insured to a minimum 80% actual cash value or 60% of replacement cost</li> </ul>
CLASS 3	<ul style="list-style-type: none"> <li>Any dwellings not eligible under Class 1 or Class 2</li> <li>All mobile homes</li> <li>All log homes over 15 years of age</li> </ul>
<b>OUTBUILDINGS</b>	
<b>Building Class</b>	<b>Building Characteristics</b>
CLASS 1	<ul style="list-style-type: none"> <li>Show evidence of proper maintenance</li> <li>Have an incombustible floor throughout (<i>except for granaries and cribs</i>)</li> <li>Built on a continuous masonry foundation</li> <li>Does not contain a second floor</li> <li>No regular or continuous hay storage</li> <li>Fully enclosed with no open shed attached</li> <li>Insured to minimum 80% of replacement cost</li> <li>Not used for livestock, poultry or other animal confinement</li> </ul>
CLASS 2	<ul style="list-style-type: none"> <li>Show evidence of proper maintenance</li> <li>Continuous masonry foundation</li> <li>May be open on one side</li> <li>Insured to minimum of 80% of actual cash value or 60% of replacement cost</li> </ul>
CLASS 3	<ul style="list-style-type: none"> <li>Other buildings not eligible under Class 1 or Class 2</li> </ul>