

## 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#



## 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>