

EQUESTRIAN RANCH PACKAGE APPLICATION

Cheval Insurance Services, Inc. (714) 447-9191 fax (714) 525-9191

NEW RENEWAL OF # _____ REQUESTED EFFECTIVE DATE: _____ QUOTE BY: _____

Name _____
 Business Name _____
 Address (incl. Zip _____
 Code) _____

OWNER OCCUPANT LESSOR TENANT
 INDIV. PTRSHIP CORP. OTHER: _____

List Partners Or Corporate Officers: _____

Phone - home and work _____
 Fax _____ E Mail Address _____
 Website address _____

PROPERTY SECTION

Loc. #	Acres	Complete Address and/or Legal Description	County	Used By Insured?	Miles from Fire Dept.	Feet from Hydrant	Within 10 mi. of Coast?	Brush Zone?	Distance to Town
1									
2									
3									
4									
5									

NAME AND ADDRESS OF MORTGAGEES, LOSS PAYEES

1. _____
 2. _____
 3. _____

NAME AND ADDRESS OF ADDITIONAL INSUREDS

1. _____
 2. _____
 3. _____
 4. _____

PRIOR 3 YEAR INSURANCE/ LOSS EXPERIENCE

PRIOR INSURERS	POLICY #	PREMIUM	EXP DATE	Has Any Company Ever Cancelled, Declined Or Refused To Renew Any Coverage Now Being Applied For?
_____	_____	_____	_____	<input type="radio"/> NO <input type="radio"/> YES-EXPLAIN:
_____	_____	_____	_____	

CLAIMS: DATE	DESCRIPTION OF LOSS	AMOUNT PAID	CLAIM STATUS
_____	_____	_____	_____
_____	_____	_____	_____

TYPE OF HORSE RANCH / ACTIVITIES

BOARDING TRAINING RIDING INSTRUCTION BREEDING RACE HORSES PERSONAL HORSES ONLY

OTHER: _____

PROPERTY COVERAGES

PROPERTY DEDUCTIBLE \$ _____ Inflation Guard _____ % Annually

QBE Agri ONLY - Include Equine Property Covg End \$125 _____ QBE -Agri ONLY Include Prop Enhancement Opion Z _____
 QBE Agri ONLY - Include Indentity Fraud Expense Covg \$30 _____ QBE -Agri ONLY 125% replacement cost valuation? _____

DWELLING & DWELLING RELATED COVERAGES

Loc. No.	Dwg. No.	Dwelling Description	Coverage A Dwelling Value	Coverage A Valuation	Covg. B Limit	List descr. of any garages, patio covers, gazebos or other structures appurtenant to houses - NO FARM BUILDINGS	Covg. C Limit	Covg C RC?	Covg. D Limit

PREMISES AND SAFETY

How many miles to nearest fire department?		Response time (minutes)	
Name of responding Fire Department		Is it a paid Dept?	
Distance to nearest fire hydrant		Protection Class	
Are roads to property paved and wide enough for fire equipment?			
Is there a pool?	Holding Tanks? (indicate capacity)		Pond or Lake?
Is there a well stand-off?		If yes, is it registered with the fire department?	
Is the well on a separate power supply from the house?		Are there No Smoking signs posted in or on barns?	<input type="radio"/>
Are there fire extinguishers in the home?		barn?	garage?
Are Extinguishers tagged?		Are Extinguishers properly mounted?	
If there is a pool, is it properly fenced?		Is it open to boarders or others?	
Is there a diving board?		Depth of Pool	
Does the pool have a secure 4ft no climb fence with self latching lock on the inside?			

GENERAL INFORMATION

Does facility have 24 hour supervision? <input type="radio"/> Yes <input type="radio"/> No			
What type(s) of Premises Security do you maintain?			
How often are grounds inspected?		By whom?	
Are the grounds clean and tidy?			
Is the building maintenance excellent?		Good?	Average? Fair?
Are walkways and driveways in good repair and free from slip, trip, fall hazards?			
Are parking areas in good repair?		Paddocks/Pastures clean and fenced?	
Are Independent Contractors operating on the premises?		If yes, please attach a current certificate of insurance for each.	
Are any portions of the ranch rented, leased or used by any other individual or corporation?			
If Yes, describe:			
Are there any wood or coal fired stoves used?		If Yes, please complete Wood Stove questionnaire.	
Are all areas well fenced?		Type of fencing	
How often is fencing checked?		Describe Condition of all fencing	
Are there any dogs on the premises? If so, list by breed.			
Has any dog bitten or caused injury to anyone? If Yes, explain.			
Do you raise Hay/Grain for Horses?	<input type="radio"/> Yes <input type="radio"/> No	Any Farming Operations?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a roadside market?	<input type="radio"/> Yes <input type="radio"/> No	"Pick your own" operations?	<input type="radio"/> Yes <input type="radio"/> No
Do You own Cattle?	<input type="radio"/> Yes <input type="radio"/> No	Swine?	<input type="radio"/> Yes <input type="radio"/> No
		Sheep?	<input type="radio"/> Yes <input type="radio"/> No
If Yes, Number of Head & Range acres		If Yes, Number of Head	If Yes, Number of Head & Range acres
Any Nondomestic exotic animals? Describe			
Do you conduct pack trips, hunting or fishing trips? <input type="radio"/> Yes <input type="radio"/> No			
Do you offer hay, sleigh, wagon or carriage rides? <input type="radio"/> Yes <input type="radio"/> No			
No of Years Experience these Operations		No. of Years this location	If this is a new operation, please provide brief history of experience
Bleachers or Grandstands?	<input type="radio"/> Yes <input type="radio"/> No	Construction	Seating Capacity
How many employees?		Full Time	Part Time Exchange Labor
Total Annual Payroll		No. of Residential Employees	
Worker's Comp. Carrier		Policy Number	Expiration Date
Are you engaged in any other businesses on the premises? <input type="radio"/> Yes <input type="radio"/> No Explain			
Are there any apartments over stables? If so, explain use.			
Do you obtain releases from Boarders, Students, Clients, etc?	<input type="radio"/> Yes <input type="radio"/> No	*** Attach Copies of all Agreements/Releases used	
Who signs releases and are they kept on file?			
Are horse operations main source of income?		Other Income Sources?	
Is applicant involved in any of the following activities? Check if yes and explain below			
A. Dude Ranch/Outfitters & Guides		<input type="radio"/>	
B. Entertainment/Amusements involving farm animals (e.g. pony rides)		<input type="radio"/>	
C. Hay, Carriage or Wagon Rides		<input type="radio"/>	
D. Public Horse Rentals/Guided Trail Rides		<input type="radio"/>	
Identify liability hazards - check all boxes that apply	Hunting/Fishing	<input type="radio"/>	3 wheel ATV or ATC, Motorcycles, or Watercraft <input type="radio"/>
Trampoline Airstrip Junk Cars	Bed & Breakfast	Daycare	Overnight Camps

EQUESTRIAN LIABILITY SECTION

LIMITS OF LIABILITY

Check only one set of desired limits	\$300,000 CSL	\$500,000 CSL	\$1,000,000 CSL
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Excess Liability Limit Desired: _____ To bind excess liability, please submit separate Excess Liability Application.

SUMMARY OF HORSES AT PEAK SEASON*

* If same horse is used for different activities, please count only its primary use.

	# OWNED	# NON-OWNED
Boarding/Pasturing	_____	_____
Breeding Only - _____ Stallions* _____ Mares*	_____	_____
Racing and/or Race Training	_____	_____
Training - Other Than Race Horses*	_____	_____
Show /Pleasure	_____	_____
Trail Rides/Pack Trips/Rentals	_____	_____
Pony Rides	_____	_____
Horses owned, leased, used by applicant for instructions to others	_____	_____
Boarded horses used by applicant for instruction to others	_____	_____
Horses used by independent instructors for lessons	_____	_____
Horses used for Handicapped lessons	_____	_____
Foals/Weanlings	_____	_____
Held For Sale(Owned), On Consignment (Non-Owned)	_____	_____
Total	_____	_____
*Included in # horses boarded when boarding applies		
Number of Wagons/ Sleds/Carriages/Carts/Buggies, etc. _____ Describe Use: _____		

RIDING INSTRUCTION

NO EXPOSURES

Types of Instruction?									
Is instruction provided by You? <input type="radio"/> by Indep. Instructor? <input type="radio"/> by Employee? <input type="radio"/>									
Do you have riding for the handicapped?		<input type="radio"/> Yes <input type="radio"/> No		Receipts		No. of Horses		Sidewalkers?	
Do you give instruction to students on their own horses?		<input type="radio"/> Yes <input type="radio"/> No		Gross Receipts		No. Lessons per week		Chg. per lesson	
Do you give instruction to students on lesson horses?		<input type="radio"/> Yes <input type="radio"/> No		Gross Receipts		No. Lessons per week		No. of Lesson Horses Used	
Stallions Used? (If yes, state level of rider)									
Are instructors carded judges?		<input type="radio"/> Yes <input type="radio"/> No		Are instructors certified by a riding institute?		<input type="radio"/> Yes <input type="radio"/> No		Do you have students showing at the "A" level?	
								<input type="radio"/> Yes <input type="radio"/> No	
Is there any time of year when instruction is not given?				If so, indicate operating season:					
Are lesson students allowed to ride on the premises without an instructor present? <input type="radio"/> Yes <input type="radio"/> No									
Release signed by all students and/or their parents? (Attach sample)			<input type="radio"/> Yes			Safety procedures or requirements employed?			
Do you attend off premises shows with students?			<input type="radio"/> Yes <input type="radio"/> No		How many per year?		Gross Receipts		
(INJURIES TO HORSES AND STUDENTS BEING TRANSPORTED ARE NOT COVERED)									
# of Clinics for nonstudents: (indicate on or off premises)				Average Attendance			Gross Receipts		
Are you holding Daycamps*? <input type="radio"/> Yes <input type="radio"/> No				Overnight camps? <input type="radio"/> Yes <input type="radio"/> No		Do you provide food? <input type="radio"/> Yes <input type="radio"/> No			
List all Equestrian Day Camp Activities:						Gross Receipts _____			
List all Non-Equestrian Day Camp Activities:									

*Daycamps are defined as riding instruction for the general public given in set sessions, e.g., 4 days in one week during summer is one session. Coverage is not provided for Overnight Activities or activities not directly related to the riding instruction such as Daycare.

BOARDING

NO EXPOSURES

Total Number of Stalls		Maximum No. Boarded:		Average No. Boarded	
Stalls		Pens/Paddocks		Pasture	
How many animals?				Gross Annual Receipts	
Monthly charge per horse?				Annual Payroll for Boarding only	
Do you provide Riding Facilities for Boarders?	<input type="radio"/> Yes	<input type="radio"/> No	Describe:		
Do you allow non-boarders to use facilities?	<input type="radio"/> Yes	<input type="radio"/> No	Describe:		
Receipts from nonboarder use					

TRAINING

NO EXPOSURES

Maximum No. in Training: Owned		Non-Owned		Total payroll related to training (trainers, grooms, etc.)	
Average No. in Training: Owned		Non-Owned			
Gross Annual Receipts		Type of training done:			
Monthly charge (for training fees only - show boarding receipts separately above)					
Do you attend off-premises shows with horses in training?			(INJURY TO HORSES BEING TRANSPORTED IS NOT COVERED)		
Number of shows attended per Year		Does Owner attend?		Gross Annual Receipts	
How Many Owned Race Horses?		No. of Race Horses in Training		Racing payroll	
What breeds?			What states do you race in?		

BREEDING - On Premises Only

NO EXPOSURES

No. of Stallions at Stud: Owned		Non-Owned		Breeds	
No. of Mares Bred: Owned		Non-Owned		Gross Annual Receipts from Breeding Fees	
Avg. No. of Mares in for Mare Care at one time		Gross Annual Receipt from Mare Care & Other Services			

HORSE SHOWS & EVENTS

NO EXPOSURES

Do you manage any Horse Shows which are open to non-students or boarders?	<input type="radio"/> Yes <input type="radio"/> No	Are these events recognized by USAE?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please provide USAE Show Numbers and Names	
SHOWS ON PREMISES*		No. of Event Days	No. of Participants	No. of Spectators	Receipts
Horse Shows					
Clinics					
Rodeos					
Other: Explain					
Do you secure releases from all entrants?		<input type="radio"/> Yes <input type="radio"/> No	If spectators over 500, explain seating & safety measures.		
Do you manage any Hunts or Racing Events?		<input type="radio"/> Yes <input type="radio"/> No	If Yes, what type of Event?		
Do you own/lease/use any Hounds for Hunts?		<input type="radio"/> Yes <input type="radio"/> No	How Many?	Gross Receipts	
Provide List of Event Dates with AHSA show #s where applicable:					

*If Shows or Events are held Off Premises, coverage will only be afforded when the Show Dates and Locations are submitted to the Insurance Company in advance of the events.

*NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo type events, hunts, vaulting or polo matches/practice.

INDEPENDENT CONTRACTORS ON YOUR PREMISES

Are indep. contractors hired to perform any farming operations?		Do you ask for proof of liability insurance (certificate)	
Are you named as Additional Insured on the Independent's liability policy? *			
No of Independent Contractor Trainer/Instructors operating on premises with their own insurance: _____			
No. of Independent Instructors/Trainers we need to include on YOUR policy:			
Name	_____	Activities :	<input type="radio"/> Training <input type="radio"/> Lessons
Years Experience Teaching/Training _____			
# of Horses in Training - Maximum	Average	Gross Receipts	
Type of Lessons	# of Lessons Per Week on Client Owned Horses	Gross Receipts	
# Lesson Horses Used	# of Lessons Per Week on Lesson Horses	Gross Receipts	
Name	_____	Activities :	<input type="radio"/> Training <input type="radio"/> Lessons
Years Experience Teaching/Training _____			
# of Horses in Training - Maximum	Average	Gross Receipts	
Type of Lessons	# of Lessons Per Week on Client Owned Horses	Gross Receipts	
# Lesson Horses Used	# of Lessons Per Week on Lesson Horses	Gross Receipts	

We will require a certificate of insurance from each independent contractor not covered on this policy issued for coverage with limits equal or greater than those carried by you. We will also require that they name you as Additional Insured under their policy and provide a copy of this endorsement.

HORSE SALES

NO EXPOSURES

How many owned horses do you sell annually?	_____	How many consignment horses do you sell annually?	_____
Average selling price of horses sold?	_____	Average commission on consignment sale?	_____
Average No. of Owned Horses for sale in barn	_____	Avg. No. of Consignment Horses for sale in barn	_____
Gross Annual Receipts	_____	Types/Breeds Sold	_____
Do you sell from your own premises?	<input type="radio"/> Yes <input type="radio"/> No	Is Buyer allowed to test ride?	<input type="radio"/> Yes <input type="radio"/> No
If yes, where? (arena, field, other)	_____	Release signed before trial ride?	<input type="radio"/> Yes <input type="radio"/> No
Explain any other method of sales _____			

OTHER SALES: FOOD, CLOTHING, TACK, FEED, HORSESHOEING

NO EXPOSURES

Do you have a food or snack bar? (Liquor Liability not covered)	<input type="radio"/> Yes <input type="radio"/> No	Area Used	_____	Gross Receipts	_____
Do you sell Tack and/or Clothing?	<input type="radio"/> Yes <input type="radio"/> No	Area Used	_____	Gross Receipts	_____
Do you sell Hay or Feed?	<input type="radio"/> Yes <input type="radio"/> No	Gross Receipts	_____	Do you prepare or mix Feed for sale or consumption?	<input type="radio"/> Yes <input type="radio"/> No
Do you repair riding equipment for others?	<input type="radio"/> Yes <input type="radio"/> No	Gross Receipts	_____		
Do you do any horseshoeing? (Injury to Horses Not Covered)	<input type="radio"/> Yes <input type="radio"/> No	Gross Receipts	_____		

*NOTE: Products Liability for any and all activities involving repair of tack and sale of feed if mixed or prepared by the insured is excluded.

IF YOU HAVE ANY OTHER OPERATIONS OR ACTIVITIES NOT COVERED ABOVE, PLEASE PROVIDE DETAILED INFORMATION HERE.

ACTIVITY DESCRIPTION

REVENUES, # HORSES, ETC.

CARE, CUSTODY & CONTROL COVERAGE

NONOWNED HORSES WHILE IN YOUR CARE, CUSTODY & CONTROL ARE NOT COVERED FOR INJURY OR DEATH BY THIS POLICY UNLESS YOU ELECT TO ACCEPT CARE, CUSTODY & CONTROL COVERAGE.

- 1) Limit: \$5,000 Per Horse/\$25,000 Maximum Loss Per Policy Year
- 2) Limit: \$5,000 Per Horse/\$50,000 Maximum Loss Per Policy Year
- 3) Limit: \$10,000 Per Horse/\$50,000 Maximum Loss Per Policy Year
- 4) Limit: \$10,000 Per Horse/\$100,000 Maximum Loss Per Policy Year
- 5) Limit: \$25,000 Per Horse/\$250,000 Maximum Loss Per Policy Year
- 6) Limit: \$50,000 Per Horse/\$250,000 Maximum Loss Per Policy Year
- 7) Limit: \$100,000 Per Horse/\$100,000 Maximum Loss Per Policy Year
- 8) Limit: \$100,000 Per Horse/\$300,000 Maximum Loss Per Policy Year
- 9) Limit: \$200,000 Per Horse/\$500,000 Maximum Loss Per Policy Year

I/We hereby decline to purchase Care, Custody & Control insurance at this time and as such have no insurance protection for damage to or death of horses in our Care & Custody. I/We reserve the right to purchase said insurance at any time in the future.

Signature of Applicant

Date

**POLICY COVERS INCIDENTAL TRANSPORTATION ONLY UP TO 150 MILES FROM INSURED'S LOCATION(S).
NO COVERAGE FOR PROFESSIONAL HAULERS.**

How often do you transport horses for others? _____

Maximum number of nonowned horses per trip* _____

Radius of normal hauling operations in miles _____

Number of trips and destinations exceeding 150 miles from home base (extra charge will apply) _____

How often is regular maintenance done and floor boards checked? _____

Are fire extinguishers carried on van or truck? Yes No Do at least two people go on each trip? Yes No

Describe any losses or potential claims in the past three years and include deaths of any animal(s) in your custody even if a claim was not presented.

THIS APPLICATION IS PART OF AND ATTACHED TO THE POLICY

I/We understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application., If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

Signature of Applicant

Date

PRODUCER: Cheval Insurance Services, CA Lic. 0C94257, PO Box 2933, Fullerton, CA 92837, 714/447-9191

EQUINE CARE, CUSTODY & CONTROL INSURANCE APPLICATION

Company Use Only	
Customer No.	
Producer No.	

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

Agency's Name and address (Include Zip Code) Cheval Insurance Services, Inc. 1538 W. Commonwealth Ave., Suite D Fullerton, CA 92833	Agency Phone # (714) 447-9191 Fax # (714) 525-9191 Email info@chevalinsurance.com
	Producer # _____

Transaction	<input type="radio"/> New Business <input type="radio"/> Quote <input type="radio"/> Issue	Effective Date _____	Quote Desired By _____
	<input type="radio"/> Renewal of # _____	to _____	

Agency Bill	<input type="radio"/> Annual <input type="radio"/> Semi-annual <input type="radio"/> Quarterly	Choice/Direct Bill to Applicant <input type="radio"/>
Applicant is	<input type="radio"/> Owner/operator <input type="radio"/> Lessor/absentee Owner <input type="radio"/> Tenant Manager	Does Applicant: Own Property <input type="radio"/>
	<input type="radio"/> Indiv. <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Corp. Other: _____	Lease Property <input type="radio"/>

Applicant's Name and Mailing Address (Include County and Zip Code)

Name _____
 Business Name Mailing _____
 Address (incl. Zip Code) _____
 _____ County _____

Applicant's Phone Number _____	Website _____	SS/FEIN # _____
Person To Contact For Inspection Purposes _____	Phone _____	

Locations Information

Loc. #	Acres	Complete Address and/or Legal Description	County	Miles from Fire Dept.	Feet from Hydrant	Within 10 mi. of Coast?	Brush Zone?	Note Operations conducted at each Location
1								
2								
3								
4								
5								

Business operated by Stable Owner Lessee of stable (provide copy of lease agreement with application)
 Other _____

Who is responsible for fence repairs? Owner Lessee

Horse Operations Consist Of: Boarding Training Riding Instruction Breeding
 Other: _____

How long have you been in business? _____ Please provide a copy of your boarding agreement and release forms.

Are you in compliance with your state equine liability laws? Yes No NA
 If not, details: _____

Have you ever been cancelled or non-renewed for this coverage? Yes No Details: _____

Do you carry liability insurance for your operations? Yes No
 Name of Carrier _____ Limits of Liability _____

Breed of Horses _____ Use of Animals _____

Minimum # of non-owned horses in your care _____ Minimum value of horses in your care _____

Average # of non-owned horses in your care _____ Average value of horses in your care _____

Maximum # of non-owned horses in your care _____ Maximum value of horses in your care _____

Total value of all horses _____

Are there any times that number of horses will increase above the maximum? Yes No

Details: _____

Describe any losses or potential claims in the past three years and include deaths of any animal(s) in your custody even if a claim was not presented.

Comments

Average number of horses on premises at one time _____

- Limit - \$5,000/horse, \$25,000 maximum loss per policy year.**
- Limit - \$5,000/horse, \$50,000 maximum loss per policy year.**
- Limit - \$10,000/horse, \$50,000 maximum loss per policy year.**
- Limit - \$10,000/horse, \$100,000 maximum loss per policy year.**
- Limit - \$25,000/horse, \$250,000 maximum loss per policy year.**
- Limit - \$50,000/horse, \$250,000 maximum loss per policy year.**
- Limit - \$100,000/horse, \$300,000 maximum loss per policy year.**
- Limit - \$200,000/horse, \$500,000 maximum loss per policy year.**

Limits other than those designated above - refer to Company for rating.

INSURANCE FRAUD WARNING - APPLICANT TO INITIAL ALL APPLICABLE STATES

- 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.

- 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 of 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 of 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.

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The above statements given are true and accurate. This includes the limits of insurance and loss history as shown. I /We have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

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

Agent's Signature: _____ **Date** _____

