# **EQUESTRIAN RANCH PACKAGE APPLICATION**

(714) 447-9191 fax (714) 525-9191 Cheval Insurance Services, Inc. REQUESTED EFFECTIVE DATE: o RENEWAL OF# o NEW QUOTE BY: Name o LESSOR O OWNER OCCUPANT O TENANT **Business Name** O INDIV. O PTRSHIP O CORP. Address (incl. Zip List Partners Or Corporate Officers: Code) Phone - home and work E Mail Address Fax Website address PROPERTY SECTION Loc Distance Used By Miles from Feet from Within 10 mi. Brush Complete Address and.or Legal Description to Town County Insured? Fire Dept. Hydrant of Coast? Zone? 2 3 4 5 NAME AND ADDRESS OF MORTGAGEES, LOSS PAYEES 3. NAME AND ADDRESS OF 2. ADDITIONAL **INSUREDS** 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? ONO O YES-EXPLAIN: CLAIMS: DATE DESCRIPTION OF LOSS AMOUNT PAID CLAIM STATUS TYPE OF HORSE RANCH / ACTIVITIES o TRAINING o RIDING INSTRUCTION **O** BOARDING o BREEDING o RACE HORSES O PERSONAL HORSES ONLY OTHER: PROPERTY COVERAGES % Annually PROPERTY DEDUCTIBLE |\$ Inflation Guard 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 List descr. of any garages, patio covers, Loc. Dwg. Dwelling Coverage A gazebos or other structures appurtenant to Covg. C Covg C Covg. D Coverage A Covg. B No. No. Dwelling Value Description Valuation houses - NO FARM BUILDINGS RC? Limit Limit Limit

Loc.   Dog.   Word   Rulg   Cross.   Mobile Homes   Species of Loss   Species of Ros   R			<u>LLING</u>							slab, c									
Loc. Dwg. Who Occupies No. No. Dwelling? Sq. Feet / # Stories Alarm System Detectors AC? Plumbing Elec. Heat Roof Type / Age  **Central Station Alarms credit can only be applied if you provide Company Certification that it is actively monitored with your application.  **ADDITIONAL PERSONAL PROPERTY*  Schedule all items with complete description below or on separate sheet of paper. An appraisal less than three years old mus accompany this application for each item valued at \$5,000 or more.  ITEM DESCRIPTION  Agreed Value?  **COVERAGE E - SCHEDULED FARM PERSONAL PROPERTY*  BLANKET COVERAGE - ACV - \$2,000 PER ITEM LIMIT. RC AVAILABLE ON FARM EQUIPMENT UNDER 8 YEARS OLD.  ITEM LISTED VALUE CAUSES O  Miscellaneous Tack & Equipment blanket limit - max. value of \$2,000 each individual item			Y ear Built					Causes of	Loss			No BR	No					19	
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Miscellaneous Small Tools	M	iscel	laneous T	Cack & E	quipment	blanket	limit	- max. va	lue of	\$2,000	each in	dividua	litem						
	М	iscel	laneous S	Small To	ols														
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ARM EXTRA EXPENSE (\$1,000 INCLUDED AUTOMATICALLY, HIGHER LMITS UPON REQUEST)	ΛD	ME	TDAE	YPENIC	 F (\$1 AAA	INCI I	DEI	—— • • • • • • • • • • • • • • • • • • •	 Латт	CALLY	V HIC	HED I	міт	 S TID4	 `NI	PEOIII	 'T2T		
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SCHEDULE OF COMPUTER EQUIPMENT			
Hardware Description	<u>Hardware Make</u>	<u>Harware Serial No.</u>	Hardware Value
			-
Software Description (incl. version)			Software Value
GRAIN, FEED & HAY		<u>Am</u>	<u>ount</u>

DATES OF HIGH SEASON:

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

PEAK SEASON AMENDMENT - LIMIT:

LOC./. BLDG #	BUILDING DESCRIPTION	LIMIT OF INSURANCE	BLDG CLASS	CAUSES OF LOSS	CONST	SF	HEAT	YR BUILT	EQ
				2000					

Any Farm Buildings over 20 year old? Provide dates & details of renovations/updates/improvements

Any Urethane Insulation in farm buildings? Explain.

Please note any buildings storing substantial hay (50 bales +)

Are all farm outbuildings, barns & structures included for coverage?

Do any farm buildings have protective devices (smoke/burglar/fire alarms, sprinklers, etc.)? Identify buildings and describe protection.

TYPE I - Superior, Good Repair, Agent Inspection, Continuous Masonry Or Concrete Under Exterior Walls, Incombustible Floors, No Hay Storage TYPE II - Above Average, Continuous masonry or Concrete Under Exterior Walls or 6" Wood Preserved Pole Frame, Poles Set 4" Below Ground TYPE III - All Other.

PREMISES AND SAFETY		
How many miles to nearest fire department?	Response time (mir	nutes)
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 equip	oment?	
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 d	lepartment?
Is the well on a separate power supply from the house?	Are there No Sm	oking signs posted in or on barns?
Are there fire extinguishers in the home?	barn?	garage?
Are Extinguishers tagged?	e Extinguishers properly mounted?	
If there is a pool, is it properly fenced?	Is it open to boarders	s or others?
Is there a diving board?	Depth of Pool	
Does the pool have a secure 4ft no climb fence with self la		
GENERAL INFORMATION		
Does facility have 24 hour supervision? • Yes	O No	
What type(s) of Premises Security do you maintain?		
How often are grounds inspected?	By whom?	
Are the grounds clean and tidy?	1 -	
Is the building maintenance excellent?	Good? Average?	Fair?
Are walkways and driveways in good repair and free from s		
Are parking areas in good repair?	Paddocks/Pastures clean and for	enced?
Are Independent Contractors operating on the premises?	If yes, please att	ach a current certificate of insurance for each.
Are any portions of the ranch rented, leased or used by any		
If Yes, describe:	•	l l
Are there any wood or coal fired stoves used?	If Yes, please complete Wo	ood Stove questionnaire.
Are all areas well fenced? Type of		•
How often is fencing checked?	Describe Condition of all fen	cing
Are there any dogs on the premises? If so, list by breed.	2 000130 001411011 01 411 1011	5
Has any dog bitten or caused injury to anyone? If Yes, expl	ain.	
D ' II /C ' C II 0	No Any Farming Operations?	O Yes O No
Do you have a roadside market? • Yes •	No "Pick your own" operatio	
Do You own Cattle? O Yes O No	Swine? O Yes O No	Sheep? O Yes O No
	If Yes, Number of Head	If Yes, Number of Head & Range acres
		, c
Any Nondomestic exotic animals? Describe		
Do you conduct pack trips, hunting or fishing trips?	O Yes No	
, , , , , , , , , , , , , , , , , , , ,		
Do you offer hay, sleigh, wagon or carriage rides?	O Yes No	is is a navy angustion. places analyide build history of synanisms
No of Years Experience these Operations No. of	f Years this location If th	is is a new operation, please provide brief history of experience
Bleachers or Grandstands? O Yes O No Con	struction	Secting Conscitu
How many employees? Full Time	<u> </u>	Seating Capacity
	Part Time Sidential Employees	Exchange Labor
	* * *	Expiration Date
· · · · · · · · · · · · · · · · · · ·	Number  O Yes O No Explain	Expiration Date
Are you engaged in any other businesses on the premises?	O Tes O No Exprain	
Are there any apartments over stables? If so, explain use.  Do you obtain releases from Boarders, Students, Clients, etc?	O Yes O No *** Att	tach Copies of all Agreements/Releases used
Who signs releases and are they kept on file?	o res o no ··· All	tach copies of all Agreements/Releases used
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
<ul><li>A. Dude Ranch/Outfitters &amp; Guides</li><li>B. Entertainment/Amusements involving farm animals (e.</li></ul>	g nony rides)	0
C. Hay, Carriage or Wagon Rides	g. pony nacs)	0
D. Public Horse Rentals/Guided Trail Rides		0
Talentic, Balance, Landa at 1, 11, 11, 11, 11, 11, 11, 11, 11, 11,	H : (C:1: = 2.1	
Identify liability hazards - check all boxes that apply Trampoline Airstrip Junk Cars Be	0 0	el ATV or ATC, Motorcycles, or Watercraft  Overnight Comps
Trampoline Airstrip Junk Cars Be	ed & Breakfast Daycare	Overnight Camps

# EQUESTRIAN LIABILITY SECTION LIMITS OF LIABILITY

Check only one set of	00 CSL	\$500	0,000 CSL		\$1,000,	000 CSL	,						
xcess Liability Lim	nit Desired:			To bind exc	ess liability,	please submi	t separate	Excess I	_iability A	Applicat	tion.		_
			SUMM	ARY OF HOR	RSES AT P	EAK SEASC	)N*						
	* If s	same hor	se is used	d for different a	ctivities, ple	ase count onl	y its prim	ary use.	\# OWNE	<b>ED</b>	# N(	ON-OV	WNED
Boarding/Pasturi	ng												
Breeding Only -	St	allions*		Mares*							_		
Racing and/or Ra	ce Training												
Training - Other	Гhan Race Horse	ts*											
Show /Pleasure										_			
Trail Rides/Pack	Trips/Rentals												
Pony Rides													
Horses owned, le	eased, used by ap	plicant	for instru	ctions to others	3								
Boarded horses	used by applican	t for inst	ruction to	others									
Horses used by in	ndependent instr	uctors fo	r lessons										
Horses used for I	Handicapped less	sons								_			
Foals/Weanlings													
Held For Sale(O	wned), On Consi	gnment	(Non-Ow	vned)						_			
Total	*	Included	l in # hors	ses boarded wh	en boarding	applies				_			
Number of Wag					_	ribe Use:					_		
rumber of was	ons, sieds, earn	1505/Cai	ts/Duggic										
				RIDING	INSTRUC	TION			N	IO EXP	OSUF	RES (	0
Types of Instruction	on?												
Is instruction prov		0	by In	dep. Instructor?	O by	Employee?	0	_					
Do you have riding handicapped?	g for the	O Yes	O No	Receipts		No. of Horses	s	Sidewa	lkers?				
Do you give instru	ction to students			Gross		No. Lessons	1		Chg. po	er	T		
on their own horse	es?	O Yes	O No	Receipts		per week			lesso				
Do you give instru		O Yes	O No	Gross Receipts		No. Lessons per week			No. of Le Horses U				
Stallions Used? (If		rider)	<u> </u>	Receipts		per week			Tiorses e		<u></u>		
Are instructors				ctors certified by a				ave students	snowing		7		NT.
carded judges?		No	riding insti	itute?	O Yes		at the "A'	' level'?		ΟY	es	0	NO
Is there any time o				*.1		e operating sea	ison:						
Are lesson studer			premises		-	ent?				0	Yes	<u>o</u>	No
Release signed by a their parents? (Atta		0	Yes	- 1	rocedures or nents employe	d?							
Do you attend off		ith studer	nts?			many per year	?		Gross Re	eceipts	T		
	(INJURIE	S TO H	ORSES A	AND STUDEN		TRANSPOR	TED AR	E NOT C	OVERE	D)			
# of Clinics for no		te					erage		Gross				
on or off premises	<u>.                                    </u>						endance		Receipts	•	7.5.5		
Are you holding D	-		O No C	Overnight camp	s? o Ye	es o No	) Do you		od!	o 1	es c	)	No
List all Equestria	n Day Camp Act	ivities:					Gross Re	ceipts					
													-
List all Non-Equ	estrian Day Can	ıp Activi	ties:										

<sup>\*</sup>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.

Total Number of Stalls			Ma	aximum No.	Board	ed:			Aver	age No. B	oarded		
		Stalls	P	ens/Paddo	cks	Pa	sture		<del>-</del>				
How many animals?								Gross	Annual I	Receipts			
Monthly charge per horse?							Annua	l Payroll fo	or Boarding	only			
Do you provide Riding Faci	oarders?	С	Yes C	)	No D	escribe:							
Do you allow non-boarders	to use fac	ilities?	С	Yes C	<b>)</b>	No D	escribe:						
Receipts from nonboarder u	ıse												
					T	DAIN	IINC					NO EVDOCII	DEC -
					1.	KAII	NING					NO EXPOSU	
Maximum No. in Training		d		No	n-Own	ied			Total p	ayroll relat	ted to trai	ning (trainers, groot	ms, etc.)
Average No. in Training:	Owned		=	No	n-Own	ned							
Gross Annual Receipts			Type of training done:										
Monthly charge (for training	ng fees on	ly - show boa	ırding	receipts sep	arately	abov	e)						
Do you attend off-premises	s shows w	ith horses in	traini	ng?			(INJ	URY TO	) HORSE	ES BEING	TRANS	PORTED IS NOT	COVERED)
Number of shows attended	d per Year			Does Owne	r atten	d?		Gross A	Annual Re	eceipts			
How Many Owned Race H	Horses?		1	No. of Race	Horses	in Tra	aining			Racing p	ayroll		
What breeds?						W	hat states	do you	race in?				
				BRE	EDIN	G - 0	n Prem	ises On	ly			NO EXPOSU	JRES O
No. of Stallions at Stud: C	Owned		No	on-Owned			Breed	s					

Gross Annual Receipts from Breeding Fees

Gross Annual Receipt from Mare Care & Other Services

Non-Owned

No. of Mares Bred: Owned

Avg. No. of Mares in for Mare Care at one time

#### HORSE SHOWS & EVENTS

#### NO EXPOSURES

	HORSE SHOWS & EVENTS									NO LAI OSCILIS		
Do you manage any Horse Shows which are open to non-students or boarders?	Yes	Yes O No Are these events recognized by USAE?		0					s, please provide USAE v Numbers and Names			
SHOWS ON PREMISES*	No	of Eve	ent Da	ys	No. of Participants		No. of	Spect	tators		Receipts	
Horse Shows												
Clinics												
Rodeos												
Other: Explain												
Do you secure releases from all entrants?	0	Yes	0	No	If spectators ove	r 500	, explair	ı seati	ng & s	afety m	neasures.	
Do you manage any Hunts or Racing Events?	0	Yes	0	No	If Yes, what type of E	ent'	?					
Do you own/lease/use any Hounds for Hunts?	0	Yes	0	No	How Many?			Gross	s Rece	ipts		
Provide List of Event Dates with AHSA sh	ow #s v	where	applic	able:								

\*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

					CIORS ON YO	OUR PRE	MISES			
Are indep. contractors hired to pe						ou ask for p	roof of liabil	ity insurance (co	ertificate)	
Are you named as Additional Inst	ared on the	e Indepen	dent's l	iability	policy? *					
No of Independent Contractor Tr						own insura	nce:			
No. of Independent Instructors/Train	ners we ne	ed to includ	de on YO	OUR po	licy:			•		
Name					_		Activities:	O Training	g <b>O</b>	Lessons
Years Experience Teaching/Train	ning									
# of Horses in Training - Maximum			Av	erage		Gro	ss Receipts			
Type of Lessons	•	# of I	Lessons l	Per Wee	k on Client Owned	d Horses		Gross Recei	pts	
# Lesson Horses Used			# of Le	essons P	er Week on Lesson	n Horses		Gross Recei		
Name		•							•	
Years Experience Teaching/Trair	ing						Activities:	O Training	g <b>O</b>	Lessons
# of Horses in Training - Maximum			Av	erage		Gro	oss Receipts			
Type of Lessons	•	# of Le	essons P	er Week	on Client Owned	Horses		Gross Recei	pts	
# Lesson Horses Used			# of Les	sons Pe	r Week on Lesson	Horses		Gross Recei	pts	
carried by you. We will	also requir	e that they			ditional Insured un  E SALES	ider their po	licy and provid		ndorsement POSURES	
How many owned horses do you sell	onnually?				How many cons	aianmant ha	reas do vou sa		- COCILE	
Average selling price of horses sold:					•		sion on consig	•		
Average No. of Owned Horses for sal					Avera Avg. No. of Consig	•		<u></u>		
Gross Annual Receipts	Z III Oai II	Tymas	Breeds S		Avg. No. of Collsig	giiiieiii noi	ses for sale in	Dam		
Do you sell from your own premises'	, ,	Yes	O No	Solu	Is Buyer allowed	I to test ride	? O Y	es <b>O</b> No		
If yes, where? (arena, field, other)		168	O NO		Release signed b					
Explain any other method of sales					Release signed (	octore triai i	ide:	105 0 110		
OTH  Do you have a food or snack bar?	ER SALE	ES: FOO	D, CLC	THIN	G, TACK, FEE	ED, HORS	ESHOEING	1	XPOSURI	ES O
(Liquor Liability not covered)	O Y	es <b>O</b>	No Are	ea Used				Gross Receipts		
Do you sell Tack and/or Clothing?	O Y	es <b>O</b>	No Ar	ea Used				Gross Receipts		
Do you sell Hay or Feed? • Y		No Gros	ss Receip	ots		Do you p consump	-	Feed for sale or	<b>O</b> Yes	<b>O</b> No
Do you repair riding equipment for o		O Yes	0	No	Gross Receipts					
Do you do any horseshoeing? (Injury Horses Not Covered)		<b>o</b> Yes			Gross Receipts					
	VE AN	NY OTH	HER C	PER	ATIONS OR DETAILED	R ACTIV INFOR	TITIES NO	OT COVER HERE.		

### **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

I/We hereby decline to purchase Care, Custody & Control insurance at this time a or death of horses in our Care & Custody. I/We reserve the right to purchase said  Signature of Applicant  POLICY COVERS INCIDENTAL TRANSPORTATION ONLY UP TO NO COVERAGE FOR PROFESSION  How often do you transport horses for others?  Maximum number of nonowned horses per trip*  Radi  Number of trips and destinations exceeding 150 miles from home base (extra charge will apply)	Date Date D 150 MILES FROM INSURED'S LOCATION(S). NAL HAULERS.
POLICY COVERS INCIDENTAL TRANSPORTATION ONLY UP TO NO COVERAGE FOR PROFESSION  How often do you transport horses for others?  Maximum number of nonowned horses per trip*  Radi	D 150 MILES FROM INSURED'S LOCATION(S). NAL HAULERS. lius of normal hauling operations in miles
POLICY COVERS INCIDENTAL TRANSPORTATION ONLY UP TO NO COVERAGE FOR PROFESSION  How often do you transport horses for others?  Maximum number of nonowned horses per trip*  Radi	D 150 MILES FROM INSURED'S LOCATION(S). NAL HAULERS. lius of normal hauling operations in miles
Maximum number of nonowned horses per trip*	
· · · · · · · · · · · · · · · · · · ·	
Number of trips and destinations exceeding 150 miles from home base (extra charge will appl	
How often is regular maintenance done and floor boards checked?	
Are fire extinguishers carried on van or truck? O Yes O No Do at least two Describe any losses or potential claims in the past three years and include deaths of any anim	o people go on each trip? O Yes O No mal(s) in your custody even if a claim was not presented.
THIS APPLICATION IS PART OF AND ATTA I/We understand that the insurance being applied for, if accepted by the Company, will information is withheld or falsely stated, any insurance issued may be subject to reci in which the application was accepted or the policy issued.	ll be based on the statements made in this application.,
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 Or	nly						
Customer N	1	•						
Producer N	0.							
		Binder. Incomplete o	r unsigned a	pplications				
	ame and address (Include						(714) 44	17-9191
	eval Insurance Services, 8 W. Commonwealth A				,	714) 525-91 info@ahayal		na aam
	lerton, CA 92833	ve., Suite D			Elliali	info@cheval	<u>Insuranc</u> Produ	
	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				ffective D			000000000000000000000000000000000000000
Transactio	D 1 C !!	O Quote	O Issue	E		rate		Quote Desired By
200000000000	1 -1	000000000000000000000000000000000000000	0000000000000	0000000000	to	************	00000000	000000000000000000000000000000000000000
Agency Bi			rterly			ect Bill to A		
	Owner/operator		er o Tena	nt Manager	00000000	***************	Does A	applicant: Own Property
Applicant is	Indiv. O LLC		Corp. Other:			<b>-</b>		Lease Property o
Name	)	Applicant's Name an						000000000000000000000000000000000000000
Business Name Address (incl. )	$\epsilon$							
				Count	y			
Applicant's Ph		Web	osite			SS/F	EIN#	
Person To Cont	act For Inspection Purposes					Phone		
		Locat	tions Informa	tion				
Loc. # Acres	Complete Address and/or Le	gal Description	County	Miles from Fire Dept.	Feet from Hydrant	Within 10 mi. of Coast?	Brush Zone?	Note Operations conducted at each Location
1								
$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$								
3 4								
5								
				<u>.</u>			<u> </u>	
Business ope	erated by Other	Owner O Lessee o	of stable (provide	e copy of lea	ise agreem	ent with applic	cation)	
Who is respon	_	Owner O	T					
•	nsible for fence repairs?	0	Lessee					
Horse Operat	tions Consist Of:	Boarding o Training	g <b>o</b> Ridin	g Instruction	n <b>o</b>	Breeding		
	Other:							
How long har	ve you been in business?		Please provid	e a copy of y	your board	ing agreement	and relea	ase forms.
Are you in co	mpliance with your state equ	ine liability laws?	Yes	No		NA		
If not, de	etails:							
Have you eve	er been cancelled or non-rene	ewed for this coverage?	Yes	N.	o Details:			
-	liability insurance for your of	•	Yes	No	o Details.			
					· CT:1			
Name (	of Carrier			Lir	nits of Lial			
Breed of Ho	orses		Use	of Animals				
Minimum #	f of non-owned horses in you	ır care		Minimum	value of ho	rses in your ca	are	
Average #	of non-owned horses in your	care		Average va	lue of hors	ses in your car	e	
Maximum	# of non-owned horses in yo	ur care		Maximum v	value of ho	rses in your ca	are	
	Total value of all horses							
Are there a	ny times that number of hor	ses will increase above the	maximum?	o Ye	s o	No		
Details:					_			

# FARM BUILDINGS INFORMATION

Loc#

## Renovation Updates

Specify full or partial and year of update.

Needed for all bldgs over 20 years of age

Bldg # Building		Sprinkler	Lightning	Smoke		Fire Alarm Local/	Needed f	,	•	_
Building	Description/Use	System+	Rods	Alarms	Fire Ext's	Central Station +	Wiring	Heating	Plumbing	Roof
							-			
							-			
Is there 24 hour s	security and supervision of stables?	0	Yes o	No	Explain Su	pervision				
ire Protection Clas	aa Na	me of Resp	ondin o Eir	o Ctation						
		_	onunig i'n	e Station						
What type of fen	cing is used in runs, paddocks & p	astures?								
any wire fencing u	used for confinement? o	es o	No D	etails						
Are shelters provide	ded in runs or pastures?	Vec C	No.	Describe						
	ded in runs or pastures?	Yes C	No No	Describe						
	ded in runs or pastures? •• •• kept in the evening (stable, pastur		No No	Describe						
Where are horses		e, etc.)?					***	o No	0	
Where are horses	kept in the evening (stable, pastured, pastured & exercised in separate	e, etc.)? pastures, pa	addocks an	d runs aw	ay from m	ares? o	***	<b>o</b> No	0	
Where are horses re stallions housed. Are health statem	kept in the evening (stable, pastured, pastured & exercised in separate tents required before accepting nor	e, etc.)? pastures, pa	addocks an	nd runs aw			***	o Ne	0	
Where are horses re stallions housed. Are health statem	kept in the evening (stable, pastured, pastured & exercised in separate	e, etc.)? pastures, pa	addocks an	nd runs aw	ay from m	ares? o	***	o No	0	
Where are horses the stallions housed. Are health statem	kept in the evening (stable, pastured, pastured & exercised in separate tents required before accepting nor	e, etc.)? pastures, pa	addocks an	nd runs aw	ay from m	ares? o	***	o N	0	
Where are horses e stallions housed. Are health statem What are the em	kept in the evening (stable, pasturel, pastured & exercised in separate tents required before accepting not ergency procedures for an ill horse	e, etc.)?  pastures, parameters, parameter	addocks an orses?	nd runs aw Your allable?	ay from m	ares? o	***	o No	0	
Where are horses e stallions housed. Are health statem What are the em	kept in the evening (stable, pastured, pastured & exercised in separate tents required before accepting not ergency procedures for an ill horse to transport non-owned horses?	pastures, pan-owned ho	addocks an orses? orses? orser is not av	od runs aw Novailable?	ay from m	ares? •• •• No	Yes		0	
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Where are horses  The stallions housed.  Are health statem  What are the emotion of the stalling of the stalli	kept in the evening (stable, pasturel, pastured & exercised in separate tents required before accepting not tergency procedures for an ill horse to transport non-owned horses?  ote: Commercial hauling of non orses that are boarded at your facility utransport horses for others?	pastures, partoneous fit the own	addocks an orses? (aler is not average)  Yes (alerses other)	od runs aw vailable?	ray from m  Yes O  se you boa eeding clie  Ani	ares? O No nrd/train or breed nts? O	Yes are exclude Yes	d.	No	
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	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.
Comm	ents
	Average number of horses on premises at one time
0	Limit - \$5,000/horse, \$25,000 maximum loss per policy year.
0	Limit - \$5,000/horse, \$50,000 maximum loss per policy year.
0	Limit - \$10,000/horse, \$50,000 maximum loss per policy year.
0	Limit - \$10,000/horse, \$100,000 maximum loss per policy year.
0	Limit - \$25,000/horse, \$250,000 maximum loss per policy year.
0	Limit - \$50,000/horse, \$250,000 maximum loss per policy year.
0	Limit - \$100,000/horse, \$300,000 maximum loss per policy year.
0	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 hall, upon conviction, be subject to imprisonment for up to 1 years 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 comm it 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 in insurer, submits an application or filed a claim containing a false or deceptive statement is guilty of insurance fraud.
	Oklahoma	<b>WARNING:</b> 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.
shov	wn. I/We l	ements give are true and accurate. This includes the limits of insurance and loss history as nave not willfully concealed or misrepresented any material fact or circumstance application.
Applican	t's Signature:	Date
Agent's Signature:		Date