

Farmowners Application & Stableowners Liability



Underwritten by:
American Bankers Insurance Company of Florida

American Bankers Insurance Company of Florida

222 South 15th Suite 600 S
Omaha, NE 68102

FARMOWNERS APPLICATION THIS IS NOT A BINDER

Incomplete or unsigned Applications will be returned for completion.

<input type="checkbox"/> New <input type="checkbox"/> Renewal of # _____		DESIRED EFFECTIVE DATE / /		POLICY DEDUCTIBLE <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000	
APPLICANT			AGENCY NAME		
DBA			AGENCY CODE		
MAILING ADDRESS (INCLUDING CITY, STATE, ZIP CODE)			MAILING ADDRESS (INCLUDING CITY, STATE, ZIP CODE)		
PHONE NUMBER ()		FAX NUMBER ()		PHONE NUMBER ()	
EMAIL ADDRESS		SOCIAL SECURITY NUMBER		FAX NUMBER ()	
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: specify _____					
FEDERAL EIN		NAMES OF ALL PARTNERS OR OFFICERS			

Applicant is: Owner Operator Absentee Owner Other: specify _____

GENERAL INFORMATION

1. DESCRIBE FARMING OPERATIONS		APPLICANT'S ADDITIONAL OCCUPATION	
2. NUMBER OF YEARS EXPERIENCE IN THIS TYPE OF OPERATION:		NUMBER OF YEARS AT THIS LOCATION:	
3. HOW LONG HAS THE AGENT KNOWN THE APPLICANT?		HAS PROPERTY BEEN INSPECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DATE _____	
4. IS OVERALL MAINTENANCE AND CONDITION OF THE GROUNDS, FENCING AND BUILDINGS? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
5. DESCRIBE ANY BUILDINGS OR FENCES IN FAIR OR POOR CONDITION		HOW OFTEN IS FENCING CHECKED?	
6. DO YOU HAVE A ROADSIDE MARKET? <input type="checkbox"/> Yes <input type="checkbox"/> No		"PICK YOUR OWN" OPERATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. IS THERE ANY OTHER BUSINESS BEING CONDUCTED ON THE COVERED LOCATION – IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. IS THERE A SWIMMING POOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, IS IT ENCLOSED BY A FENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IS IT RESTRICTED TO PRIVATE USE OF RESIDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. IDENTIFY LIABILITY HAZARDS – CHECK THE BOXES THAT APPLY <input type="checkbox"/> Hunting <input type="checkbox"/> 3-Wheel ATV or ATC <input type="checkbox"/> Trampoline <input type="checkbox"/> Ponds/Fishing <input type="checkbox"/> Airstrip <input type="checkbox"/> Junk Cars <input type="checkbox"/> Other _____ <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Daycare <input type="checkbox"/> Overnight Camps			
10. DOES APPLICANT RENT OR LEASE ANY OF THE LAND, BUILDINGS, STABLES TO OTHERS? – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. ANY HORSE EXPOSURE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, COMPLETE EQUINE LIABILITY SUPPLEMENT.			
12. ANY DOGS ON THE PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, HOW MANY AND WHAT BREED?	HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. DOES APPLICANT OWN CATTLE? <input type="checkbox"/> Yes <input type="checkbox"/> No		SWINE? <input type="checkbox"/> Yes <input type="checkbox"/> No	SHEEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, NUMBER OF HEAD AND RANGE ACRES:		IF YES, NUMBER OF HEAD:	IF YES, NUMBER OF HEAD AND RANGE ACRES:
14. ADVISE IF ANY NON-DOMESTIC, EXOTIC ANIMALS, EMUS, OSTRICHES, REPTILES, OTHER			
15. HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO RENEW SIMILAR COVERAGE – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No			

PROPERTY AND LIABILITY -- PREVIOUS 3 YEARS CARRIER INFORMATION

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES/RESERVE
1.					
2.					
3.					

EXPLAIN ANY LOSSES WITHIN PAST THREE YEARS, INCLUDE APPROXIMATE DATES

PROPERTY SECTION

LOC #	# OF ACRES	LEGAL DESCRIPTION OF LOCATIONS TO BE INSURED, INCLUDING STATE & ZIP CODE	USED BY INSURED	MILES FROM FIRE DEPT.	FEET FROM HYDRANT	W/IN 25 MILES FROM COAST	COUNTY
1			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
2			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
3			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
4			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
5			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
6			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	

DWELLING INFORMATION

LOC. NO.	DWL. NO.	COVER. A LIMIT	COVERAGE A DWELLING	COVER. B LIMIT	COVER. C LIMIT	COVERAGE C UNSCHED PERS PROP.	COVERAGE D LOSS OF USE LIMIT	TYPE OF CONST.	YEAR BUILT	MOBILE HOME		DED.	CAUSES OF LOSS		
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		BASIC	BROAD	SPECIAL
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Coverage B unavailable in California. Additional Structures can be covered under Coverage E.

DWG. NO.	PRIMARY RESIDENCE Y/N	OCCUP. SEASONAL Y/N	TENANT Y/N	EMPL. Y/N	SQ. FT. GRND FLOOR	LOCAL ALARM Y/N	CENTRAL STATION Y/N	SMOKE/HEAT DET. Y/N	TYPE OF HEAT	THERMO. CONTROL. Y/N	WOODSTOVE/FIREPLACE Y/N*	NR. WATER SOURCE Y/N	YEAR UPDATE		
													PLUMBING	ELEC-TRICAL	ROOF
1															
2											*Complete				
3											Woodstove				
4											Suppl.				
5															
6															
7															

FIRST MORTGAGEE	MAILING ADDRESS INCLUDING ZIP CODE	LOAN NUMBER
SECOND MORTGAGEE	MAILING ADDRESS INCLUDING ZIP CODE	LOAN NUMBER
LOSS PAYEE	MAILING ADDRESS INCLUDING ZIP CODE	

ADDITIONAL PERSONAL PROPERTY COVERAGE

SCHEDULED PROPERTY	TOTAL LIMIT	SCHEDULED PROPERTY	TOTAL LIMIT
Jewelry	\$	Fine Arts	\$
Furs	\$	Other	\$
Silverware	\$	(A complete schedule and current appraisals (within 3 years) on any item over \$1,500 must be provided before coverage can be bound.)	

SCHEDULE OF COMPUTER EQUIPMENT

DEDUCTIBLE:

HARDWARE	LIMIT	MAKE	DESCRIPTION	SERIAL NUMBER
SOFTWARE	LIMIT			

COVERAGE E – SCHEDULED FARM BARN, BUILDINGS, STRUCTURES, DWELLINGS

LOC #	BLDG #	LIMIT OF INS.	DESCRIPTION	BDGTYPE 1, 2 OR3	YEAR BUILT	CONSTF / M	HAY Y / N	RC/ ACV	LENGTH & WIDTH	TYPE HEAT	TYPE ROOF	AGE	# OF STALLS	CAUSES OF LOSS			
														BASIC	SPECIAL*	WISS*	
		\$															
		\$															
		\$															
		\$															
		\$															
		\$															
		\$															
		\$															
		\$															

*If Special Form or WISS, Collapse Coverage Supplement MUST be completed.

MOBILE HOME SECTION	MAKE	SERIAL NUMBER(S)	SOLID FOUNDATION <input type="checkbox"/> Yes <input type="checkbox"/> No	TIE DOWN <input type="checkbox"/> Yes <input type="checkbox"/> No	SKIRTED <input type="checkbox"/> Yes <input type="checkbox"/> No
	MAKE	SERIAL NUMBER(S)	SOLID FOUNDATION <input type="checkbox"/> Yes <input type="checkbox"/> No	TIE DOWN <input type="checkbox"/> Yes <input type="checkbox"/> No	SKIRTED <input type="checkbox"/> Yes <input type="checkbox"/> No

Identify buildings over 20 years old and advise year heating, plumbing and wiring were updated

"No Smoking" signs posted? yes no

Do any buildings have exposed urethane or styrene insulation – If yes, identify buildings and describe
 Yes No

Are fire extinguishers maintained in barns and stables? Yes No

Are buildings being renovated, remodeled or under construction – If yes, please explain: Yes No

NOTE: IF DECLINING COVERAGE FOR COLLAPSE DUE TO WEIGHT OF ICE, SLEET OR SNOW, PLEASE INITIAL HERE:

CRITERIA FOR BUILDING TYPES 1, 2, 3

DWELLINGS	FARM BARN, BUILDINGS & STRUCTURES	SILOS
A. Excellent Repair B. Good Repair C. Foundation – Continuous Construction D. Approved Central Heating E. Modern Electrical & Plumbing System F. Wood Burner as Supplement Heat Type 1 – ACDE Type 2 – BCDEF Type 3 – All Others	A. \$4,000 Minimum B. Good Physical Condition C. Not Over One Story D. Foundation – Continuous Construction E. Approved Pole Barn F. Fully Enclosed, No Open Sheds Attached G. No Hay H. Fully Utilized in Farm/Stable Operation Type 1 – ABC/DEFG Type 2 – ABD/EH Type 3 – All Others	Type 1: Minimum Amount \$5,000. All silos except frame or frame iron clad. Type 2: Minimum Amount \$1,000. All silos not qualifying for Type 1 except frame or frame iron. Type 3: Frame, including frame iron clad. Mobile Homes Type 1: Must be set on continuous foundation under all exterior walls. Type 2: All others not eligible for Type1.

COVERAGE F – SCHEDULED FARM PERSONAL PROPERTY – BASIC PERILS – ACV

- \$ _____ On _____
 - \$ _____ On Hay in Barns
 - \$ _____ On Hay in Stacks (stack limit of \$ _____ on hay, max. \$10,000, and \$ _____ on straw and fodder)
 - \$ _____ On Machinery Not Described (limit \$2,500 for any one item)
 - \$ _____ On Borrowed, Rented or Leased Farm Machinery and Equipment
- | | <u>Described Machinery</u> | <u>Year</u> | <u>Make</u> | <u>Model and Serial Number</u> | <u>Open Perils</u>
Yes / No |
|-----|----------------------------|--|-------------|--------------------------------|--------------------------------|
| 6. | \$ _____ | On _____ | | | |
| 7. | \$ _____ | On _____ | | | |
| 8. | \$ _____ | On _____ | | | |
| 9. | \$ _____ | On Horses (limit \$2,500 for any one animal), Type _____ | | | |
| 10. | \$ _____ | On Other Livestock (limit \$2,500 for any one animal), Type _____ | | | |
| 11. | \$ _____ | On Specifically Described Horses (Attach schedule including name, age, sex, and use. Race and show horses not eligible.) | | | |
| 12. | \$ _____ | On contents of dwelling on Coverage E _____ | | | |
| 13. | \$ _____ | On _____ | | | |
| 14. | \$ _____ | On misc. tools and equipment (limit \$1,500 for any one item) _____ | | | |
| 15. | \$ _____ | On misc. tack and related equipment (limit \$1,500 for any one item) _____ | | | |
| 16. | \$ _____ | On specifically described tack (attach schedule) | | | |

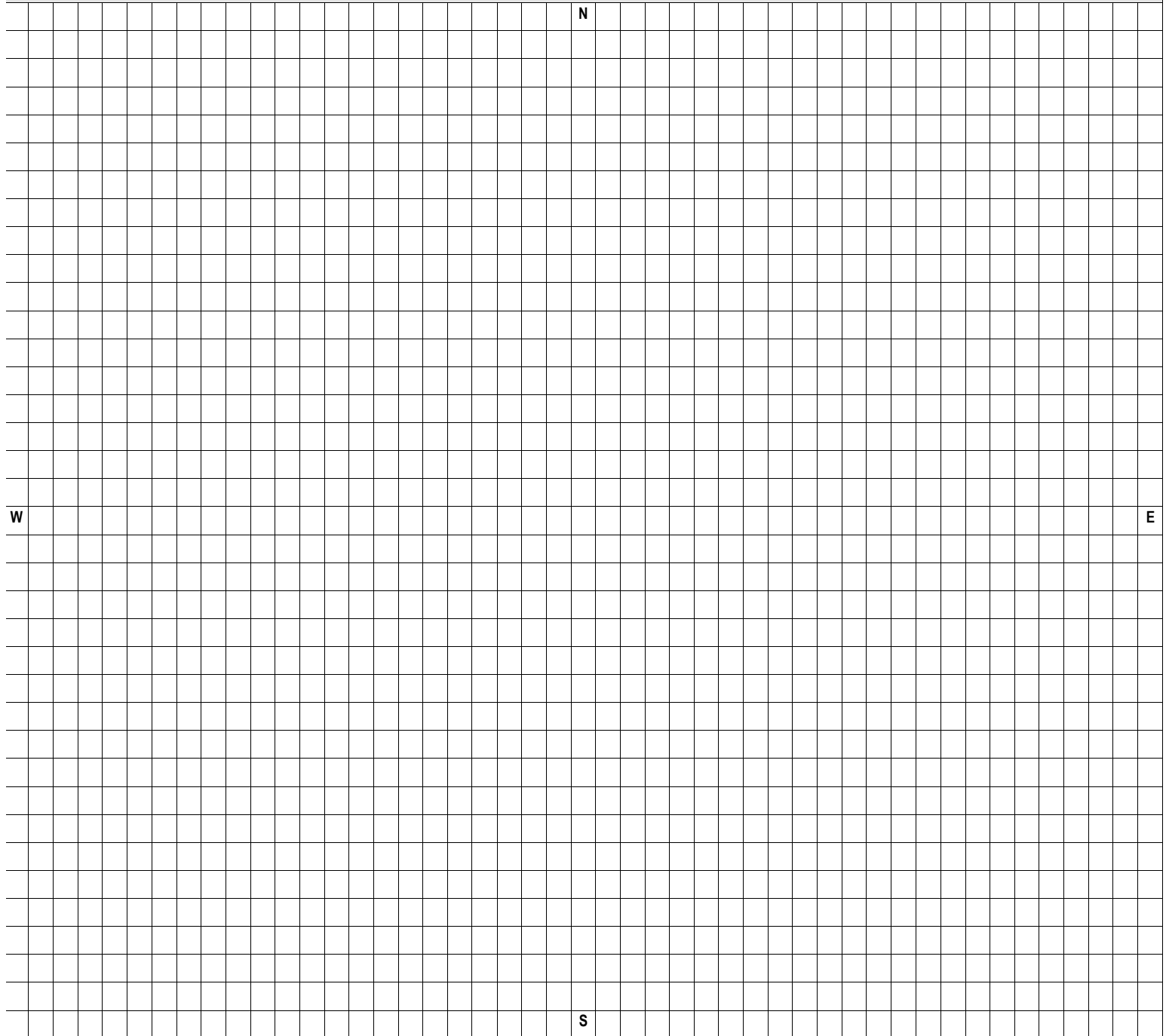
COVERAGE G – BLANKET FARM PERSONAL PROPERTY

*Limit:

*Subject to 80% Coinsurance Clause – Complete Coverage G Blanket Supplement

DIAGRAM

SHOW ALL BUILDINGS ON THE PREMISES (WHETHER INSURED OR NOT), OUTSIDE DIMENSIONS AND DISTANCE BETWEEN EACH. INDICATE NC IF NOT COVERED. LABEL ALL BUILDINGS AND ATTACH A CLEAR, DATED PHOTO OF EACH BUILDING. (DIGITAL PHOTOS/DOCUMENTS CAN BE ACCEPTED OVER THE INTERNET.)



LIABILITY SECTION

LIMITS OF LIABILITY CHECK ONE

\$500,000 \$1,000,000 Other \$ _____

\$5,000 Medical Payments to Others Included.
\$50,000 Fire Legal Liability. Inquire about the availability of higher limits and options.

LIABILITY FORMS

Farm Liability **or** Commercial Farm/Stable With Personal Liability: Included Excluded

Umbrella Coverage is available in most states. Please contact your agent for information and an application.

ADDITIONAL INSURED (SUBJECT TO COMPANY APPROVAL)

Name	Address	Interest	Reason

ADDITIONAL RESIDENCE PREMISES OCCUPIED BY INSURED (LIABILITY ONLY)

WATERCRAFT LIABILITY (GL-82) MVR Required

Complete Description	Make	Serial #	Length	H.P.	M.P.H.

SNOWMOBILE LIABILITY (GL-83) MVR Required

Complete Description	Make Or Model	Serial #

OFFICE, PROFESSIONAL, PRIVATE SCHOOL, STUDIO OCCUPANCY (GL-80)

Description Of Business	Location

INCIDENTAL BUSINESS PURSUITS – EXCLUDING PRODUCTS AND COMPLETED OPERATIONS (GL-90)

Name Of Insured(s)	Business Description	Estimated Gross Annual Receipts

ARE YOU ENGAGED IN CUSTOM FARM WORK (GL-75) Yes No IF YES, PROVIDE ESTIMATE OF ANNUAL RECEIPTS: \$ _____

DO YOU CARRY WORKERS COMPENSATION COVERAGE Yes No CARRIER _____ POLICY NUMBER _____

FAIR CREDIT REPORTING ACT NOTICE

A consumer report may be requested by the insurer to which this application is submitted. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

STANDARD FRAUD WARNING

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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

- FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.
- VIRGINIA: 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.
- WASHINGTON D.C.: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

DATE / /	APPLICANT'S SIGNATURE (REQUIRED) X	DATE OF LAST INSPECTION / /	<input type="checkbox"/> I have NOT seen the property.
DATE / /	AGENT'S SIGNATURE (REQUIRED) X		<input type="checkbox"/> I have seen the property.

The following Supplements are attached (please check):

- Equine Liability Supplement
- Coverage G – Blanket Farm Personal Property Supplement
- Fireplace, Wood Burning Stove Supplement
- Collapse Coverage Supplement

CHECK EACH COVERAGE DESIRED (ALL COVERAGE MAY NOT BE AVAILABLE IN ALL STATES – THIS IS NOT A COMPLETE LIST)

ENDORSEMENT #	COVERAGE OPTIONS	ENDORSEMENT #	COVERAGE OPTIONS
<input type="checkbox"/> FO-15	Actual Cash Value		
<input type="checkbox"/> FO-30	Incidental Property Coverages – Higher Limits	<input type="checkbox"/> FO-364	Replacement Cost Provision for Well Pumps
<input type="checkbox"/> FO-48	Related Private Structures	<input type="checkbox"/> FO-6 Policy Form	Farm Extra Expense \$_____ Limit
<input type="checkbox"/> FO-54	Earthquake	<input type="checkbox"/> GL-9	Personal Liability Coverage
<input type="checkbox"/> FO-55	Replacement Value	<input type="checkbox"/> GL-40	Structures Rented to Others
<input type="checkbox"/> FO-60	Debris Removal	<input type="checkbox"/> GL-71	Additional Insured – Separate Residence
<input type="checkbox"/> FO-61	Scheduled Personal Property	<input type="checkbox"/> GL-72	Additional Insureds – Other Residences
<input type="checkbox"/> FO-65	Coverage C – Higher Limit of Liability on Certain Property	<input type="checkbox"/> GL-73	Additional Residences or Farms – Rented to Others
<input type="checkbox"/> FO-68	Scheduled Glass	<input type="checkbox"/> GL-74	Business Activities
<input type="checkbox"/> FO-69	Business Property – Business Occupancy on the Insured Premises	<input type="checkbox"/> GL-75	Custom Farm Work
<input type="checkbox"/> FO-70	Ordinance or Law	<input type="checkbox"/> GL-78	Fruit or Vegetable Picking – By Public
<input type="checkbox"/> FO-75	Amendment of Vacancy or Unoccupancy	<input type="checkbox"/> GL-80	Office, Professional, Private School, or Studio Occupancy
<input type="checkbox"/> FO-123	Pollutant Clean Up and Removal	<input type="checkbox"/> GL-81	Personal Injury (with GL-2, GL-9 only)
<input type="checkbox"/> FO-125	Dwelling Under Construction – Theft	<input type="checkbox"/> GL-82	Watercraft
<input type="checkbox"/> FO-170	Computers	<input type="checkbox"/> GL-83	Snowmobile
<input type="checkbox"/> FO-200	Replacement Cost Terms – Mobile Homes	<input type="checkbox"/> GL-90	Incidental Business Pursuits
<input type="checkbox"/> FO-208	Water Damage – Sewers, Drains and Sumps	<input type="checkbox"/> GL-95	Products Aggregate Limits
<input type="checkbox"/> FO-216	Premises Alarm or Fire Protection System	<input type="checkbox"/> GL-108	Additional Insured - CL
<input type="checkbox"/> FO-256	Modified Replacement Cost Terms	<input type="checkbox"/> GL-615	Exclusion of Products/Completed Work Coverage
<input type="checkbox"/> FO-257	Ordinance or Law – Farm Barns, Buildings and Structures	<input type="checkbox"/> GL-841	Additional Insureds
<input type="checkbox"/> FO-307	Sprinkler Leakage		
<input type="checkbox"/> FO-323	Weight of Ice, Snow or Sleet	<input type="checkbox"/> GL-904	Personal and Advertising Injury Liability Coverage (with GL-610 only)
<input type="checkbox"/> FO-330	Incidental Property Coverages – Higher Limits	<input type="checkbox"/> AD9182EM	Horse Boarding Operations
<input type="checkbox"/> FO-340	Limited Perils – Coverages E, F and G		
<input type="checkbox"/> FO-341	Replacement Cost Terms – Farm Barns, Buildings and Structures		
<input type="checkbox"/> FO-345	Theft of Building Materials – Farm Barns, Buildings and Structures		
<input type="checkbox"/> FO-350	Debris Removal – Coverages E and F		
<input type="checkbox"/> FO-352	Peak Season Inventory – Farm Personal Property		
<input type="checkbox"/> FO-354	Earthquake – Coverages E, F and G		
<input type="checkbox"/> FO-356	Added Animal Perils		
<input type="checkbox"/> FO-360	Farm Machinery		
<input type="checkbox"/> FO-361	Property in Transit – Coverages F and G		
<input type="checkbox"/> FO-362	Special Form Coverage – Farm Barns, Buildings, and Structures		
<input type="checkbox"/> FO-363	Repair or Rebuilding Requirement		

EQUINE LIABILITY SUPPLEMENT

THIS SUPPLEMENT FORMS PART OF OUR FARMOWNER APPLICATION

(Umbrella coverage is available in most states. Please contact your agent for information and an application.)

SECTION I	SUMMARY OF HORSES – AT PEAK SEASON	CHECK IF NO EXPOSURE
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ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE

Horses Owned/Leased/Used by Insured	Number	Horses Non-Owned by Insured	Number
1. a. Owned horses used for instruction	_____	1. Boarding/pasturing.....	_____
b. Boarded horses used for instruction to others.....	_____	2. Show training.....	_____
2. Show and/or pleasure	_____	3. Racing and/or training to race	_____
3. Racing and/or training to race	_____	4. Breeding (Mares _____, Stallions _____).....	_____
4. Breeding (Mares _____, Stallions _____).....	_____	5. Foals/weanlings.....	_____
5. Foals/weanlings.....	_____	6. Retired and/or lay-ups.....	_____
6. Retired and/or lay-ups.....	_____	7. Consignment for sale (Breed _____).....	_____
7. For sale (Breed _____).....	_____	8. Other (Describe _____).....	_____
8. Other (Describe _____).....	_____		
All Owned Horses Must be Declared Total (Lines 1-8)		Total (Lines 1-8)	
9. Number of carts, buggies, carriages, etc.		9. Total number of stalls on your premises.	
Is cart used on premises only? <input type="checkbox"/> Yes..... <input type="checkbox"/> No		10. What is the maximum number of horses, owned and non-owned, that can be kept in your premises.....	
Describe use: _____			

SECTION II	HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING	CHECK IF NO EXPOSURE
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1. TOTAL # OF STALLS	MAXIMUM # BOARDED	PASTURED	MONTHLY BOARDING RATE \$	ANNUAL GROSS \$
2. TRAINING PLEASURE & SHOW – MAXIMUM # OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE \$	ANNUAL GROSS \$
3. BREEDING - # OF NON-OWNED STALLIONS	BREED	MAX # OF OUTSIDE MARES	ARE MARES KEPT ON PREMISES UNTIL FOALING <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. RACE HORSES – WHAT BREEDS	HOW MANY DO YOU TRAIN FOR OTHERS	PAYROLL \$	WHAT STATES DO YOU RACE IN	
ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION III	SALES HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING	CHECK IF NO EXPOSURE
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1. DO YOU SELL HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREEDS	HOW MANY PER YEAR	GROSS ANNUAL RECEIPTS \$
2. IS BUYER ALLOWED TO TEST RIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES <input type="checkbox"/> In arena <input type="checkbox"/> In open field	DO YOU SELL FROM YOUR OWN PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. EXPLAIN ANY OTHER METHOD OF SALES			
4. DO YOU SELL FOOD OR HAVE A SNACK BAR (LIQUOR LIABILITY NOT COVERED) <input type="checkbox"/> Yes <input type="checkbox"/> No			GROSS RECEIPTS \$
5. DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Used <input type="checkbox"/> New			GROSS RECEIPTS \$
6. DO YOU SELL HAY OR FEED <input type="checkbox"/> Yes <input type="checkbox"/> No			GROSS RECEIPTS \$
7. DO YOU MIX FEED FOR SALE/CONSUMPTION <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. DO YOU PERFORM ANY TYPE OF FARRIER SERVICES (INJURY TO HORSE NOT COVERED) <input type="checkbox"/> Yes <input type="checkbox"/> No			If on premises only this coverage can be added to this policy.

ARE SERVICES ON PREMISE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS \$
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NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.

SECTION IV EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS	<input type="checkbox"/> CHECK IF NO EXPOSURE
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1. IS INSTRUCTION PROVIDED BY <input type="checkbox"/> You <input type="checkbox"/> An Independent Instructor	If an independent instructor/trainer is used, complete Section V.	ARE YOU A CERTIFIED INSTRUCTOR <input type="checkbox"/> Yes <input type="checkbox"/> No
2. DESCRIBE TYPE OF SAFETY GEAR REQUIRED		
3. DO YOU PROVIDE RIDING FOR THE HANDICAPPED <input type="checkbox"/> Yes <input type="checkbox"/> No	# OF HORSES AVAILABLE FOR HANDICAPPED	GROSS ANNUAL RECEIPTS \$
NON-PROFIT <input type="checkbox"/> Yes <input type="checkbox"/> No	RATIO OF INSTRUCTORS TO STUDENTS	
ARE SIDEWALKERS USED <input type="checkbox"/> Yes <input type="checkbox"/> No	VOLUNTEER COVERAGE REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE	MAXIMUM NUMBER USED AT ANY ONE TIME	GROSS ANNUAL RECEIPTS \$
5. ARE STALLIONS USED FOR INSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE	
6. DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, ADVISE AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL GROSS RECEIPTS \$
7. DO YOU TEACH <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other:		
8. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS – IF SO, GIVE DATES CLOSED <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	Injuries to horses and students being transported are not covered.	HOW MANY TIMES PER YEAR GROSS RECEIPTS \$
10. DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY DAYS	AVERAGE ATTENDANCE RECEIPTS EARNED \$
11. DO YOU OPERATE A DAY CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERNIGHT CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PROVIDE FOOD <input type="checkbox"/> Yes <input type="checkbox"/> No GROSS RECEIPTS FOR CAMP \$
12. DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS		

SECTION V INDEPENDENT INSTRUCTORS / TRAINERS	<input type="checkbox"/> CHECK IF NO EXPOSURE
--	---

1. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES – IF SO, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No	DO THEY CARRY THEIR OWN INSURANCE++ <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.

PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)

INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE – **ATTACH COPY(IES)**

2. HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS	GROSS RECEIPTS \$	GROSS RECEIPTS FOR INSTR. TO STUDENTS ON THEIR OWN HORSES \$
3. HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS	OR TRAINED UNDER YOUR NAME	

SECTION VI PONY RIDES/SADDLE ANIMALS FOR HIRE/HOURLY OR DAILY RENTALS/TRAIL RIDES/LEASING/PACK TRIPS -- NO BINDING AUTHORITY -- MUST BE REFERRED TO H.O.

CHECK IF NO EXPOSURE

1. # OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES	GROSS RECEIPTS FOR RENTALS \$	GROSS RECEIPTS FOR TRAIL RIDES \$	DO YOU CONDUCT PACK TRIPS <input type="checkbox"/> Yes <input type="checkbox"/> No
2. PONY RIDES/PARTIES – NUMBER OF PONIES	GROSS RECEIPTS \$		DO YOU USE SIDEWALKERS <input type="checkbox"/> Yes <input type="checkbox"/> No
3. DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION VII RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES -- NO BINDING AUTHORITY

CHECK IF NO EXPOSURE

1. RIDES:	# OF PASSENGERS	GROSS RECEIPTS	# OF WAGONS	# OF HORSES	# OF MOTOR VEH	# OF TRIPS	ON OR OFF PREMISES
<input type="checkbox"/> Hay <input type="checkbox"/> Sleigh <input type="checkbox"/> Carriage		\$					

2. SHOWS:
INDEPENDENT VENDORS ARE NOT COVERED

Are these shows recognized by the American Horse Show Association? Yes No
Do you manage any shows open to boarders or non-students? Yes No

SHOWS	# OF PARTICIPANTS	GROSS RECEIPTS ALL SHOWS	MAX # OF SPECTATORS PER DAY	TOTAL # OF SHOW DAYS	SHOW DATES
Shows on Premises		\$			
Rodeos on Premises		\$			

3. Do you secure releases from all entrants – Attach a sample Yes No
Does number of spectators ever exceed 500 per day? Yes No

4. Do you have bleachers or grandstands? Yes No
Construction: _____ Year built: _____ Seating capacity – #: _____

5. Do you manage any hunts or racing events? Yes No If yes, what type? _____
Do you own/use/lease any hounds for hunts? Yes No How many hounds? _____

6. If rodeos on premise, describe type of events:

7. Do you allow non-boarders to use your facilities – if yes, please explain Yes No
Gross receipts: \$ _____

8. All operations must be declared – Describe fully any other events or operations not already mentioned in this application:

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

GENERAL INFORMATION AND UNDERWRITING QUESTIONNAIRE

1. Number of years at this location _____ Number of years experience in these operations _____

2. If less than five (5) years, give brief description of experience and background in horse business

Do you obtain a release signed by boarders and students relieving you of claims for BI & PD - Yes No **IF YES, A COPY MUST BE SUBMITTED WITH THIS APPLICATION BEFORE ISSUANCE**

4. Do you post rules : Yes No Do you post warning signs: Yes No Describe any safety program or attach information _____

5. Describe type of all fencing:

6. Describe condition: Excellent Good Fair Poor How often is fencing checked? _____

Person to contact for inspection: _____ Telephone Number: () _____

REFER TO FRAUD WARNINGS ON PAGE 7 OF THE FARMOWNER APPLICATION

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

APPLICANT'S SIGNATURE X	DATE / /	AGENT'S SIGNATURE X	DATE / /
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Note: Farmowners and commercial liability policies generally exclude liability coverage for damage to non-owned property in the care, custody or control of the insured. Please complete a separate Care, Custody or Control application for the non-owned horses in your care. Your signature is requested below, if you are **declining** this coverage.

X _____

**IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED
INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**

COVERAGE G – BLANKET FARM PERSONAL PROPERTY SUPPLEMENT TO THE FARMOWNER APPLICATION

NAME OF APPLICANT	POLICY/QUOTE NUMBER
-------------------	---------------------

NOTE: Coverage cannot be bound without a completed inventory (Minimum limit \$15,000.)

MACHINERY	UNIT PRICE	TOTAL VALUE	TOOLS & SUPPLIES	UNIT PRICE	TOTAL VALUE	LIVESTOCK	UNIT PRICE	TOTAL VALUE
Tractor No. 1	\$	\$	Milk House Utensils & Sup.	\$	\$	Horses	\$	\$
Tractor No. 2	\$	\$	Hog Feeders	\$	\$	Ponies	\$	\$
Tractor No. 3	\$	\$	Hog Fountains	\$	\$	Sheep	\$	\$
Tractor No. 4	\$	\$	Tank Heaters	\$	\$	Dairy Cows	\$	\$
			Farrowing Crates	\$	\$	Heifers	\$	\$
			Poultry Feeders	\$	\$	Beef Cows	\$	\$
			Poultry Waterers	\$	\$	Beef Calves	\$	\$
			Hen Nests	\$	\$	Bulls	\$	\$
Crop Drier	\$	\$	Electric Motors	\$	\$			
Corn or Grain Head	\$	\$	Gas Engines	\$	\$	TOTAL LIVESTOCK		\$
Corn Picker	\$	\$	Fuel Tank and Stand	\$	\$	EQUESTRIAN EQUIPMENT	UNIT PRICE	TOTAL VALUE
Corn Planter	\$	\$	Tractor Fuel	\$	\$			
Plows	\$	\$	Oil and Grease	\$	\$	Saddles	\$	\$
Chisel Plow	\$	\$	Electric Welders	\$	\$	Show Saddles	\$	\$
Vibratiller	\$	\$	Acetylene Welders	\$	\$	Bridles, Bits, Reins	\$	\$
Disc	\$	\$	Spare Parts	\$	\$	Jog Carts, Bikes	\$	\$
Quack Digger	\$	\$	Chain Saws	\$	\$	Buggies	\$	\$
Harrows and Curl	\$	\$	Power Saws	\$	\$	Blankets, Hoods	\$	\$
Cultipacker	\$	\$	Posthole digger	\$	\$	Sheets, Coolers	\$	\$
Rotaryhoe and Truck	\$	\$	Electric Fencer	\$	\$	Grooming Equipment	\$	\$
Rotatiller	\$	\$	Air Compressor	\$	\$	Halters, Lead Lines	\$	\$
Cultivators	\$	\$	Wheel Barrows	\$	\$	Harnesses	\$	\$
Drills and Seeders	\$	\$	Fertilizer	\$	\$	Tail Sets	\$	\$
Fertilizer Spreaders	\$	\$	Spray Material	\$	\$	Jumping Equipment	\$	\$
Manure Spreaders	\$	\$	Fans	\$	\$	Automatic Waterers	\$	\$
Manure Loader	\$	\$	Building Material	\$	\$	Wood Shavings	\$	\$
Stalk Cutters	\$	\$	Paint	\$	\$	Insect Control Equipment	\$	\$
Weed Sprayer	\$	\$	Power Tools	\$	\$	Lounge Furniture	\$	\$
Anhydrous Applier	\$	\$				Tack Trunks	\$	\$
Corn Sheller	\$	\$				Tack Room (Portable)	\$	\$
Grain Cleaner	\$	\$	Hand Tools (forks, shovels, brooms, hammers, saws, wrenches, rakes, etc., other misc. small tools)	\$	\$	Tack Room Accessories	\$	\$
Silo Filler	\$	\$				Stable Banners	\$	\$
Silo Unloader	\$	\$	Misc. Equipment (tarps, chains, parts, clippers, etc.)	\$	\$	Water Tanks	\$	\$
Mowers	\$	\$				Whips, Whip Box	\$	\$
Forage Harvester	\$	\$	TOTAL TOOLS AND SUPPLIES			\$	\$	\$
Hay Conditioner	\$	\$	GRAIN AND FEED	UNIT PRICE	TOTAL VALUE	Misc. Tack	\$	\$
Hay Crimper	\$	\$				Misc. Stable Equipment	\$	\$
Hay Fluffer	\$	\$	Wheat	\$	\$	TOTAL EQUESTRIAN		\$
Hay Rake	\$	\$	Oats Acres	\$	\$			
Hay Swather	\$	\$	Barley	\$	\$	SUMMARY		
Hay Baler	\$	\$	Corn Acres	\$	\$	Total Value of Listed Items		\$
Auger Wagons	\$	\$	Sealed Wheat Bushels	\$	\$	Other Unlisted Farm Personal Property		\$
Chopper Wagons	\$	\$	Sealed Corn Bushels	\$	\$	Sub-Total		\$
Wagons	\$	\$	Soybeans	\$	\$	Less Value of Excluded Property		\$
Feed Trailers	\$	\$	Ground Feed	\$	\$	TOTAL VALUE		\$
Feed Grinder	\$	\$	Hay (Bales or Tons)	\$	\$	Limit of Liability		\$
Hammer Mill	\$	\$	Straw (Bales or Tons)	\$	\$			
Feed Mixer	\$	\$				AT TIME OF LOSS UNLESS SPECIFICALLY EXCLUDED IN THE POLICY, THE VALUE OF ALL FARM PERSONAL PROPERTY OWNED BY THE INSURED WILL BE INCLUDED TO ESTABLISH COMPLIANCE WITH THE CO-INSURANCE CLAUSE. EXCLUDED PROPERTY:		
Feed Carts	\$	\$						
Auger Elevators	\$	\$						
Portable Elevators	\$	\$						
Irrigation Equipment	\$	\$						
Power Lawn Mower	\$	\$						
TOTAL MACHINERY		\$	TOTAL GRAIN AND FEED			\$		

FIREPLACE, WOOD BURNING STOVE SUPPLEMENT

ATTACH PHOTO -- COMPLETE IN FULL

APPLICANT

POLICY/QUOTE NUMBER

**FIREPLACE INSERT
COMPLETE QUESTIONS 1-6**

**FIREPLACE (BUILT-IN)
COMPLETE QUESTIONS 1-4**

**FREE STANDING FIREPLACE &/OR STOVE
COMPLETE QUESTIONS 1-6**

1. TYPE OF HEATING EQUIPMENT

- Built-In Fireplace
 Free Standing Fireplace
 Free Standing Stove
 Furnace Supplement
 Other: _____

2. IS THIS UNIT A MAJOR HEAT SOURCE FOR THE DWELLING? Yes No

3. WERE CHIMNEY AND EQUIPMENT INSTALLED BY CONTRACTOR? Yes No

NAME AND ADDRESS IF OTHER THAN THE HOME BUILDER

4. CHIMNEY INFORMATION – TYPE OF CHIMNEY

- Masonry with tile flue liner
 Prefab'd metal chimney (UL approved)
 Other _____

WHEN WAS CHIMNEY LAST CLEANED?

HOW OFTEN IS CHIMNEY CLEANED?

CLEANED BY WHOM? Insured Chimney Sweep* Contractor*

*NAME AND ADDRESS

IS MORE THAN ONE UNIT VENTED INTO THE SAME CHIMNEY FLUE? Yes No

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED FOR FREE STANDING FIREPLACES AND/OR STOVES.

BRAND NAME:

YEAR PURCHASED:

5. DOES YOUR FREE STANDING HEATING UNIT HAVE THE MINIMUM CLEARANCES OF:

- Yes No 36" between the stove box and any unprotected combustible surface in all directions
 Yes No 4" between stove and floor
 Yes No Pad under stove (see diagrams below)

6. STOVE PIPE INFORMATION – DIAMETER OF PIPE

DISTANCE FROM THE NEAREST COMBUSTIBLE SURFACE

ARE PIPE SECTIONS OR JOINTS FASTENED WITH METAL SCREWS? Yes No

DOES THE PIPE PASS THROUGH FLOOR, WALLS OR CEILINGS? Yes No

IF SO, IS IT PROTECTED WITH A: Ventilated thimble Fuel connector Fire stop spacer

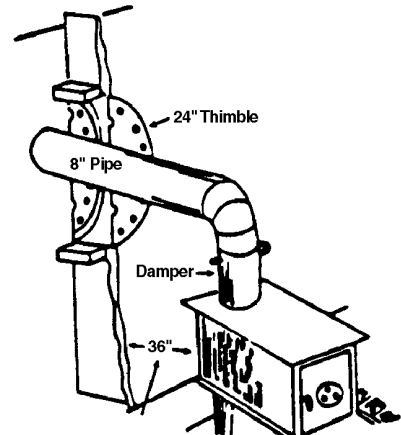
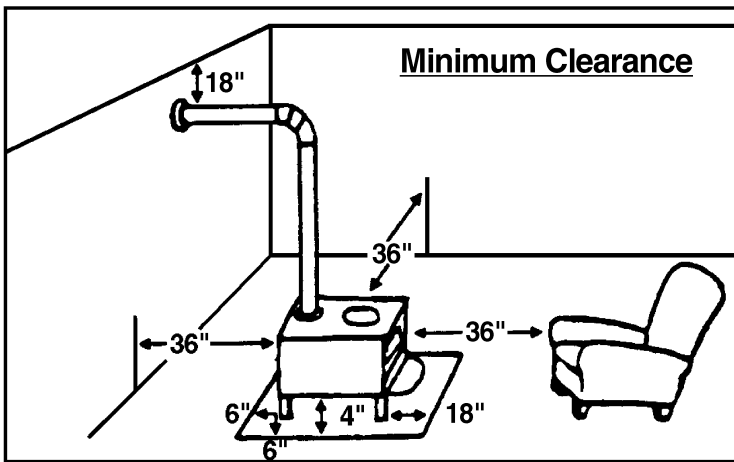
IS MORE THAN ONE UNIT VENTED INTO THE SAME CHIMNEY? Yes No

DATE

/ /

INSURED'S SIGNATURE

X



THESE CLEARANCES CAN BE REDUCED IF YOUR FLOOR OR COMBUSTIBLE WALL IS PROTECTED BY BRICKS WITH MORTAR OR BY METAL COVERED ASBESTOS STOVE BOARD. THE PAD UNDER YOUR STOVE SHOULD EXTEND 18" BEYOND THE ASH REMOVAL DOOR OR YOUR STOVE.

SPECIAL and/or COLLAPSE COVERAGE SUPPLEMENT

NAMED INSURED/APPLICANT

POLICY NUMBER

ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY

	LOC # _____ BLDG # _____	LOC # _____ BLDG # _____	LOC # _____ BLDG # _____	LOC # _____ BLDG # _____
CHECK ONE				
1. Does any part of the structure (i.e., door frames or window frames) indicate foundation settling?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Is the roof ridge line straight, indicating sidewalls have not spread?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Are the windowsills firmly anchored showing no signs of deterioration?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. To the best of your knowledge, does the total design load meet or exceed local building codes? Explain any "no" answer in Comments below.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Who built the building/structure? (I = Insured; C = Contractor)	<input type="checkbox"/> I <input type="checkbox"/> C	<input type="checkbox"/> I <input type="checkbox"/> C	<input type="checkbox"/> I <input type="checkbox"/> C	<input type="checkbox"/> I <input type="checkbox"/> C
6. Is building fully enclosed, no open sheds attached?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Is proper roof drainage supplied?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
8. What is the approximate pitch of the roof?				
9. Is weed/brush growth around the building properly controlled?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10. If the building is on a concrete block foundation, does an inspection reveal cracks and/or separation?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
11. In your estimation, is the quality of construction: (Average = A; Below Average = BA; or Above Average = AA)	<input type="checkbox"/> A <input type="checkbox"/> BA <input type="checkbox"/> AA	<input type="checkbox"/> A <input type="checkbox"/> BA <input type="checkbox"/> AA	<input type="checkbox"/> A <input type="checkbox"/> BA <input type="checkbox"/> AA	<input type="checkbox"/> A <input type="checkbox"/> BA <input type="checkbox"/> AA
12. Describe any special precautions that are taken during severe snow and ice storms: _____ _____ _____ _____ _____				
13. Comments: _____ _____ _____ _____ _____				
INSPECTED BY (NAME)				DATE
<input type="checkbox"/> Agent <input type="checkbox"/> Engineer <input type="checkbox"/> Company Representative <input type="checkbox"/> Other _____				

American Bankers
Insurance Company of Florida

222 South 15th Suite 600 S
Omaha, NE 68102

**APPLICATION FOR LEGAL LIABILITY OF NON-OWNED HORSES
IN YOUR CARE, CUSTODY OR CONTROL**

AGENCY NAME		
ADDRESS		
TELEPHONE NO. ()	FAX NO. ()	AGENCY CODE

THIS IS NOT A BINDER

- | | |
|--|---|
| <input type="checkbox"/> DIRECT BILL | <input type="checkbox"/> NEW BUSINESS – DESIRED EFFECTIVE DATE ____/____/____ |
| <input type="checkbox"/> ACCOUNT CURRENT | <input type="checkbox"/> RENEWAL – EXPIRATION DATE ____/____/____ <input type="checkbox"/> POLICY NO. CCC _____ |

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION.

NAME OF INSURED	BUSINESS/STABLE NAME
MAILING ADDRESS	
CITY/STATE/ZIP CODE	TELEPHONE NO. ()
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS	
CITY/STATE/ZIP CODE	
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS.	

A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.

DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT THE PREMISES?	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS. IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE. _____ _____ _____
IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR? _____ IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR? _____ DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS: _____ DESCRIBE CONDITION OF FENCES: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR DESCRIBE CONDITION OF STABLES: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR OPERATIONS: <input type="checkbox"/> STABLE OWNER <input type="checkbox"/> BOARDING <input type="checkbox"/> BREEDING <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER _____ BREED OF ANIMALS _____ USE OF ANIMALS _____ DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES _____ _____ ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS ANY STABLE OVER 25 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED, CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? _____	

CARE, CUSTODY OR CONTROL PROGRAM

NUMBER OF STALLS: BARN #1 _____ BARN #2 _____ BARN #3 _____ BARN #4 _____

MINIMUM NUMBER OF HORSES IN YOUR CARE _____ MINIMUM VALUE OF HORSES IN YOUR CARE _____

AVERAGE NUMBER OF HORSES IN YOUR CARE _____ AVERAGE VALUE OF HORSES IN YOUR CARE _____

MAXIMUM NUMBER OF HORSES IN YOUR CARE _____ MAXIMUM VALUE OF HORSES IN YOUR CARE _____

SELECT APPROPRIATE LIMITS OF LIABILITY FROM THE OPTIONS OUTLINED ON PAGE 3.

POLICY COVERS INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.
***COVERAGE MAY BE EXTENDED. REFER TO UNDERWRITER FOR PREMIUM.**

DO YOU TRANSPORT HORSES FOR OTHERS? YES NO IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR _____

MAXIMUM NUMBER OF ANIMALS PER TRIP _____ RADIUS OF NORMAL OPERATIONS _____ miles

NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS _____

HOW OFTEN ARE TRAILER OR VAN 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.

FRAUD NOTICES

Standard: 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 act, which is a crime, and may subject such person to criminal and civil penalties.

Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICANT (PRINT)

SIGNATURE

X

DATE

/ /

AGENT SIGNATURE

X

DATE

/ /

I 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.

**CARE, CUSTODY OR CONTROL PROGRAM
LIMITS OF LIABILITY (CHECK ONE)**

	Limit Per Horse	Maximum Loss per Policy Year
<input type="checkbox"/>	2,500	25,000
<input type="checkbox"/>	5,000	25,000
<input type="checkbox"/>	5,000	50,000
<input type="checkbox"/>	10,000	50,000
<input type="checkbox"/>	10,000	100,000
<input type="checkbox"/>	15,000	150,000
<input type="checkbox"/>	25,000	250,000
<input type="checkbox"/>	75,000	300,000
<input type="checkbox"/>	100,000	300,000
<input type="checkbox"/>	150,000	400,000
<input type="checkbox"/>	200,000	500,000
<input type="checkbox"/>	500,000	*1,000,000

*Limits of 500,000/1,000,000 must be referred to the company for approval.