

EQUINE FARM APPLICATION

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

| | | | |
|--------------------------------------|--|---|----------------------------------|
| PRODUCER | NAME AND ADDRESS (include Zip Code) | PRODUCER CODE: AGENCY CODE: AGENCY PHONE NO: | |
| TRANSACTION | <input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> QUOTE <input type="checkbox"/> RENEWAL <input type="checkbox"/> ISSUE <input type="checkbox"/> Full Pay <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly | EFFECTIVE DATE: _____ to _____ QUOTE DESIRED BY: _____ | |
| APPLICANT | NAME AND ADDRESS (include County and Zip Code) | APPLICANT IS: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> MANAGER <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER | |
| | FARM NAME _____ PHONE NO. (_____) _____ | PERSON TO CONTACT FOR INSPECTION PURPOSES: PHONE NO. (_____) _____ | |
| INSURED LOCATION | | LEGAL DESCRIPTION | Note Operations Conducted |
| Location No. | Acres | (Section, Township, Range, County, State) | At Each Location |
| | | | |
| | | | |
| | | | |
| | | | |
| NAME AND ADDRESS OF MORTGAGEE | | NAME AND ADDRESS OF LOSS PAYEE | |
| * Note buildings applicable to | | * Note items applicable to | |

GENERAL RISK INFORMATION

1. Are horse operations main source of income? _____ Years experience? _____ Other sources _____
2. Describe horse operations _____
3. Describe farm operations other than horses _____
4. Any non-farm operations? _____ Explain _____
5. Number farm employees _____ Number domestic employees _____
Is Worker's Compensation carried? _____ Carrier _____ Policy No. _____
6. Do any buildings have protective devices? (smoke/burgular alarms, etc.) Identify buildings and describe protection.

7. Any property leased to others? _____ Explain. _____
8. Nearest responding fire department or District Name _____ Manned _____ Volunteer _____
Distance from premises _____ Distance from nearest hydrant _____
9. Any buildings over 20 years old? _____ Dates and details of renovations/improvements _____
10. Are all fences/gates maintained in good operating condition? _____
11. Swimming pool on premises? _____ Fenced? _____ Any use by other than applicant? _____ Explain. _____
12. Is main dwelling occupied year round? _____ If not, detail _____
13. Time applicant known by agent _____ Date premises inspected _____
14. Is Applicant involved in any of the following activities?

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| a. Dude Ranch | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Entertainment/Amusements involving farm animals | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hunting or fishing on premises by other than owner and family | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Hay Rides | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Motorcycles, ATV's operated by other than applicant | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Public horse rentals | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "Yes" answers

15. Are dogs owned? _____ If so, how many? _____ Breed _____
Any past problems? (i.e. bites, etc.) _____

DWELLING(S)

Limits of Insurance * Please note the following % of cov. A included: B-10%, C-50%, D-20%

| Loc. No. | A Dwelling | B Appurtenant Structures | C Personal Property | RC | D Loss of Use | Bldg Class | Cause of Loss | Construction | Year Built | Sq. Ft. | Type Heat | Occupant | Prot. Class | EQ |
|----------|------------|--------------------------|---------------------|----|---------------|------------|---------------|--------------|------------|---------|-----------|----------|-------------|----|
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TEXAS — FRO A FRO B FRO 449 - Residence Glass Breakage

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

| Loc. | Item # | DESCRIPTION | LIMIT OF INSURANCE | BLDG. CLASS | CAUSE OF LOSS | CONSTRUCTION | SQ. FT. | TYPE HEAT | RC. | PROT. CLASS | YEAR BUILT | EQ. |
|------|--------|-------------|--------------------|-------------|---------------|--------------|---------|-----------|-----|-------------|------------|-----|
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Any urethane insulation in farm buildings? Explain. _____ \$ _____
 Please note any bldgs. storing substantial hay (50 bales) _____

COVERED CAUSES OF LOSS — Texas - Fire EC AEC
 = Basic = Broad = Special EQ = Earthquake ACV = Actual Cash Value RC = Replacement Cost
 * Note - 5% deductible applies to Earthquake

DEDUCTIBLE: \$500 \$1,000 OTHER _____ Texas Deductible is 1%

Is Woodburning Device used in any of the dwelling(s) Yes No. *If 'Yes', complete the Woodstove Questionnaire and attach photo.*

Inflation Guard _____ % Annually Outdoor Radio and TV Antennas / Satellite Dishes Limit \$250 Dish Antenna
 Increased Values _____ Number _____ Limit _____

Private Power and Light Poles Excess of \$500. \$ _____ /Loc. No.: _____ \$ _____ /Loc. No _____

FARM PERSONAL PROPERTY (continued):

Livestock

* Note - \$3,000 limit per animal
\$400 limit - Texas

| | Quantity | Insurable Values |
|-----------------------|----------|------------------|
| Calves under 6 months | @ \$ | |
| Heifers - Open | @ \$ | |
| Heifers - Bred | @ \$ | |
| Dairy Cows | @ \$ | |
| Bulls | @ \$ | |
| Beef Cattle | @ \$ | |
| Feeder Cattle | @ \$ | |
| Horses | @ \$ | No Value |
| Hogs | @ \$ | |
| Shoats | @ \$ | |
| Market Hogs | @ \$ | |
| | @ \$ | |
| | @ \$ | |
| | @ \$ | |
| | @ \$ | |
| | @ \$ | |

Items Excluded from Coverage F: _____

* Irrigation Equipment, Poultry, Tobacco, Cotton, Milk Tanks, Milking Equipment, Portable Building, etc., are excluded property under Coverage F and must be scheduled under Coverage E. Refer to Coverage F Form for other excluded property.

| | |
|-----------------------------|-------|
| Machinery Sub-Total | _____ |
| Personal Property Sub-Total | _____ |
| Hay/Straw/Fodder Sub-Total | _____ |
| Grain Sub-Total | _____ |
| Livestock Sub-Total | _____ |
| Grand Total | _____ |
| Coinsurance % | X |
| Limit of Insurance | _____ |

OPTIONAL COVERAGES - Coverage E or F:

Peak Season (_____)
Description _____

Amount of Increase
\$ _____ from _____ to _____
\$ _____ from _____ to _____

Cab Glass (_____) Total Number of Units _____
Description of Each Unit _____

Collision Resulting in Death of Livestock (_____)
Number of Head _____ Value per Head \$ _____

Note: No other Cause of Loss Form can apply when requesting this coverage.

Refrigerated Farm Personal Property (_____)
Limit of Insurance \$ _____
Description _____

Tobacco Curing Permit (_____) From _____ To _____
Limit of Insurance \$ _____

Farm Operations Records Restoration Increased Limit:
\$ _____

Extra Expense Increased Limit: \$ _____

Damage In Course of Transit Increased Limit: \$ _____

Computer Coverage (_____)

| | Description | Limit of Insurance |
|---------------------|-------------|--------------------|
| Class I - Hardware | _____ | \$ _____ |
| | _____ | \$ _____ |
| Class II - Software | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |

LIABILITY QUESTIONNAIRE

| LOCATION NUMBER | ACRES | # OF DWELLINGS | # OF STRUCTURES | INSURED'S INTEREST |
|-----------------|-------|----------------|-----------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Additional Residence (Non-Farm) Maintained by Insured _____
 Additional Residences (Non-Farm) Rented to Others _____
 Business or Professional Office (Non-Farm) Type _____
 Custom Farming: Type _____ Receipts _____
 Watercraft: Owned Leased Length _____ H.P. _____ Snow Mobile: Make _____ Model _____
 Is Farm general liability to include personal liability? Yes No All terrain vehicles _____ No. wheels _____
 Additional Insured(s) (Give relationship and reason) _____

LIMITS OF INSURANCE - Occurrence/Aggregate (000) *Note: No Aggregate in Texas.
 \$100/\$200 \$300/\$600 \$500/\$1,000 \$1,000/\$2,000
 ** UNLESS SPECIFICALLY ENDORSED NON-OWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL ARE NOT COVERED FOR INJURY OR DEATH BY THIS POLICY **

SUMMARY OF HORSES AT PEAK SEASON

(If horse used for more than 1 activity, count only primary use)

| | Receipts | Payroll | # Owned | # Non-Owned |
|--|----------|---------|---------|-------------|
| Rentals/Trail Rides | _____ | _____ | _____ | _____ |
| Riding Instructions | _____ | _____ | _____ | _____ |
| Breeding (Stallions _____ Mares _____) | _____ | _____ | _____ | _____ |
| Personal Use (Pleasure/Show) | _____ | _____ | _____ | _____ |
| Race Horses (in training or at track) | _____ | _____ | _____ | _____ |
| Sales prep or conditioning | _____ | _____ | _____ | _____ |
| Yearlings/Wearlings | _____ | _____ | _____ | _____ |
| Boarded/Pastured | _____ | _____ | _____ | _____ |
| Any other use _____ | _____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ | _____ |

Any riding for the handicapped? _____
 What is Area of Barns _____ Stables _____ Indoor Arenas _____ Outdoor Arenas _____
 Any Apartments over or attached to barn or farm buildings? _____ Number _____
 Tenant or Employee

EQUESTRIAN RIDING INSTRUCTION

Do you teach English Jumping Western Other (explain) _____
 Do you attend off premises shows with your students? Yes No If 'Yes', no. of shows _____ Gross Receipts _____
 Do you hold clinics for non-students? Yes No If 'Yes', give number _____ average attendance _____
 Gross receipts from instructions _____ Instructions taught by: Insured Employee Independent
 Are releases obtained from all students? (attach sample) _____ Average # of students weekly by Applicant/Employee _____
 Any instructions given to students on their own horses? _____ Number of Students annually _____
 If instruction is given on your premises by independent contractors:
 How many such instructors _____ How many students _____ Your commissions _____
 Do you obtain certificates of insurance? Yes No (Provide copy)
 Independent contractors operating under your name can be added as additional insured with appropriate charge, but coverage is limited to your operations only.
 Names to be added / addresses _____

Describe experience, qualifications _____

SECTION II LIABILITY

BOARDING/BREEDING/TRAINING

Do you provide riding facilities for boarders? Yes No. If 'Yes', describe _____

Do you have boarders sign hold harmless agreements? Yes No. If 'No', Explain _____

Are any medications prescribed or dispensed? _____ Explain. _____

Number of stalls on premises _____ Maximum # Boarded _____ Pastured _____

Annual Receipts related to Boarding _____ Boarding payroll _____

Do you have a trainer on staff? Yes No. If 'Yes', his payroll _____

Racing related or other? _____

Total payroll related to racing and training _____

If trainer is independent contractor, do you require certificates of insurance? Yes No

What states do you race in? _____

If independent trainer operates under your name, they can be added as additional insured for additional charge, but coverage is limited to your operations.

Names to be added / addresses _____

PREMISES SALES OPERATIONS BY YOU

Horses: Types and Breed _____ per year _____

Method of Sales _____ Receipts _____

Food or Snack Bar _____ Receipts _____

Tack and/or Clothing _____ Square Footage Used _____

Receipts _____ Payroll _____

HAY OR FEED

Do you cut and bale? Yes No. If 'Yes', receipts _____

Do you prepare or mix feed? Yes No. If 'Yes', receipts _____

Any Horseshoeing? Yes No. If 'Yes', explain _____ Annual Receipts _____

HAYRIDES, SHOWS

Note - Coverage not provided for injury to participants in events.

Wagon, Sleigh Hayrides _____ No. Passengers _____ Receipts _____

No. of trips per year _____ No. of Wagons _____

Any off-premises exposure? Yes No. If 'Yes', explain _____

Do you manage or run any shows on your premises? Yes No

Are they recognized by the AHSA? Yes No

Number of shows per year _____ Any Concessions? _____ Receipts _____

No. Admissions _____ No. Participants _____ Receipts _____ No. Days Per Show _____

Do you manage any hunts? Yes No. If 'Yes', what type? _____

Do you secure releases from all entrants? Yes No. Maximum No. of Spectators per day _____

DESCRIBE ANY SPECIAL SAFETY FEATURES OR PROGRAMS ABOUT ANY OF YOUR OPERATIONS _____

APART FROM OPERATIONS MENTIONED ABOVE, LIST AND EXPLAIN FULLY ANY OTHER OPERATIONS CONDUCTED ON PREMISES OR UNDER YOUR NAME AS LISTED ON THIS APPLICATION _____

SECTION II LIABILITY

EXPERIENCE - 3 Years

| Company | PREMIUM | POLICY # | DATES | # OF CLAIMS | LOSSES |
|---------|---------|----------|-------|-------------|--------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Explain any losses _____

Have you been cancelled or non-renewed in the past 3 years? Yes No If 'Yes', give reason _____
 *Note - Not applicable in Missouri

INSURANCE FRAUD WARNING

Applicant's Initials:

- 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.
- 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.
- 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 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 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 for 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.

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

Applicant's Signature _____ Date _____
 Agent's Signature _____ Date _____

