

Equine Farm Application

Application Date _____ Policy # _____
 Agency Name _____ Address _____
 City _____ State/Province _____ Zip _____
 Phone _____

Company Use Only: Customer#/SubID _____ Producer# _____

Entity Type: Individual Corporation LLC Partnership _____

Billing: Direct Bill Agency Bill Pay Plan: _____

Bill To: Insured Mortgagee

Quote needed by _____ Requested Effective Date _____

Do you want your agent to send an electronic copy of the policy? Yes No

Applicant Information

Named Insured _____

Additional Named Insured Supplemental Attached *(Required for multiple Named Insureds)*

Mailing Address _____

City _____ State/Province _____ Zip _____

County _____ Phone# _____ FEIN# _____

Web Address _____ Email _____

Inspection Contact Name _____ Phone# _____

Coverages to be quoted

- | | | |
|---------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Package | <input type="checkbox"/> Monoline Liability | <input type="checkbox"/> Equine Care, Custody, Control |
| <input type="checkbox"/> Umbrella <i>(Not applicable in Canada)</i> | <input type="checkbox"/> Monoline Property | <input type="checkbox"/> Scheduled Personal Property |
| <input type="checkbox"/> Auto | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Employee Benefits Liability |

A State specific ACORD Auto Application is required in order to quote Auto. ACORD Watercraft Application required for Watercraft. Employee Benefits Liability Supplemental Questionnaire required for EBL Coverage

General Underwriting Questions

Loss History

None

(List all losses for the past 5 years that affect coverage lines requested above)

| Date | Coverage Line | Description | Paid | Open | Closed |
|------|---------------|-------------|------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Prior Carrier Information

| Coverage Line | Company | # of years | Expiring Premium |
|------------------------|---------|------------|------------------|
| Property | | | |
| Liability | | | |
| Care, Custody, Control | | | |
| Umbrella | | | |

- | | N/A | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Are you age 18 or over? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been declined, cancelled or non-renewed in the past 3 years? If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How many years experience/in the business with horses? _____ | | | |

Location Schedule

Additional Locations Supplemental Attached

PC = Protection Class

| Street Address | City/State/Province | County | Zip | PC | Owned | Acres |
|----------------|---------------------|--------|-----|----|--------------------------|-------|
| | | | | | <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> | |

If no Property Coverage is desired, please skip to the General Liability Section on Page 6.

Property Underwriting Questions

DWELLING SCHEDULE Additional Dwellings Supplemental Attached

| | Dwelling #1 | Dwelling #2 | Dwelling #3 | Dwelling #4 |
|---------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| Location # (see Location Schedule) | | | | |
| Attached to barn? | | | | |
| Distance to Hydrant/Fire Station | / | / | / | / |
| Deductible Amount | | | | |
| Wind/Hail Deductible % | | | | |
| Building Class | | | | |
| A. Dwelling Limit | _____ | _____ | _____ | _____ |
| B. Appurtenant Structures (10%) | _____ | _____ | _____ | _____ |
| C. Household Contents (70%) ⁽¹⁾ | _____ <input type="checkbox"/> RC | _____ <input type="checkbox"/> RC | _____ <input type="checkbox"/> RC | _____ <input type="checkbox"/> RC |
| D. Loss of Use (20%) | _____ | _____ | _____ | _____ |
| Cause of Loss ⁽²⁾ | | | | |
| Extended Replacement Cost ⁽³⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dwelling Enhancement Endorsement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dwelling is Located Inside City Limits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupancy: Owner/Tenant/ Employee | | | | |
| Full-time, Part-time or Primary? | | | | |
| Year Built | | | | |
| Construction Type ⁽⁴⁾ | | | | |
| Total Area/Area of Living Area (sq ft) | / | / | / | / |
| Roof Construction ⁽⁵⁾ | | | | |
| Year of Updates (for Dwellings over 30 years of age) | Roof _____ Heating _____ Plumbing _____ Electrical _____ | Roof _____ Heating _____ Plumbing _____ Electrical _____ | Roof _____ Heating _____ Plumbing _____ Electrical _____ | Roof _____ Heating _____ Plumbing _____ Electrical _____ |
| Smoke Detectors Present? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Burglar Alarm? ⁽⁶⁾ | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS |
| Fire Alarm? ⁽⁶⁾ | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS |
| Sprinkler System & Maint Contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Abbreviation Key:

- (1) RC = Replacement Cost
(2) BA = Basic, BR = Broad, SP = Special, SP/BR = Special all other/Broad Contents
(3) Extended Replacement Cost (*E2 Value required*) – Up to 125% Limit of Insurance for Coverage A includes Ordinance or Law Coverage
(4) Construction Type Choose: Frame, Masonry, Steel frame, Pole or Mobile Home/Mobile Building
(5) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar
(6) CS = Central Station alarm monitored by remote monitoring company

Property Underwriting Questions *Continued*
OUTBUILDINGS SCHEDULE Additional Outbuildings Supplemental Attached

| | Building #1 | Building #2 | Building #3 | Building #4 |
|---------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|
| Location # (see Location Schedule) | | | | |
| Building Name | | | | |
| Use of Outbuilding? | | | | |
| Distance to Hydrant/Fire Station | / | / | / | / |
| Deductible Amount | | | | |
| Building Class | | | | |
| Wind/Hail Deductible % | _____ % | _____ % | _____ % | _____ % |
| Outbuilding Limit | | | | |
| Cause of Loss (Basic/Broad/Special) | | | | |
| (Optional) Inflation Guard: 4% or 6% | _____ % | _____ % | _____ % | _____ % |
| Avg # hay bales stored in building | | | | |
| # of Apartments in Outbuilding? | | | | |
| Type of Occupancy in Apartment? | | | | |
| Full or part-time occupancy in Apt? | | | | |
| Area of any Office/Living Area (sq ft) | | | | |
| Year Built | | | | |
| # of Stories | | | | |
| # of Open Sides on Building | | | | |
| Construction Type ⁽¹⁾ | | | | |
| Total Area | | | | |
| Roof Construction ⁽²⁾ | | | | |
| Heat Type | | | | |
| Year of Updates (for Buildings over 30 years of age) | Roof _____ Heating _____ | Roof _____ Heating _____ | Roof _____ Heating _____ | Roof _____ Heating _____ |
| Smoke Detectors in Living Quarters? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Burglar Alarm? | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS |
| Fire Alarm? | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS | <input type="checkbox"/> Local <input type="checkbox"/> CS |
| Fire Extinguishers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sprinkler System & Maint Contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Abbreviation Key:

(1) Construction Type Choose: Frame, Masonry, Steel frame, Pole or Mobile Home/Mobile Building

(2) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar

Property Underwriting Questions Continued

- | | N/A | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Is Loss of Farm Income Coverage needed? If yes, Limit? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is Extra Expense Coverage Needed? If yes, Limit? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any vacant or unoccupied structures on your property? If yes please describe structure and explain oversight/security and plans for occupancy or sale: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do any buildings on any of your property have a Wood Burning Stove? If yes , send completed Wood-burning Stove Questionnaire for each building with a Wood Stove. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MORTGAGEES Additional Mortgagees Supplemental Attached

| Mortgagee Name/Address | Loan# | Loc # | Buildings |
|------------------------|-------|-------|-----------|
| | | | |

SCHEDULED PERSONAL PROPERTY Additional Scheduled Personal Property Supplemental Attached

An appraisal or sales receipt with photos must accompany all items with an individual value of \$10,000 or more

| Loc# | Category: Jewelry/Fine Arts/Etc | Item Description | Limit |
|------|---------------------------------|------------------|-------|
| | | | |
| | | | |

FARM PERSONAL PROPERTY Additional Schedule Farm Personal Property Supplemental Attached

- Deductible: \$500 \$1000 \$2500 \$5000 Other _____
- Cause of Loss: Basic Broad Special Equine Coverage Extension Endorsement
- Replacement Cost on Scheduled Tack Replacement Cost on Scheduled Office Contents

| Location | Year/Make/Model OR Description | Serial # | Limit |
|----------|--------------------------------|----------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

LOSS PAYEE SCHEDULE Additional Loss Payee Supplemental Attached

(For Item # Use the number corresponding to that particular Farm Personal Property item above)

| Name | Address | Item# |
|------|---------|-------|
| | | |
| | | |

General Liability Underwriting Questions

N/A Yes No

Company Use Only:

Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/\$2,000,000

1. List all Equine Operations _____

Are you engaged in any other farm business, profession, or trade including but not limited to hay sales and custom farming?

If yes, please provide details:

2. Is the applicant involved in any of the following activities? *(Please check activities applicable)*

- | | |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Dude Ranch | <input type="checkbox"/> Polo/Horse Ball |
| <input type="checkbox"/> Entertainment/Amusements involving animal farms/Agritourism/Agritainment | <input type="checkbox"/> Hunting/Fishing on premises <i>(non-residents)</i> |
| <input type="checkbox"/> Pony Rides/Petting Zoos | <input type="checkbox"/> Motorcycles, ATV's <i>(other than resident)</i> |
| <input type="checkbox"/> Hay/Carriage/Sleigh Rides | <input type="checkbox"/> Vaulting |
| <input type="checkbox"/> Public Horse Rentals/Trail Rides | <input type="checkbox"/> Holds Races on Premises |
| <input type="checkbox"/> Fox Hunting | <input type="checkbox"/> Gymkana/Mounted Games |
| <input type="checkbox"/> Parades | <input type="checkbox"/> Mounted Shooting |
| <input type="checkbox"/> Rodeos | <input type="checkbox"/> Equine Sports Therapy <i>(including massage)</i> |
| <input type="checkbox"/> Equine Assisted Therapy | <input type="checkbox"/> Birthday Parties |

Please explain any checked activities:

3. Are dogs owned?

How many? _____ Breed _____

Any past claims?

If yes, explain _____

Are clients' dogs allowed at the facility?

Leashes Required?

4. Recreational Motor Vehicle (AL7405)

Class Code 07990

| Year | Make | Model | Serial or Motor Number | Number of | Use |
|------|------|-------|------------------------|-----------|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

General Liability Underwriting Questions *Continued*

| | N/A | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 5. Is Unlicensed Farm Vehicle Liability Coverage needed? How many vehicles? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do any non-Boarders, Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc. use your facility? If yes , please explain _____ Do you lease any part of the building/land to someone else? If yes , please explain _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Type of Fencing? _____ Are all fences/gates in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a pool, aqua treadmill, hyperbaric chamber or similar item on your property? Please provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there an airstrip on the premises? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you lease horses to or from others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you judge shows? Receipts _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any operations or horses in any country outside of the U.S.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL INSURED Supplemental Additional Insureds Schedule Attached

| Name/Address | Relationship to Insured |
|--------------|-------------------------|
| | |
| | |
| | |

If you are requesting a quote for monoline liability and would like to schedule any locations please fill out and attach the additional location supplemental.

| | Yes | No |
|-------------------------------------------------------------|--------------------------|--------------------------|
| PERSONAL LIABILITY for "Personal Activites" desired? | <input type="checkbox"/> | <input type="checkbox"/> |

1. **If yes**, then please list below the names and addressses of all individuals to be afforded Personal Liability coverage.

(Note that it is not necessary to list the spouse, children and relatives of these listed individuals if they live in a "residence premises" or dwelling that we insure for a premium charge.)

| Name | Address (Include Zip) |
|------|-----------------------|
| | |
| | |
| | |

General Liability Underwriting Questions *Continued*

N/A Yes No

RIDING INSTRUCTION (*Teaching the Rider*) Not Applicable1. Riding Instruction provided by: You Independent Instructor Employee

2. How many Independent Instructors are giving instruction? _____

3. Describe the experience/qualifications of you and your employees: _____
_____Are you/employee a certified instructor?

By whom? _____

4. Number of students per week given lessons by you or your employee: _____

5. Number of students per week given lessons by an independent instructor: _____

6. What is the minimum age of the students? _____

7. What is the maximum number of students per instructor per lesson? _____

EQUINE RIDING THERAPY Not Applicable1. Do you offer Equine Riding Therapy? 2. Are you PATH or Eagala certified? **If PATH certified**, please attach the Equine Therapeutic Riding Supplemental application**DAY CAMPS** Not Applicable1. Do you hold day camps? **If yes**, please complete the separate Day Camp Supplemental.**HORSE TRAINING** (*Training of Horses*) Not Applicable

1. What type of training is given? _____

2. Total payroll related to Training: _____

3. What is the average number of horses trained per year? _____

BOARDING OF NONOWNED HORSES Not Applicable

1. What is the total # of non-owned horses including non-owned broodmares? _____

2. Is temporary overnight boarding provided?

Describe _____

3. Is board self board or full care? Self Full

4. Annual Payroll _____

If no payroll provided, explain.**BREEDING** Not Applicable

1. Breeding Payroll _____ # of Owned Broodmares _____

of Owned Stallions _____ # of Nonowned Stallions _____

2. Do you offer foaling services? **OWNED HORSES** Not Applicable

Only include Owned horses not otherwise accounted for in Breeding/Training sections

1. What is the total number of equines you own or lease for your own use? _____

2. Of those, how many are used for the following activities:

Sales Prep _____ Showing _____ Pleasure Riding _____ Instruction _____

Retired _____

General Liability Underwriting Questions *Continued*

| | N/A | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| SALES BY YOU <input type="checkbox"/> Not Applicable | | | |
| 1. Are you in the business of selling horses? How many horses do you sell per year? Owned by you: _____ Owned by Others: _____ What are the annual Gross Receipts for Horse Sales? _____ What is the method of sale? (<i>private treaty, auction, consignments</i>) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you sell tack or clothing? <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned Tack <input type="checkbox"/> None Receipts _____ | | | |
| 3. Do you offer repair of tack or riding equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you/employee perform any type of farrier services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CLINICS <input type="checkbox"/> Not Applicable | | | |
| 1. Do you hold/sponsor clinics for non-students on your premises? Off Premises? _____ Details _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Type of Clinics _____ | | | |
| 3. Number of Clinics _____ Number of days per clinic _____ | | | |
| 4. Average Attendance _____ | | | |
| 5. Who teaches the clinics? _____ | | | |
| 6. Do you require outside clinicians to provide proof of insurance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HORSE SHOWS <input type="checkbox"/> Not Applicable | | | |
| 1. Do you manage/sponsor any horse shows on your premises? Off Premises? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Number of spectators per day _____ Number of participants per day _____ Are there any individual show dates where the number of participants exceeds 150 or the number of spectators exceeds 1000? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Dates of shows _____ | | | |
| 4. Types of shows _____ | | | |
| 5. Waiver Athletic Sports Participants Exclusion (<i>The Athletic Sports Participation Exclusion is automatically applied to foxhunting, cross country jumping, polo, vaulting, eventing and rodeo type events.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have bleachers or grandstands? Construction _____ Height _____ Seating Capacity _____ <input type="checkbox"/> Owned <input type="checkbox"/> Rented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you sell feed, grain, hay or shavings to participants? Receipts _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you provide RV or camper hookups during these shows? Number of hookups _____ Receipts _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you directly provide concessions during these shows? Receipts _____ If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General Liability Underwriting Questions *Continued*

| | N/A | Yes | No |
|------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 10. Do you have vendors on the premises during these shows? If yes , explain items sold _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Describe any entertainment/activities managed by you at the event (<i>other than equine-related</i>) | | | |

Risk Management Controls (*Required for General Liability and Care, Custody, Control*)

| | N/A | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Review https://www.animallaw.info/content/map-equine-activity-liability-statutes | | | |
| Certificate of Insurance on file for Independent Contractors (<i>Riding Instruction/Training</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Insurance shows WC coverage for Independent Trainers (<i>Racehorse Training only</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Insurance obtained from all Vendors (<i>Horse Shows/Clinics</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Release/Hold Harmless agreement in use (<i>Riding Instruction/Training/Boarding/Breeding/Shows</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boarding Contract in Place (<i>Boarding</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lease Agreement in Place (<i>Owned Horses Leased to Others</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State Equine Liability Signs Posted (<i>All Exposures</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 Hour Supervision of facility (<i>All Exposures</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Equine Care, Custody, Control Section

COVERAGE IS NOT DESIRED

Limits:

- | | |
|-----------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> \$5,000 per horse/\$25,000 aggregate | <input type="checkbox"/> \$25,000 per horse/\$250,000 aggregate |
| <input type="checkbox"/> \$5,000 per horse/\$50,000 aggregate | <input type="checkbox"/> \$50,000 per horse/\$250,000 aggregate |
| <input type="checkbox"/> \$10,000 per horse/\$50,000 aggregate | <input type="checkbox"/> \$100,000 per horse/\$300,000 aggregate |
| <input type="checkbox"/> \$10,000 per horse/\$100,000 aggregate | <input type="checkbox"/> \$200,000 per horse/\$500,000 aggregate |

| | N/A | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. What is the maximum number of non-owned horses you have at any one location at any time? _____ | | | |
| 2. Are you for hire to transport non-owned horses not normally in your care? <i>**Commercial Hauling of non-owned horses other than those you train/breed/board is excluded**</i> Maximum trips per year _____ Radius _____ # of horses per trip _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Describe any losses or potential claims involving non-owned horses in the past 3 years including deaths of any animals in your custody, even if a claim was not presented: | | | |

Umbrella Section (Not applicable in Canada)

Please provide copies of all non-Great American policies (A-rated carriers only) for which umbrella coverage is requested.

COVERAGE IS NOT DESIRED

1. Requested Limit of Insurance:

- \$1,000,000 \$3,000,000 \$5,000,000
 \$2,000,000 \$4,000,000 \$ _____

2. Schedule of Underlying Insurance Umbrella Additional Underlying Policy Supplemental Attached

| Company | Type of Coverage | Limits |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> _____ Policy# _____ Eff _____ To _____ | Employer's Liability | \$ _____ Each Accident \$ _____ Each Policy \$ _____ Each Employee by Disease |
| <input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy# _____ Eff _____ To _____ | Automobile Liability <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Non-owned <input type="checkbox"/> Hired | \$ _____ Combined Single Limit \$ _____ Bodily Injury - Each Person \$ _____ Bodily Injury - Each Accident \$ _____ Property Damage |
| <input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy# _____ Eff _____ To _____ | General Liability <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Personal | \$ _____ General Aggregate \$ _____ Products/Completed Ops \$ _____ Personal & Advertising Injury \$ _____ Each Occurrence |
| <input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy# _____ Eff _____ To _____ | Watercraft Liability | \$ _____ Per Occurrence \$ _____ Aggregate |

3. Does the applicant have any of the following exposures? N/A
- Owned or Leased Aircraft Migrant workers used in farming operations
 Custom Application of Farm Chemicals for Others Watercraft

4. Auto Details (Not required if filling out a separate Auto Application and we will be the only Auto Carrier)

of Private Passenger Vehicles _____ # of Heavy Truck Tractors _____
 # of Light Trucks _____ # of Heavy Trucks _____
 # of Medium Trucks _____ # of Buses _____

of Extra Heavy Truck Tractors _____

Are there any drivers under the age of 21? **N/A** **Yes** **No**

Uninsured/Underinsured Motorists Coverage (UM/UIM) is excluded on the Umbrella with the following exceptions:

LA, NH and VT: **UM/UIM is included but the maximum selected Umbrella limit is \$1,000,000.**
FL and WV: **Is UM/UIM coverage desired?**
 If yes, the maximum selected Umbrella limit is \$1,000,000.

Additional Comments

Application Date _____ Policy # _____

Customer Name _____

You can use this area for additional comments or questions that you were unable to fit within the form.

| Coverage | Question # | Additional Information |
|----------|------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

The statements given in this application 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.

Application Signature _____

Date _____

Agent's Signature _____

Date _____

License # _____

Building Class Definitions

| DWELLINGS | |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Class | Building Characteristics |
| CLASS 1 | <ul style="list-style-type: none"> Owner or operator occupied Newer construction or remodeled inside and outside Evidence of proper maintenance and good housekeeping Continuous enclosed foundation Circuit Breakers (<i>no fuses</i>) Must not be mobile home or log construction Insured to 80% of replacement cost |
| CLASS 2 | <ul style="list-style-type: none"> Evidence of proper maintenance and good housekeeping Thermostatically controlled heating Continuous enclosed foundation (<i>porches excepted</i>) Modern interior plumbing and electrical system (<i>fuses acceptable</i>) Must not be mobile home or log construction more than 15 years of age Insured to a minimum 80% actual cash value or 60% of replacement cost |
| CLASS 3 | <ul style="list-style-type: none"> Any dwellings not eligible under Class 1 or Class 2 All mobile homes All log homes over 15 years of age |
| OUTBUILDINGS | |
| Building Class | Building Characteristics |
| CLASS 1 | <ul style="list-style-type: none"> Show evidence of proper maintenance Have an incombustible floor throughout (<i>except for granaries and cribs</i>) Built on a continuous masonry foundation Does not contain a second floor No regular or continuous hay storage Fully enclosed with no open shed attached Insured to minimum 80% of replacement cost Not used for livestock, poultry or other animal confinement |
| CLASS 2 | <ul style="list-style-type: none"> Show evidence of proper maintenance Continuous masonry foundation May be open on one side Insured to minimum of 80% of actual cash value or 60% of replacement cost |
| CLASS 3 | <ul style="list-style-type: none"> Other buildings not eligible under Class 1 or Class 2 |