



CARE, CUSTODY AND CONTROL APPLICATION
FOR LEGAL LIABILITY OF NONOWNED HORSES

THIS IS NOT A BINDER

- NEW BUSINESS - DESIRED EFFECTIVE DATE
RENEWAL - EXPIRATION DATE
RENEWAL OF POLICY NO.

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

NAME OF INSURED, BUSINESS/STABLE NAME, WEBSITE ADDRESS, MAILING ADDRESS, E-MAIL 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: OWN, LEASE, RENT THE PREMISES? HOW LONG HAS THE OWNER OR MANAGER BEEN IN THIS BUSINESS? 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: EXCELLENT, GOOD, FAIR, POOR
DESCRIBE CONDITION OF STABLES: EXCELLENT, GOOD, FAIR, POOR
OPERATIONS: STABLE OWNER, BOARDING, BREEDING, TRAINING, OTHER, DESCRIBE

BREED OF ANIMALS USE OF ANIMALS

IS THERE 24 HOUR SECURITY/SUPERVISION OF STABLES? YES NO DESCRIBE

ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE? YES NO

IS ANY STABLE OVER 25 YEARS OLD? YES NO IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED, CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE?

ARE SHELTERS PROVIDED IN THE PASTURES? YES NO IF YES, DESCRIBE

DO YOU HAVE A THERAPEUTIC POOL FOR HORSES? YES NO IF YES, DESCRIBE

WAS THE POOL INSTALLED BY THE MANUFACTURER? YES NO

DO YOUR EMPLOYEES HAVE WRITTEN INSTRUCTIONS ON THEIR RESPONSIBILITIES IN CASE OF A STABLE FIRE?  YES  NO

### 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.

(Please note that the Limits outlined include the cost of defense.)

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

ARE YOU A LICENSED COMMERCIAL HAULER?  YES  NO

HAVE ANY DRIVERS HAD ANY TRAFFIC VIOLATIONS WITHIN THE PAST FIVE YEARS? IF YES, EXPLAIN \_\_\_\_\_

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. (Include dates, cause of loss and amount paid.) \_\_\_\_\_

#### 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

TITLE

DATE

AGENT SIGNATURE

X

AGENCY CODE

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.

**APPLICANT'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE.**

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

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

Submit signed application for quote.

Revised 05/12