



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

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THIS IS NOT A BINDER

NEW BUSINESS: DESIRED EFFECTIVE DATE RENEWAL BUSINESS: EFFECTIVE DATE POLICY #.

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

NAME OF INSURED BUSINESS/STABLE NAME WEBSITE ADDRESS MAILING ADDRESS EMAIL ADDRESS CITY/STATE/ZIP CODE TELEPHONE NO. LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS CITY/STATE/ZIP CODE

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? 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: 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**

TOTAL NUMBER OF STALLS AVAILABLE: \_\_\_\_\_

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 BELOW.**

POLICY COVERS INCIDENTAL TRANSPORTATION ONLY, UP TO 175 MILES FROM INSURED'S LOCATION.  
COVERAGE MAY BE EXTENDED

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 175 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)

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

	Limit Per Horse	Maximum Loss per Policy Year
<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"/>	50,000	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

**FRAUD WARNING:**

**In AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**In CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**In FL and OK:** 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)\*. \*Applies in FL Only.

**In KS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**In KY, NY, OH and PA:** 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**In ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

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

**In OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**In PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT (PRINT)		
SIGNATURE X	TITLE	DATE
AGENT SIGNATURE X		DATE
<p>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.</p>		

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