

## APPLICATION FOR LEGAL LIABILITY OF NONOWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL

AGENCY NAME _____		
ADDRESS _____		
TELEPHONE NO. (     )	FAX NO. (     )	AGENCY CODE _____
<b>THIS IS NOT A BINDER</b>		
<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 _____
<b>IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION.</b>		
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. _____		
<b>A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.</b>		
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 <b>X</b>	DATE / /
AGENT SIGNATURE <b>X</b>	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  
RATES AND LIMITS OF LIABILITY (CHECK ONE)**

Limit Per Horse	Maximum Loss Per Policy Year	Policy Premium Up to 20 Horses	Additional Charge Each Horse Over 20	Company Code
<input type="checkbox"/> \$200,000	\$500,000	\$2,500	\$20	01
<input type="checkbox"/> \$150,000	\$400,000	\$2,250	\$20	13
<input type="checkbox"/> \$100,000	\$300,000	\$1,500	\$20	02
<input type="checkbox"/> \$75,000	\$300,000	\$1,300	\$20	14
<input type="checkbox"/> \$50,000	\$250,000	\$900	\$20	03
<input type="checkbox"/> \$25,000	\$250,000	\$550	\$20	04
<input type="checkbox"/> \$15,000	\$150,000	\$500	\$10	15
<input type="checkbox"/> \$10,000	\$100,000	\$400	\$10	05
<input type="checkbox"/> \$10,000	\$50,000	\$350	\$10	06
<input type="checkbox"/> \$5,000	\$50,000	\$300	\$10	07
<input type="checkbox"/> \$5,000	\$25,000	\$250	\$10	08
<input type="checkbox"/> \$2,500	\$25,000	\$200	\$10	16
		<b>Policy Premium Up to 10 Horses</b>	<b>Additional Charge 11-19 Horses, Each</b>	
<input type="checkbox"/> \$2,500	\$12,500	\$175	\$5	17
<input type="checkbox"/> \$5,000	\$20,000	\$200	\$5	18

$$\frac{\text{Base Premium (from above)}}{\text{Number of Horses over 20}} + \left( \frac{\text{Additional Premium for Each Horse}}{\text{Number of Horses over 20}} \right) = \$ \text{ANNUAL PREMIUM}$$

Transportation Extension \$ \_\_\_\_\_  
(\*Refer to Underwriter)

TOTAL ANNUAL PREMIUM \$ \_\_\_\_\_

Rates subject to change.