Company Use Only  Customer No. Producer No  (Note: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)  Agency's Name and address (Include Zip Code)  Agency Phone # ( )  City  St  Zip  Producer  Transaction New Business Quote   Issue   Effective Date   Quote Desired By   Ito   Direct Bill Installment plans have fees.  Agency Bill A   Semi-A   Qu   10 payments   Direct Bill Installment plans have fees.  Applicant is   Owner/Operator   Absentee Owner   Manager   Corporation   Partnership   LLC  City  Applicant - Name and address (include County and Zip Code)  City   St   Zip   Direct Bill Installment plans have fees.  Applicant is   Owner/Operator   Absentee Owner   Manager   Corporation   Partnership   LLC  City   St   Zip   Direct Bill Installment plans have fees.  Applicant is   Owner/Operator   Absentee Owner   Manager   Corporation   Partnership   LLC  City   St   Zip   Direct Bill Installment plans have fees.  Applicant is   Owner/Operator   Absentee Owner   Manager   Corporation   Partnership   LLC  City   St   Zip   Direct Bill Installment plans have fees.  Applicant is   Owner/Operator   Absentee Owner   Manager   Corporation   Partnership   LLC  City   St   Zip   Direct Bill Installment plans have fees.  Applicant is   Owner/Operator   Absentee Owner   Manager   Corporation   Partnership   LLC  City   St   Zip   Direct Bill Installment plans have fees.  Applicant is   Owner/Operator   Absentee Owner   Manager   Corporation   Partnership   LLC  City   St   Zip   Direct Bill Installment plans have fees.  Applicant is   Owner/Operator   Absentee Owner   Manager   Corporation   Partnership   LLC  City   St   Zip   Direct Bill Installment plans have fees.  Applicant is   Owner/Operator   Absentee Owner   Manager   Corporation   Partnership   LLC  City   St   Zip   Direct Bill Installment plans have fees.  Applicant is   Owner/Operator   Absentee Owner   Manager   Corporation   Partnership   LLC  City   Owner/Operator   Absentee Owner   Manager   Corporation   Partnersh		Equi	ne Care, Custo	dy and Contro	I Application		
Coverage applies only to Non-Owned Horses							
Row Business   Quote   Issue   Effective Date   Quote Desired By   Renewal of #   Direct Bill installment plans have fees.   Agency Bill   A   Semi-A   Q   10 payments   Direct Bill installment plans have fees.   Applicant - Name and address (include County and Zip Code)   Applicant   Applicant - Name and address (include County and Zip Code)   City   St   Zip   Direct Bill installment plans have fees.   Applicant - Name and address (include County and Zip Code)   Coperation   Partnership   LLC   Lisue		Company Use Only			••		
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City					The second secon	d for comp	oletion.)
New Business	Agen	cy's Name and addres	s (Include Zip	Code)	Agency Phone #	( )	
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New Business	City		64	7:	[P==	<del></del>	
Renewal of #	City					aucer	
Agency Installiments require premium to be \$1,000 or more plus there are installment Agency Bill	Transaction -		uote   Issu	e	<del></del>		Quote Desired By
Agency Bill	L		n mare also there are	J L			
Applicant is Owner/Operator Other	300 0			5			
Applicant s Other  Applicant - Name and address ( include County and Zip Code)  City		Owner/Operator   Al					
City	Applicant is	The state of the s					
Insured's Phone Number ( ) - WWW.  1- Business operated by		Applicant - N	lame and addr	ess ( include C	ounty and Zip	Code)	
Insured's Phone Number ( ) - WWW.  1- Business operated by							
Insured's Phone Number ( ) - WWW.  1- Business operated by	1						
Insured's Phone Number ( ) - WWW.  1- Business operated by							
Insured's Phone Number ( ) - WWW.  1- Business operated by Stable Owner Other Description Other Please provide a copy of your boarding and release agreements.  4- Are you in compliance with your states equine law? Yes No If not - details Description Other Description Other Description Other Other Other Other Description Other Other Description Other Other Other Description Other Ot							
Insured's Phone Number ( ) - WWW.  1- Business operated by							
Insured's Phone Number ( ) - WWW.  1- Business operated by							
Insured's Phone Number ( ) - WWW.  1- Business operated by	City		Co		St	Γ	Zin
Lessee of stable - provide copy of lease agreement with application. Lessee or Property owner responsible for fence repair?  2- Operations by you or your employees consist of: Boarding Breeding Training Instruction  Other  3- How long have you been in business? Please provide a copy of your boarding and release agreements.  4- Are you in compliance with your states equine law? Yes No If not - details  5- Have you ever been cancelled or non-renewed? No Yes Details  6- Do you carry liability coverage? No Yes Name of carrier Limits of Liability  7- Breed of Horses Use of animals  8- Minimum # of non-owned horses in your care Maximium # of non-owned horses in your care?  9- Are there any times that the number of horses will increase above maximum? No Yes		none Number ( )	- 1001	www.			Lip
Lessee of stable - provide copy of lease agreement with application. Lessee or Property owner responsible for fence repair?  2- Operations by you or your employees consist of: Boarding Breeding Training Instruction  Other  3- How long have you been in business? Please provide a copy of your boarding and release agreements.  4- Are you in compliance with your states equine law? Yes No If not - details  5- Have you ever been cancelled or non-renewed? No Yes Details  6- Do you carry liability coverage? No Yes Name of carrier Limits of Liability  7- Breed of Horses Use of animals  8- Minimum # of non-owned horses in your care Maximium # of non-owned horses in your care?  9- Are there any times that the number of horses will increase above maximum? No Yes	1- Business or	perated by Stable O	wner Other	1			
Other  3- How long have you been in business?  Please provide a copy of your boarding and release agreements.  4- Are you in compliance with your states equine law?  5- Have you ever been cancelled or non-renewed?  6- Do you carry liability coverage?  No Yes Name of carrier  Carrier  Description  Limits of Liability  7- Breed of Horses  Waximium # of non-owned horses in your care  Average # of non-owned horses in your care?  Are there any times that the number of horses will increase above maximum?  No Yes				cation. Lessee o	r Property owner re	sponsible for	or fence repair?
3- How long have you been in business?	2- Operatio	ns by you or your employees	consist of:	Boarding	Breeding	Training	Instruction
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Average # of non-owned horses in your care?  9- Are there any times that the number of horses will increase above maximum? No Yes	1		care	Maximium	# of non-owned hors	ses in your	care?
9- Are there any times that the number of horses will increase above maximum? No Yes		2.3		1	eka - Newson (1707 (25 km)5) - Statistica (25 7 7 7 8 7 1 1 1 2 2 2 7 7 7 7 7 7 7 7 7 7 7 7 7		
				ـــا above maximum?	□No □ Yes		
Details		ij unios tilat tilo flumbor of fi	C.CCC Will Interedate	220 TO MICAMINANT			
	8- Minimum # Average # 6 9- Are there a	of non-owned horses in your	care?	Maximium	# of non-owned hors	ses in your	care?

with ....

	≥:	Equ	ine Ca	re, Custody	and Co	ntrol App	lication	
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· _	value of horses	s in your care es in your care		Horse		=	ralue of all horse ralue of all horse	
	value of horses			Horse		=	alue of all horse	
Average	T TOTOGO	III your oarc		10100			and or an moreo	If building 20 years or older have the
								roof, electrial and plumbing been updated or inspected by a licensed
11-	Construction	# of Stalls? Sp	rinklered?	Lightning Rods?	Fire Ext?	Smoke/Fire Alarms?	Central Station Alarm?	contractor? Provide details
Stable #1								
Stable #2								
Stable #3	3							
Stable #4	1	<u> </u>		<u> </u>	<u> </u>			
12- Is there 2	4 hour security	and supervision				No Descri	be	
13- Fire Prot	ection Class?	Name	of Respo	onding Fire Stati				
Distance between FD and Property Hydrants within 1,000 feet of structures Yes No								
1	14- What type of fencing is used in runs, pastures and paddocks?							
15- Any wire fencing used for confinement? No Setails Setails								
ł.		runs or pasture	-	」Yes ∐No	Descr	be		
COMMO BERNING TO THE PARTY OF THE		in the evening?			No.		<del></del>	
1	35 (35)	ated from mare		☐ Yes ☐ I g non-owned ho	Vo	☐ Yes	Пио	
1				orse if owner is		ACCORD NO.		
20- What are	s the emergene	y procedures re	, all ill i	orde il civiler le	Tiot availe			
21- Are you	for hire to trans	port non-owned	horses	? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes	Note: Com	merical hauling of	non-owned horses other then those
					_		eed are excluded.	THE MANAGEMENT OF THE PROPERTY
22- Do you	transport hors	es that are bo	arded a	at your facility?	No	Yes	Annual Receip	ts.
Maximiu	m number of ho	orses per trip?		How ofter a	are trailer	or van floor	boards checked	1?
Are fire	extinguishers ca	arried on truck	or van?	Yes	No [	Oo at least t	wo people go on	each trip? Yes No
23- Do you	nave therapeuti	c pools / aqua t	reads fo		Yes	∐ No		
	75	ed by manufact		∐ Yes ∐ No		o was the el		- D. D.
			ictions, i	n writing, on the	r respons	sibilities in c	ase of stable fire	? Yes No
If yes, p	lease attach ins	structions						
25- Name/A	ddress of regul	ar Veterinarian						

		Equine Care, Custody and Control Application
26- D	escribe any los	sses or potential claims in the past three years and include deaths of any animal(s) in your custody, even if a claim
	as not present	
Co	mments	
		INSURANCE FRAUD WARNING - APPLICANT TO INITIAL ALL APPLICABLE STATES
	Delaware:	Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim
	Manda alam	containing any false, incomplete or misleading information is guilty of a felony.  Any person who knowingly and with intent to defraud any insurance company or other person files a satement of claim
	Kentucky:	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 immprisonment 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
Н	New York:	is guilty of a crime. All Insurance applications and claim forms except auto:
	New Tork.	Any person who knowingly and with intent to defraud any insurance company or other person files an application for
1		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
	Ohio:	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an
	Oklahama	application or files a claim containing a false or deceptive statement is guilty of insurance fraud.  WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for
Н	Oklahoma:	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
1		false, incomplete or misleading informatin shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.
		paymont of a fine of up to a reject.
	107 <b>8</b> 0 (2000)   10 <b>08</b> 00 <b>8</b> 00000	the state of the includes the limite of increases and loss history as shown I have not
The	above statem	ents given are true and accurate. This includes the limits of insurance and loss history as shown. I have not d or misrepresented any material, fact or circumstance concerning this application.
W	idily collection	
App	licant's Signat	ure: Date
Age	ents Signature:	Date
1	C - Feb 2003	

	Equine Care, Custody and Control Application						
Options	Average number of horses on premise at one time.						
1	Limit - \$5,000 per horse - \$25,000 maximum loss per policy year. \$275 minimum premium for the first 1-20 horses \$9 additional premium for each horse over 20						
2	Limit - \$5,000 per horse - \$50,000 maximum loss per policy year. \$330 minimum premium for the first 1-20 horses \$11 additional premium for each horse over 20						
3	Limit - \$10,000 per horse - \$50,000 maximum loss per policy year. \$385 minimum premium for the first 1-20 horses \$12 additional premium for each horse over 20						
4	Limit - \$10,000 per horse - \$100,000 maximum loss per policy year. \$440 minimum premium for the first 1-20 horses \$14 additional premium for each horse over 20						
5	Limit - \$25,000 per horse - \$250,000 maximum loss per policy year. \$550 minimum premium for the first 1-20 horses \$22 additional premium for each horse over 20						
6	Limit - \$50,000 per horse - \$250,000 maximum loss per policy year. \$825 minimum premium for the first 1-20 horses \$22 additional premium for each horse over 20						
7	Limit - \$100,000 per horse - \$300,000 maximum loss per policy year. \$990 minimum premium for the first 1-20 horses \$24 additional premium for each horse over 20						
8	Limit - \$200,000 per horse - \$500,000 maximum loss per policy year. \$1,650 minimum premium for the first 1-20 horses \$28 additional premium for each horse over 20						
	Limits of her their those designated above - releado companys or rating.						
9	Limit per horse Maximum loss per policy year.						
	minimum premium for first 1-20 horses						
	additional premium for each horse over 20.						
	Annual premiums are subject to state charges (SC) and individual risk premium medifications (IRPM).  2 1+2 Company Use						
	2 1+2 Company Use						
_	((+ ( X=)) = XPKG-IRPM =						
Option	First 20 #of horses Charge for Additional charge for *Annual Premium - *SC Factor X horses over 20 each add'l additional horses Manual						
Lo	Final Premium						
	X CCC - IRPM						
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Option	First 20 #of horses Charge for Additional charge for *Annual Premium - *SC Factor X horses over 20 each add'l additional horses Manual						
	Final Premium Company Use						
	X CCC - IRPM						
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Ontion	First 20 #of horses Charge for Additional charge for *Annual Premium - *SC X horses over 20 each add'l additional horses Manual						
10	Final Premium						