

Care, Custody, or Control Application

Name of Insured _____ Breeding Farm Trainer
 Business Name _____ Boarding Farm Other
 Mailing Address _____ Telephone (_____) _____
 City _____ State _____ Zip _____
 Desired effective date _____ Number of years in business _____
 Briefly describe management's experience and professional training with horses _____

| List All Stable Locations to be Insured | Number of Barns | Construct-ion (frame, metal, etc.) | Horses Per Barn | Average Value of Horses | Apartments Above Barn? | Miles to Fire Dept. | Nearest Water/Type /Size | Are Barns Sprink-lered? | *Are Barns Heated? |
|---|-----------------|------------------------------------|-----------------|-------------------------|------------------------|---------------------|--------------------------|-------------------------|--------------------|
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If barns are over 25 years old, send photos with application.

*If heated, when was electrical wiring checked by an electrician and certified safe for current usage? _____
 Type of heating _____
 Do you use run-in sheds and/or outside stalls exclusively? yes no
 Are quantities of hay or straw stored in the same barns as horses not owned by you? yes no
 Do you own, lease, or use a vehicle in order to transport non-owned horses? yes no If yes, purpose of transport _____
 Number of vehicles _____ Radius of operation _____
 Number of trips per year _____
 Do you own, lease, or use any facility for rehabilitation or surgical purpose? yes no If yes, describe _____
 Do you own, lease, or use mechanical devices such as a Hot Walker? yes no If yes, describe _____

Maximum value of any one horse in your care at any time \$ _____
 Average number horses in your care per month _____
 Do you provide swimming for horses? yes no If yes, describe _____
 Are all runs, pastures, and paddocks fenced? yes no
 Type of fencing _____
 Conditions of fences _____
 (If fences are barbed wire, send photo(s) of all fences)
 Is there 24 hour security and supervision of stables? yes no. Describe _____
 Number of miles to your veterinarian _____
 Number of miles to equine surgical facility _____

List and date all losses, injuries, and deaths to owned and non-owned horses in your care, custody, or control during the past 5 years _____

Was insurance cancelled or denied in the last 3 years?
 yes no

Excluded from eligibility for this coverage: veterinarians, equine dentists, farriers, commercial transporters, rehabilitation centers, and embryo transplant facilities.

FOR A QUOTE, PLEASE CHECK ONE OF THE FOLLOWING BOXES TO INDICATE CHOICE OF COVERAGE

| ✓ | 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"/> | 25,000 | 100,000 |
| <input type="checkbox"/> | 25,000 | 250,000 |

PREVIOUS CARRIER INFORMATION
 (IF NO PREVIOUS CARRIER, STATE "NONE.")

| Company | Policy Number | Period | Premium | Number of Claims | Losses/Reserves |
|---------|---------------|--------|---------|------------------|-----------------|
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I understand and agree that any misrepresentation of fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Date _____

Applicant's Signature _____

Date _____

Broker's Signature _____