



608 Virginia Street East, Suite 302
Charleston, WV 25301
Phone: (304) 346-1198

FARM RENEWAL APPLICATION

Insured: _____ Policy: _____

_____ Renewal Date: _____

Email Address (Please Update): _____

Phone Number (Please Update): _____

Please answer all questions below:

FARM PROPERTY

1. Have you purchased any additional locations or acreage? If so, please describe.

2. Have you built any new buildings or added to existing buildings that you wish to insure? If so, please give the cost of construction, type of construction (*frame, pole masonry, all-steel*), square footage, and purpose for which the building will be used. (*Please send photos of your new building(s)*)

3. Have you purchased any new machinery or equipment that you wish to insure? If so, please give us the year, make, model, serial number and cost.

4. Have you purchased any new tack items that you wish to insure? If so, please describe and provide the cost of the items.

5. Have you purchased any new items of jewelry, furs or cameras that you wish to insure? If so, please describe and give values. Attach appraisal or sales receipt along with a photo of items valued at \$10,000 or more.

6. Has your Mortgage Company changed since last year? If so, please update their name and mailing address:

FARM LIABILITY

1. Please describe your equine operations.

2. Please describe any non-equine operations (*any other business operation on premises, such as weddings, or in office*).

3. What is your annual payroll for your equine operation? \$ _____

of Employees: Full Time: _____ Part Time: _____

Annual gross receipts for equine operation: \$ _____

4. How many horses do you own or lease for your own use? _____

How many are used for riding instruction: _____ # used at one time: _____

How many are used for breeding: # of mares: _____ # of stallions: _____

How many are used for pleasure riding: _____ # for showing: _____

How many for sales prep: _____ # of weanlings and/or yearlings: _____

Any other use: _____

5. How many non-owned horses are on your premises at any one time: _____

How many for: Boarding: _____ Monthly boarding charge: \$ _____

Training: _____ Monthly training charge: \$ _____

Breeding: _____ Monthly boarding charge: \$ _____

6. Are riding lessons given? _____

of riding students per week by insured: _____

of riding students by employees: _____

7. Do you have horse shows on your premises? _____

Types of shows: _____

of show days: _____ Dates scheduled: _____

of participants: _____ # of spectators: _____

Anticipated gross receipts: \$ _____

(Note: all show dates must be declared for coverage to be in effect)

8. Do you conduct clinics ON your premises? _____ Types of clinics: _____

of clinic days: _____ Dates scheduled: _____

of participants: _____ # of spectators: _____

Gross receipts: \$ _____

(Note: all on-premise clinic dates must be declared for coverage to be in effect)

9. Do you conduct clinics OFF premises? _____ Types of clinics: _____

of clinic days: _____ Dates scheduled: _____

of participants: _____ # of spectators: _____

Gross receipts: \$ _____

Dates and locations if known: _____

(Note: all off-premise clinic dates must be declared for coverage to be in effect)

10. Do you have Day Camps? _____ # of weeks: _____

campers per week: _____ Minimum age of campers: _____

Gross receipts: \$ _____

Please describe any non-horse activities: _____

The statements given in this application are true and accurate. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicant's Signature: _____

Name: _____ Date: _____