

## EQUINE FARM APPLICATION



Application Date:	
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Company Use Only	
Customer#/SubID:	
Producer#:	

Agency	
Name/Address:	Equidae Insurance, Inc. 608 Virginia Street East, Suite 302 Charleston, WV 25301
Phone#:	(304) 346-1198

Entity Type:    Individual       Corporation       LLC       Partnership       \_\_\_\_\_  
 Billing:    Direct Bill       Agency Bill      Pay Plan: \_\_\_\_\_

Quote needed by:	
Requested Effective Date:	

Bill To:    Insured  
 Mortgagee

### APPLICANT INFORMATION

Name Insured:			
<input type="checkbox"/> <b>Additional Named Insured Supplemental Attached (Required for multiple Named Insureds)</b>			
Mailing Address:			
County:	Phone#:	FEIN#:	
Web Address:	Email:		
Inspection Contact Name:	Phone#:		

- Coverages to be quoted:    Package       Monoline Liability       Equine Care, Custody, Control  
 Umbrella       Monoline Property       Scheduled Personal Property  
 Auto       Watercraft       Employee Benefits Liability

**A State specific ACORD Auto Application is required in order to quote Auto. ACORD Watercraft Application required for Watercraft. Employee Benefits Liability Supplemental Questionnaire required for EBL Coverage.**

### GENERAL UNDERWRITING QUESTIONS

Loss History:    None      (List all losses for the past 5 years that affect coverage lines requested above.)

Date	Coverage Line	Description	Paid	Open/Closed

Prior Carrier Information:

Coverage Line	Company	# of Years	Expiring Premium
Property:			
Liability:			
Care, Custody, Control:			
Umbrella:			

1. Are you age 18 or over?    Yes    No
2. Have you been declined, canceled or non-renewed in the past 3 years?    Yes    No  
If yes, explain: \_\_\_\_\_
3. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?    Yes    No
4. During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any other arson-related crime in connection with this or any other property?    Yes    No
5. How many years experience/in the business with horses?   \_\_\_\_\_

LOCATION SCHEDULE <input type="checkbox"/> Additional Locations Supplemental Attached					PC = Protection Class		
	Street Address	City/State	County	Zip	PC	Owned	Acres
1.							
2.							
3.							
4.							

If no Property Coverage is desired, please skip to the General Liability Section on page 4.

### PROPERTY UNDERWRITING QUESTIONS

DWELLING SCHEDULE <input type="checkbox"/> Additional Dwellings Supplemental Attached								
	Dwelling #1		Dwelling #2		Dwelling #3		Dwelling #4	
Location # (see Location Schedule)								
Building Name								
Distance to Hydrant / Fire Station	/		/		/		/	
Deductible Amount								
Wind / Hail Deductible %	%		%		%		%	
Building Class								
A. Dwelling Limit								
B. Appurtenant Structures (10%)								
C. Household Contents (70%) (1)	<input type="checkbox"/> RC		<input type="checkbox"/> RC		<input type="checkbox"/> RC		<input type="checkbox"/> RC	
D. Loss of Use (20%)								
Cause of Loss (2)								
Extended Replacement Cost (3)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Dwelling Enhancement Endorsement	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Earthquake Coverage	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Dwelling is Located Inside City Limits	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Occupancy: Owner/Tenant/Employee								
Full-time, Part-time or Primary?								
Year Built								
Construction Type (4)								
Total Area / Area of Living Area (sq ft)	/		/		/		/	
Roof Construction (5)								
Year of Updates (for Dwellings over 30 years of age)	Roof		Roof		Roof		Roof	
	Heating		Heating		Heating		Heating	
	Plumbing		Plumbing		Plumbing		Plumbing	
	Electrical		Electrical		Electrical		Electrical	
Smoke Detectors Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Burglar Alarm? (6)	<input type="checkbox"/> Local <input type="checkbox"/> CS		<input type="checkbox"/> Local <input type="checkbox"/> CS		<input type="checkbox"/> Local <input type="checkbox"/> CS		<input type="checkbox"/> Local <input type="checkbox"/> CS	
Fire Alarm? (6)	<input type="checkbox"/> Local <input type="checkbox"/> CS		<input type="checkbox"/> Local <input type="checkbox"/> CS		<input type="checkbox"/> Local <input type="checkbox"/> CS		<input type="checkbox"/> Local <input type="checkbox"/> CS	
Sprinkler System & Maint Contract	<input type="checkbox"/> Local <input type="checkbox"/> CS		<input type="checkbox"/> Local <input type="checkbox"/> CS		<input type="checkbox"/> Local <input type="checkbox"/> CS		<input type="checkbox"/> Local <input type="checkbox"/> CS	

#### ABBREVIATION KEY:

- (1) RC = Replacement Cost  
(2) BA = Basic, BR = Broad, SP = Special, SP/BR = Special all other/Broad Contents  
(3) Extended Replacement Cost (E2 Value required) – Up to 125% Limit of Insurance for Coverage A includes Ordinance or Law Coverage  
(4) Construction Type Choose: Frame, Masonry, Steel frame, Pole or Mobile Home/Mobile Building  
(5) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar  
(6) CS = Central Station alarm monitored by remote monitoring company

OUTBUILDINGS SCHEDULE <input type="checkbox"/> Additional Outbuildings Supplemental Attached				
	Building #1	Building #2	Building #3	Building #4
Location # (see Location Schedule)				
Building Name				
Use of Outbuilding?				
Distance to Hydrant / Fire Station	/	/	/	/
Deductible Amount				
Wind / Hail Deductible %	%	%	%	%
Building Class				
Outbuilding Limit				
Cause of Loss (Basic/Broad/Special)				
(Optional) Inflation Guard: 4% or 6%	%	%	%	%
Earthquake Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avg # hay bales stored in building				
# of Apartments in Outbuilding?				
Type of Occupancy in Apartment?				
Full-time or part-time occupancy in Apt?				
Area of any Office/Living Area (sq ft)				
Year Built				
# of Stories				
# of Open Sides on Building				
Construction Type (1)				
Total Area				
Roof Construction (2)				
Heat Type				
Year of Updates (for Dwellings over 30 years of age)	Roof	Roof	Roof	Roof
	Heating	Heating	Heating	Heating
Smoke Detectors in Living Quarters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Alarm?	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS
Fire Alarm?	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS
Fire Extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System & Maint Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ABBREVIATION KEY:**

(1) Construction Type Choose: Frame, Masonry, Steel Frame, Pole or Mobile Home/Mobile Building  
 (2) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar

- Is **Loss of Farm Income Coverage** needed?  Yes  No If Yes, Limit? \_\_\_\_\_
- Is **Extra Expense Coverage** needed?  Yes  No If Yes, Limit? \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_
- Are there any vacant or unoccupied structures on your property?  Yes  No  
 If yes, please describe structure and explain oversight/security and plans for occupancy or sale: \_\_\_\_\_
- Do any buildings on any of your property have a Wood-Burning Stove?**  Yes  No  
**If Yes, request a Wood-Burning Stove Questionnaire for each building with a Wood Stove**

MORTGAGEES <input type="checkbox"/> Additional Mortgagees Supplemental Attached			
Mortgagee Name/Address	Loan#	Loc#	Buildings

**SCHEDULED PERSONAL PROPERTY**  **Additional Scheduled Personal Property Supplemental Attached**  
 An appraisal or sales receipt with photos must accompany all items with an individual value of \$10,000 or more

Loc#	Category: Jewelry/Fine Arts/Etc	Item Description	Limit

**FARM PERSONAL PROPERTY**  **Additional Schedule Farm Personal Property Supplemental Attached**

Deductible:  \$500     \$1000     \$2500     \$5000    Other: \_\_\_\_\_  
 Cause of Loss:  Basic     Broad     Special     Equine Coverage Extension Endorsement  
 Replacement Cost on Scheduled Tack     Replacement Cost on Scheduled Office Contents

	Location	Year/Make/Model or Description	Serial#	Limit
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**LOSS PAYEE SCHEDULE**  **Additional Loss Payee Supplemental Attached**

(For Item#, use the number corresponding to that particular Farm Personal Property item above.)

Name	Address	Item#

**GENERAL LIABILITY UNDERWRITING QUESTIONS**

Company Use Only:

Limits:

- \$100,000 / 200,000     \$300,000 / 600,000     \$500,000 / 1,000,000     \$1,000,000 / 2,000,000

1. List all Equine Operations: \_\_\_\_\_  
 Are you engaged in any other farm business, profession, or trade including, but not limited to, hay sales and custom farming?     Yes     No    If yes, please provide details: \_\_\_\_\_

2. Is the applicant involved in any of the following activities?    (Please check applicable activities)

- |   |   |
|---|---|
| <input type="checkbox"/> Entertainment/Amusements involving Animal Farms/Agrotourism/Agritainment | <input type="checkbox"/> Polo/Horse Ball                  |
| <input type="checkbox"/> Dude Ranch   | <input type="checkbox"/> Pony Rides/Petting Zoos          |
| <input type="checkbox"/> Therapeutic or Riding for the Handicapped                                | <input type="checkbox"/> Hay/Carriage/Sleigh Rides        |
| <input type="checkbox"/> Hunting/Fishing on premises (non-residents)                              | <input type="checkbox"/> Public Horse Rentals/Trail Rides |
| <input type="checkbox"/> Motorcycles, ATVs (other than resident)                                  | <input type="checkbox"/> Fox Hunting                      |
| <input type="checkbox"/> Vaulting   | <input type="checkbox"/> Parades                          |
| <input type="checkbox"/> Holding Races on Premises  | <input type="checkbox"/> Rodeos                           |
| <input type="checkbox"/> Gymkana/Mounted Games  | <input type="checkbox"/> Equine Assisted Therapy          |
| <input type="checkbox"/> Mounted Shooting   | <input type="checkbox"/> Birthday Parties                 |
| <input type="checkbox"/> Equine Sports Therapy (including massage)                                |   |

Please explain any checked activities: \_\_\_\_\_

3. Are dogs owned?  Yes  No How many? \_\_\_\_\_ Breed: \_\_\_\_\_  
 Any past claims? If yes, explain: \_\_\_\_\_

If yes, please describe structure and explain oversight/security and plans for occupancy or sale: \_\_\_\_\_

Are clients' dogs allowed at the facility?  Yes  No Leashes Required?  Yes  No

4. If liability coverage desired for any owned snowmobiles/ATVs/GolfCarts, please provide the following:

ATVs: \_\_\_\_\_ # of wheels: \_\_\_\_\_ Use of vehicles:  Farm  
 Age of Drivers: \_\_\_\_\_  Off Premises  
 \_\_\_\_\_  Recreational/Hunting

Is Recreational Vehicle Coverage Needed?  Yes  No

Year	Make	Model	Serial or Motor Number	Number Of Wheels	Use

5. Is Unlicensed Farm Vehicle Liability Coverage needed?  Yes  No How many vehicles? \_\_\_\_\_

6. Do any non-Boarders, Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc. use your facility?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Do you lease any part of the building/land to someone else?  Yes  No  
 If yes, please explain: \_\_\_\_\_

7. Are all fences/gates in good condition?  Yes  No  
 Type of Fencing: \_\_\_\_\_

8. Is there a pool, aqua treadmill, hyperbaric chamber or similar item on your property?  Yes  No  
 Please provide details: \_\_\_\_\_

9. Is there an airstrip on the premises?  Yes  No

10. Do you lease horses to or from others?  Yes  No

11. Do you judge shows?  Yes  No Receipts: \_\_\_\_\_

12. Do you have any operations or horses in any country outside of the U.S.?  Yes  No

ADDITIONAL INSUREDS <input type="checkbox"/> Supplemental Additional Insureds Schedule Attached	
Name/Address	Relationship to Insured

**If you are requesting a quote for Monoline Liability and would like to schedule any locations, please request an additional Location Supplemental.**

**PERSONAL LIABILITY**  Yes  No

1. **If yes**, please list below the names and addresses of all individuals to be afforded Personal Liability coverage. (Note that it is not necessary to list the spouse, children or relatives of these listed individuals if they live in a "residence premises" or dwelling that we insure for a premium charge.)

Name	Address (include Zip Code)

**RIDING INSTRUCTION (Teaching the Rider)**  Not Applicable

1. Riding Instruction provided by:  You  Independent Instructor  Employee
2. How many Independent Instructors are giving instruction? \_\_\_\_\_
3. Describe the experience/qualifications of you and your employees: \_\_\_\_\_  
\_\_\_\_\_
- Are you/employee a certified instructor?  Yes  No By whom? \_\_\_\_\_
4. Number of students per week given lessons by you or your employee: \_\_\_\_\_
5. Number of students per week given lessons by an independent contractor: \_\_\_\_\_
6. What is the minimum age of the students? \_\_\_\_\_
7. What is the maximum number of students per instructor per lesson? \_\_\_\_\_
8. School Horses: Receipts \_\_\_\_\_ # of horses used at one time \_\_\_\_\_, Student Horses: Receipts \_\_\_\_\_

**EQUINE RIDING THERAPY**

1. Do you offer Equine Riding Therapy?  Not Applicable  Yes  No
2. Are you PATH- or Eagala-certified?  Not Applicable  Yes  No  
**If PATH-certified**, please request and complete the Equine Therapeutic Riding Supplemental Application
3. School Horses: Receipts \_\_\_\_\_ # of horses used at one time \_\_\_\_\_ # of lessons \_\_\_\_\_

**DAY CAMPS**

1. Do you hold day camps?  Yes  No  
**If yes, please complete the separate Day Camp Supplemental on page 10.**

**HORSE TRAINING (Training of Horses)**  Not Applicable

1. What type of training is given? \_\_\_\_\_
2. Total payroll related to Training? \_\_\_\_\_
3. What is the average number of horses trained per year? \_\_\_\_\_

**BOARDING OF NON-OWNED HORSES**  Not Applicable

1. What is the total # of non-owned horses including non-owned broodmares? \_\_\_\_\_
2. Is temporary overnight boarding provided?  Yes  No Describe: \_\_\_\_\_
3. Is board self-board or full-care?  Self  Full
4. Annual Payroll: \_\_\_\_\_  
If no payroll provided, explain why: \_\_\_\_\_

**BREEDING**  Not Applicable

1. Breeding Payroll: \_\_\_\_\_ # of Owned Broodmares: \_\_\_\_\_  
# of Owned Stallions: \_\_\_\_\_ # of Non-Owned Stallions: \_\_\_\_\_
2. Do you offer foaling services?  Yes  No

**OWNED HORSES**  Not Applicable

Only include Owned horses not otherwise accounted for in Breeding/Training sections

1. What is the total number of equines you own or lease for your own use? \_\_\_\_\_
2. Of those, how many are used for the following activities: Sales Prep \_\_\_\_\_ Showing \_\_\_\_\_  
Pleasure Riding \_\_\_\_\_ Instruction \_\_\_\_\_  
Retired \_\_\_\_\_
3. Do you own or use Carts, Buggies, Wagons for public events or road use?  Yes  No How many: \_\_\_\_\_



**SALES BY YOU** Not Applicable

- Are you in the business of selling horses?  Yes  No  
How many horses do you sell per year? Owned by you: \_\_\_\_\_ Owned by Others: \_\_\_\_\_  
What are the annual Gross Receipts for Horse Sales? \_\_\_\_\_  
What is the method of sale? (private treaty, auction, consignments) \_\_\_\_\_
- Do you sell tack or clothing?  New  Used  Reconditioned Tack  None  
Receipts: \_\_\_\_\_
- Do you offer repair of tack or riding equipment?  Yes  No
- Do you/employee perform any type of farrier services?  Yes  No

**CLINICS** Not Applicable

- Do you hold/sponsor clinics for non-students on your premises?  Yes  No  
Off Premises:  Yes  No Details: \_\_\_\_\_
- Types of clinics: \_\_\_\_\_
- Number of clinics: \_\_\_\_\_ Number of days per clinic: \_\_\_\_\_
- Average attendance: \_\_\_\_\_
- Who teaches the clinics? \_\_\_\_\_
- Do you require outside clinicians to provide proof of insurance?  Yes  No

**HORSE SHOWS** Not Applicable

- Do you manage/sponsor any horse shows on your premises?  Yes  No  
Off Premises?  Yes  No
- Number of spectators per day: \_\_\_\_\_ Number of participants per day: \_\_\_\_\_
- Dates of shows: \_\_\_\_\_
- Types of shows: \_\_\_\_\_
- Waiver Athletic Sports Participants Exclusion  Yes  No  
(The Athletic Sports Participation Exclusion is automatically applied to foxhunting, cross country jumping, polo, vaulting, barrel racing and rodeo type events.)
- Do you have bleachers or grandstands?  Yes  No Construction: \_\_\_\_\_  
Height: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_  Owned  Rented
- Do you sell feed, grain, hay or shavings to participants?  Yes  No Receipts: \_\_\_\_\_
- Do you provide RV or camper hookups during these shows?  Yes  No  
Number of hookups: \_\_\_\_\_ Receipts: \_\_\_\_\_
- Do you directly provide concessions during these shows?  Yes  No Receipts: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
- Do you have vendors on the premises during these shows?  Yes  No  
If yes, explain items sold: \_\_\_\_\_
- Describe any entertainment/activities managed by you at the event (other than equine-related): \_\_\_\_\_

**RISK MANAGEMENT CONTROLS** (Required for General Liability and Care, Custody, Control)Review <http://horse-insurance.com/law.html> for state requirements

	YES	NO	N/A
Certificate of Insurance on file for Independent Contractors (Riding Instruction/Training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance shows WC coverage for Independent Trainers (Racehorse Training only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance obtained from all Vendors (Horse Shows/Clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RISK MANAGEMENT CONTROLS (CONTINUED)**

	YES	NO	N/A
Release/Hold Harmless agreement in use (Riding Instruction/Training/Boarding/Breeding/Shows)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boarding Contract in Place (Boarding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lease Agreement in Place (Owned Horses Leased to Others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Equine Liability Signs Posted (All Exposures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Hour Supervision of facility (All Exposures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EQUINE CARE, CUSTODY, CONTROL SECTION**

**COVERAGE IS NOT DESIRED**

Limits:

- |   |  |
|---|--|
| <input type="checkbox"/> \$5,000 per horse / \$25,000 aggregate   | <input type="checkbox"/> \$25,000 per horse / \$250,000 aggregate  |
| <input type="checkbox"/> \$5,000 per horse / \$50,000 aggregate   | <input type="checkbox"/> \$50,000 per horse / \$250,000 aggregate  |
| <input type="checkbox"/> \$10,000 per horse / \$50,000 aggregate  | <input type="checkbox"/> \$100,000 per horse / \$300,000 aggregate |
| <input type="checkbox"/> \$10,000 per horse / \$100,000 aggregate | <input type="checkbox"/> \$200,000 per horse / \$500,000 aggregate |

- What is the maximum number of non-owned horses you have at any one location at any time? \_\_\_\_\_
- Are you for hire to transport non-owned horses not normally in your care?  Yes  No  
**\*\*Commercial Hauling of non-owned horses other than those you train/breed/board is excluded\*\***  
 Maximum trips per year \_\_\_\_\_ Radius \_\_\_\_\_ # of horses per trip \_\_\_\_\_
- Describe any losses or potential claims involving non-owned horses in the past 3 years including deaths of any animals in your custody, even if a claim was not presented: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**UMBRELLA SECTION**

**COVERAGE IS NOT DESIRED**

- Requested Limit of Insurance:  
 \$1,000,000       \$3,000,000       \$5,000,000  
 \$2,000,000       \$4,000,000       \$ \_\_\_\_\_
- Schedule of Underlying Insurance       **Umbrella Additional Underlying Policy Supplemental Attached**

Company	Type of Coverage	Limits
<input type="checkbox"/> _____ Policy# _____ Eff _____ TO _____	Employer's Liability	\$ _____ Each Accident \$ _____ Each Policy \$ _____ Each Employee by Disease
<input type="checkbox"/> _____ Policy# _____ Eff _____ TO _____	Automobile Liability <input type="checkbox"/> Personal <input type="checkbox"/> Commercial <input type="checkbox"/> Non-owned <input type="checkbox"/> Hired	\$ _____ Combined Single Limit \$ _____ Bodily Injury – Each Person \$ _____ Bodily Injury – Each Accident \$ _____ Property Damage
<input type="checkbox"/> _____ Policy# _____ Eff _____ TO _____	General Liability <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Personal	\$ _____ General Aggregate \$ _____ Products/Completed Ops \$ _____ Personal & Advertising Injury \$ _____ Each Occurrence



<input type="checkbox"/> _____ Policy# _____ Eff _____ TO _____ _____	Watercraft Liability	\$ _____ Per Occurrence \$ _____ Aggregate
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3. Does the applicant have any of the following exposures?:  N/A
- Owned or Leased Aircraft  Migrant workers used in farming operations  
 Customer Application of Farm Chemicals for Others  Watercraft

4. Auto Details (Not required if filling out a separate Auto Application and we will be the only Auto Carrier):
- |  |  |
|--|--|
| # of Private Passenger Vehicles: _____ | # of Heavy Truck Tractors: _____       |
| # of Light Trucks: _____               | # of Extra Heavy Truck Tractors: _____ |
| # of Medium Trucks: _____              | # of Buses: _____                      |
| # of Heavy Trucks: _____               |  |

Are there any drivers under the age of 21?  Yes  No

**Uninsured/Underinsured Motorist Coverage (UM/UIM) is excluded on the Umbrella with the following exceptions:**

**LA, NH and VT:** UM/UIM is included but the maximum selected Umbrella limit is \$1,000,000.

**FL and WV:** Is UM/UIM coverage desired?  Yes  No  
 If yes, the maximum selected Umbrella limit is \$1,000,000.



EQUINE INSURANCE™

## BUILDING CLASS DEFINITIONS

<b>DWELLINGS</b>	
<b>Building Class</b>	<b>Building Characteristics</b>
CLASS 1	Owner or operator occupied Newer construction or remodeled inside and outside Evidence of proper maintenance and good housekeeping Continuous enclosed foundation Circuit Breakers (no fuses) Must not be mobile home or log construction Insured to 80% of replacement cost
CLASS 2	Evidence of proper maintenance and good housekeeping Thermostatically controlled heating Continuous enclosed foundation (porches excepted) Modern interior plumbing and electrical system (fuses acceptable) Must not be a mobile home or log construction more than 15 years of age Insured to a minimum 80% actual cash value or 60% replacement cost
CLASS 3	Any dwellings not eligible under Class 1 or Class 2 All mobile homes All log homes over 15 years of age

  

<b>OUTBUILDINGS</b>	
<b>Building Class</b>	<b>Building Characteristics</b>
CLASS 1	Show evidence of proper maintenance Have an incombustible floor throughout (except for granaries and cribs) Built on a continuous masonry foundation Does not contain a second floor No regular or continuous hay storage Fully enclosed with no open shed attached Insured to minimum 80% of replacement cost Not used for livestock, poultry or other animal confinement
CLASS 2	Show evidence of proper maintenance Continuous masonry foundation May be open on one side Insured to minimum of 80% of actual cash value or 60% of replacement cost
CLASS 3	Other buildings no eligible under Class 1 or Class 2

## CAMP SUPPLEMENT



If none, check here.

Named Insured: \_\_\_\_\_

Policy#: \_\_\_\_\_

1. What are the main camp activities? \_\_\_\_\_  
i.e. basic horse skills such as grooming, braiding or more advanced with instruction etc.
2. The camp is operated from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
month day month day
3. Camp Receipts \$ \_\_\_\_\_
4. Number of campers per day: \_\_\_\_\_ per week: \_\_\_\_\_
5. Ages of campers? \_\_\_\_\_
6. Are there any campers who are physically or emotionally handicapped?  Yes  No
7. The hours of the camp are from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm and \_\_\_\_\_ days per week.
8. Are overnight accommodations provided?  Yes  No
  - o Type: room, cabin, tent etc. \_\_\_\_\_
  - o Excluding tents, do all structures used for sleeping quarters have working smoke detectors?  Yes  No
9. Are meals prepared and/or provided by you?  Yes  No
10. Number of adult supervisors? \_\_\_\_\_
11. There are \_\_\_\_\_ supervisors under the age of 18.
12. What are the ages of the counselors? \_\_\_\_\_
  - o What type of training do they receive? \_\_\_\_\_
13. Is or has any camp counselor/employee/supervisor been under or currently under investigation for, or have a previous record of, child abuse?  Yes  No
14. How are medications kept and distributed to children with prescription/non-prescription needs?  
\_\_\_\_\_
15. Are campers under adult supervision at all times?  Yes  No
  - o If children are not in the direct vision of adults, are adults aware of where they are and what they are doing?  Yes  No
16. Are all buildings and equipment maintained in a safe, clean condition and in good repair, with indoor and outdoor environments safe, clean and spacious?  Yes  No
17. Is there a swimming pool?  Yes  No
  - o If the answer is yes, answer the following.  
Is the pool fenced?  Yes  No Is there a diving board?  Yes  No  
What is the pool depth? \_\_\_\_\_ Is there a lifeguard on duty?  Yes  No
18. What type of certification is required of the lifeguard? \_\_\_\_\_
19. Are swimming lessons given?  Yes  No
20. What type of certification is required of the instructor? \_\_\_\_\_
21. How many fire extinguishers are in the buildings in which the campers will be conducting activities?  
\_\_\_\_\_

22. Are all poisonous/toxic materials kept under lock and key and out of children's reach?

Yes  No

23. Are there any off-premises activities?  Yes  No

◦ If yes, describe activities in detail \_\_\_\_\_

24. Do you provide transportation to campers for any reason?  Yes  No

◦ If yes, we will require a COI from your auto carrier and complete driver information of all drivers.

\* If parent volunteers are used to transport, we will need the same COI and driver information.

\* If you provide transportation by a means other than above we will need details:  
i.e. chartered bus, etc.

**Comments:**

**Please provide any additional information that you feel may be helpful in our review of this exposure.**

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EQUIDAE  
INSURANCE™



**STATEMENT OF NO LOSS**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Re: New Application

To Whom It May Concern,

\_\_\_\_\_ and/or \_\_\_\_\_ have not  
Name Insured Responsible Party  
sustained a loss or have had any claims against us in the past five (5) years. We have no knowledge or reason to anticipate a future claims or loss.

Sincerely,

**Signature of Responsible Party:** \_\_\_\_\_

**Name of Responsible Party:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## FRAUD STATEMENTS

**READ and INITIAL next to the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attached application to your agent.**

Initial	State	Fraud Statement
	<b>ALABAMA</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
	<b>ARKANSAS</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
	<b>COLORADO</b>	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 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.
	<b>FLORIDA</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.
	<b>KENTUCKY</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
	<b>MAINE</b>	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 or a denial of insurance benefits.
	<b>MARYLAND</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
	<b>NEW JERSEY</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
	<b>NEW MEXICO</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
	<b>NEW YORK</b>	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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. For policies covering the peril of fire or explosion, the proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of any material fact or circumstances shall be grounds to rescind the insurance policy.
	<b>OHIO</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.



	<b>PENNSYLVANIA</b>	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.
	<b>TENNESSEE</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
	<b>VIRGINIA</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fine and denial of insurance benefits.
	<b>WASHINGTON</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
	<b>GENERAL: AZ, CA, DE, ID, IN, MN, NH, TX, UT</b>	Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's License #: \_\_\_\_\_

**WHEN SUBMITTING THIS DOCUMENT, ALSO INCLUDE:**

- Any Release/Hold Harmless Agreement in use
- Any Boarding Contract in place
- Property Diagram
- 2 Photos each of every Dwelling and Outbuilding