

Fax or Email Cover Sheet

To: Seth Rubino

From:

Total Pages:

Please provide me with a quote on farm or equine liability insurance.

FARMOWNERS QUESTIONNAIRE

For quote only.

1. Applicant information

Insured Name (Please include full name, trading as name and legal entity name such as LLC or INC.):

Phone Number:

Fax:

Email:

Is applicant: Individual Partnership Corporation

If partnership or Joint Venture please list all partners:

2. General Information

Number of years experience in the horse / farm business?

Number of years at this location:

If less than 5 years give a brief description of experience and background:

Applicant's additional occupation:

Does applicant lease land, buildings or stables to another business? If yes explain:

Is any other business being conducted on any locations being insured by this policy?

Any dogs on the property? If yes explain what type, how many, and has dog bitten or caused injury to anyone?

Other than horses or dogs, explain other animals on premises (Cattle, swine, sheep or exotic animals).

Are there any swimming pools or trampolines on premises? If inground pool present is there a fence around the pool?

3. Current Insurance Information –

Who is your current insurance company?

What type of policy do you have? (Homeowners, farm owners or Commercial Insurance)

Has application ever been cancelled, decline or refused similar coverage? If yes explain.

How many claims and what type of losses have you had in the past 5 years? (Please describe type of loss and amount paid by your insurance company)

4. Property Information –

Property Address (Supply same if more than one location is being insured):

Property County and Township:

Property Fire Department:

Dwelling / Home:

- A. Year of construction:
- B. What is it made of (Brick, stone, frame, aluminum siding):
- C. What is it currently insured for? :
- D. When was the following updates made;
 1. Heating
 2. Plumbing
 3. Electrical
 4. Roof
- E. Square foot of living area:
- F. Type of home (Colonial, ranch, bi-level etc.):
- G. How many attached garages:
- H. Is there a fireplace or wood stove:

If there are more dwellings on the property please describe below:

Barn and out buildings that you want insured. Describe each. Give dimensions of building when it was constructed, how many stables inside building, Cost of construction (If you constructed building) and what building is made of.

A

B

C

D

E

If any building(s) are over 20 years old, please advise year heating plumbing and wiring were updated if applicable:

Are fire extinguishers maintained in barns and stables? And do you post rules and signs?

Describe any farm equipment, tack, hay, and feed or scheduled personal property (Jewelry, furs, fine arts etc.) you want listed on your policy. Please do not forget values.

A.

B.

C.

5. LIABILITY SECTION: FARM PERSONAL OR COMMERCIAL FARM

What Type of Farm do you operate?

Gross income of all farming operations?

Do you operate a retail stand? If yes; Gross sales = \$

Is this a Seasonal Operation?

Do you allow "Pick you own"? If yes describe crops and total income

Do you offer Farm Tours, Events, Entertainment including hayrides, wagon rides scouting events etc.? Please describe fully:

How many Farm permit vehicles do your own (PA ONLY)?

HORSE SECTION: PRIVATE AND/OR COMMERCIAL LIABILITY

PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONS THAT ARE APPLICABLE. WRITE NONE OR 0 IF NO EXPOSURE. DO NOT LEAVE SPACES BLANK. ALL OPERATIONS MUST BE DECLARED. ATTACH A SEPARATE PAGE IF MORE SPACE IS NEEDED.

SUMMARY – AT PEAK SEASON. ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE BASED ON PRIMARY USE.

Horses Owned/Leased/Used by Insured:	Number
1a. Owned horses used for instruction	_____
b. Boarded horses used for instruction to others	_____
2. Show and/or pleasure	_____
3. Racing and/or training to race.....	_____
4. Breeding (Mares _____, Stallions _____).....	_____
5. Foals/weanlings	_____
6. Retired and/or lay-ups.....	_____
7. For sale (Breed _____)	_____
8. Other (Describe: _____)	_____
All Owned Horses Must be Declared	
Total (Lines 1-8)	
9. Number of carts, buggies, carriages, etc.	_____
Describe Use: _____	

Horses Non-Owned by Insured:	Number
1. Boarding/pasturing.....	_____
Monthly boarding rate: _____	
Annual Gross _____	
2. Show training	_____
Monthly Training rate: _____	
Annual Gross _____	
3. Racing and/or training to race.....	_____
4. Breeding (Mares _____, Stallions _____)	_____
5. Foals/weanlings	_____
6. Retired and/or lay-ups	
7. Consignment for sale (Breed _____).....	_____
8. Other (Describe: _____)	_____

Total (Lines 1-8)

9. Total number of stalls on your premises..... _____

10. What is the maximum number of horses, owned and non-owned that can be kept on your premises?..... _____

RIDING INSTRUCTION – CLINICS: (Breakdown Annual Gross Receipts for the following categories.)

1. Handicapped Program: Number of lessons/week..... **AND** Gross receipts..... \$ _____
2. Maximum number of school horses available..... **AND** Maximum number of school horses used at one time
3. Receipts for instruction on school horses \$ _____ Receipts for instruction to students on their own horses \$ _____
Average number of lessons per week..... Average number of lessons per week
4. Receipts for attending off-premise shows with students on school horses..... \$ _____ * Receipts for day camp activities \$ _____
Total number of campers
5. Number of clinic days for non-students..... Provide clinic dates: _____
6. Receipts earned by independent instructors: On school horses \$ _____ On student owned horses \$ _____
7. Provide the name and address of Independent Instructor(s) to be covered on this policy. (Must be 18 years of age or older.) Advise number of years experience for each. If more space is needed, attach a separate page. Attach a copy of their release if not on file with the company.

* The Company may request additional information with respect to camp activities.

HORSE SHOWS AND OTHER MISCELLANEOUS INFORMATION: (Attach a separate page if more space is needed.)

Prior notification is required for all public event days.

1. Number of public event / show days held on premises _____ Number of participants per show _____
Provide dates for events: _____
2. If AHSA, provide competition number _____ Dates when spectators exceed 500/day _____
3. If you are required to provide a certificate as proof of insurance, provide names and complete addresses of each.

4. If you request coverage for an additional insured, please submit name, complete address, and insurable interest for company approval.

5. Number of horses sold annually: _____ Gross receipts from Tack Shop: \$ _____
6. Are you obtaining release agreement/waivers from students and boarders? Yes No If applicable, do you post state equine liability warning signs? Yes No Do you hand out or post barn & safety Rules? Yes No
Are No Smoking signs posted? Yes No
7. Do you provide or conduct any of the following activities: pony rides, pony parties, hay, sleigh or carriage rides; rental of horses to the public or pack trips? Yes No If yes, provide details.

DESCRIBE FULLY ANY OTHER EVENTS / ACTIVITIES CONDUCTED. (ALL OPERATIONS MUST BE DELCARED.)

SECTION 6.

The undersigned affirms that the statements and representations made here are to the best of his/her knowledge true. By signing below does NOT constitute an application of insurance and is used for the sole purpose of fact finding to provide a quote.

INSURED'S SIGNATURE X	DATE / /	
---------------------------------	-------------	--

NOTE: I am interested in the availability of increased limits for the coverage checked below:

- \$10,000 Medical Payments to Others
 - \$100,000 Fire Legal Liability
 - Care Custody and Control of non-owned horses.
-