

Care, Custody or Control

EQUINE INSURANCE SPECIALISTS

3301 W. Purdue Avenue, Post Office Box 151
Muncie, Indiana 47308-0151

TEL: 800-723-9414

FAX: 866-207-6953

www.insureyourhorse.com



Producer: _____ Number: _____

Last Year's Policy #: _____

Requested Effective Date: _____

Submit early to avoid any lapse in coverage.

Note: Incomplete applications will be returned to the applicant.

Applicant: _____ Business Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Person: _____

Website: _____ E-mail: _____

Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.

Use: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own or Lease the facilities utilized by the applicant.

Is applicant currently insured? Yes No

Most recent or present insurance company: _____ **Annual premium: \$** _____

Pay Plan Desired? Yes No **Ask your broker for more information.**

Has the applicant had any liability claims or reported incidents in the past five years? Yes No

Has the applicant had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes No

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes No

If yes, attach a separate sheet and explain.

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes No

If yes, attach a separate sheet and explain.

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada.

Coverage is not available to Commercial Haulers.

Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.

Select from the limits below. Premiums shown are for up to 20 horses.

	Maximum Limit Per Horse	Aggregate Limit Per Year	Annual Base Premium	Per horse over 20 horses
<input type="checkbox"/> 1)	\$5,000	\$25,000	\$350.00	\$5.00
<input type="checkbox"/> 2)	\$5,000	\$50,000	\$425.00	\$8.00
<input type="checkbox"/> 3)	\$10,000	\$50,000	\$450.00	\$9.00
<input type="checkbox"/> 4)	\$10,000	\$100,000	\$525.00	\$10.00
<input type="checkbox"/> 5)	\$15,000	\$100,000	\$550.00	\$13.00
<input type="checkbox"/> 6)	\$25,000	\$100,000	\$600.00	\$15.00
<input type="checkbox"/> 7)	\$25,000	\$250,000	\$675.00	\$17.00
<input type="checkbox"/> 8)	\$25,000	\$300,000	\$775.00	\$18.00
<input type="checkbox"/> 9)	\$50,000	\$300,000	\$1,200.00	\$20.00
<input type="checkbox"/> 10)	\$100,000	\$300,000	\$1,500.00	\$25.00
<input type="checkbox"/> 11)	\$100,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 12)	\$250,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 13)	\$500,000	\$1,000,000	Submit for Quote	

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium. No

(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Do you transport horses in your Care, Custody or Control? Yes No
 If yes, how often, for what reasons, and for whom you transport horses: _____

Do you transport horses not usually in your Care, Custody or Control? (Coverage not provided for Commercial Haulers.) Yes No
 If yes, please describe: _____

Type and capacity of your horse trailer(s): _____

Are your horse trailers in good repair? Yes No
 Are your horse trailers on a regular maintenance program? Yes No

Description of your operation: _____

Total years experience with horses: _____ Total professional years operating this type of an operation as a business: _____
 Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: _____

If you are not the primary manager, Manager's Name: _____ Age: _____ Years Exp: _____

24-hour supervision of facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fire Drills conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency numbers posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No Smoking signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety & Barn Rules posted and written out	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>	Smoke Alarms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Current liability waivers utilized	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>	Smoking allowed in barns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
State Equine Activity signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Describe precautions taken to keep horse(s) from having access to public roads: _____

Do you own dogs? Yes No *If yes, how many, what type, and for what purpose:* _____

Are other dogs permitted at your facility? Yes No
 If yes, please explain your policy regarding dogs: _____

Other animals on premises? Yes No *If yes, how many, what type, and for what purpose:* _____

Hunting on premises? Yes No *If yes, by:* Owners Others Do you charge a fee? Yes No
 Please explain hunting activities: _____

Regulatory Fraud Warnings

In Arkansas, Louisiana, and New Mexico
 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 INCLUDING CONFINEMENT IN PRISON.

In Colorado, District of Columbia, Maine, Tennessee, and Virginia
 WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the 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.

In Florida and Oklahoma
 WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony.

In Kentucky, New York, and Pennsylvania
 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. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

In New Jersey
 Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In Ohio
 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.

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL HAULERS

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the policy limit for settlement.
 I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. I/We understand that this application is not a binder. **No coverage provided for Race Horses and/or Horses in Race Training.**

(Must be signed and dated)

Applicant's Signature: _____

Print name: _____ Date: _____