

AMERICAN EQUINE INSURANCE GROUP: Building Coverage Form

Applicant: _____

Please use a separate Building Coverage Form for each location with structures to be insured.

Location: If different from page 1, location #: _____ Acres: _____ Street: _____

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

DEDUCTIBLE: Dwellings & Farm Structures \$ 500 <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> Other: \$ _____	Name and department number of the nearest Fire Station.	Feet from Hydrant	Miles from Fire Department

	MAIN DWELLING	OTHER DWELLINGS AND FARM STRUCTURES										
Building / Diagram # Number												
Use or Description												
A. Coverage Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B. Appurtenant Structures	\$ _____											
C. Household Contents	\$ _____											
D. Loss of Use	\$ _____	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>
Covered Causes of Loss	BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> ELITE <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>
Loss Settlement	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>
Occupancy	Owner <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>
Number of Families												
Year Built												
Type of Construction												
Roof: Type Age												
Heating: Source Type of Furnace Age												
Cooling	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Smoke Alarm Type of System	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Burglar Alarm Type of System	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Lightning Rods	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Fire Extinguishers	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Sprinkler System	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Hay Storage	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Renovation Update: Year of update for Buildings over 25 yrs.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.

Please fill out special worksheet if any of the following questions are answered with Yes.

Wood Stove	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Mobile Buildings	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Exposed Urethane Styrene	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Remarks: _____

Type of Construction: Frame, Masonry, Steel Frame, Pole, Mobile Home / Mobile Building **Type of Roof:** Asphalt / Metal / Tile / Cedar Shake
 Brick Veneer / Stucco Veneer / Poured Concrete

Loss Settlement: RC = Replacement Cost / ACV = Actual Cash Value

AEIG Estate App. 4/2002

Page 2 of 8

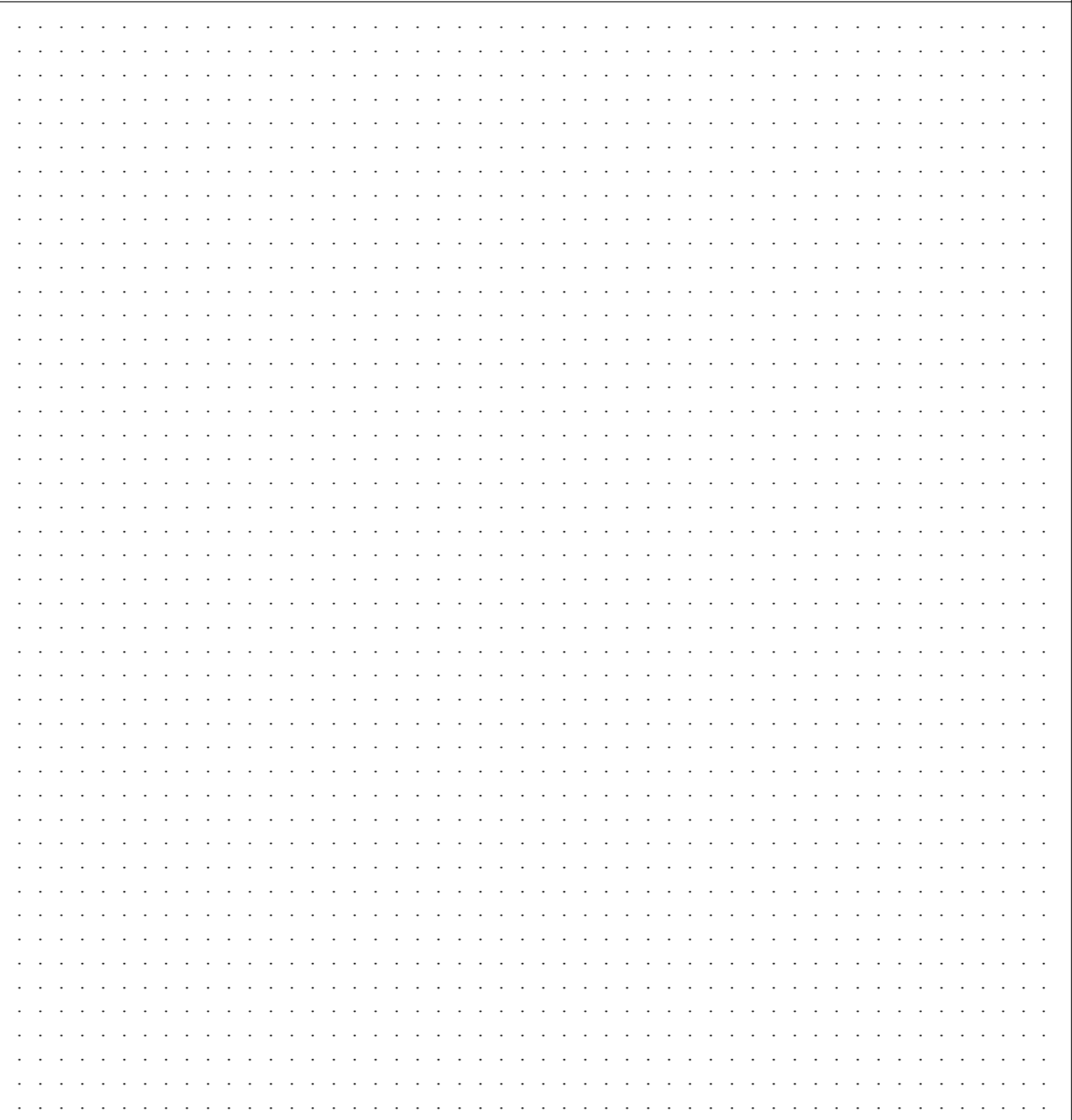
AMERICAN EQUINE INSURANCE GROUP: Property Diagram

Applicant:

Location #

Property Diagram for each location with insured buildings.

Show all buildings on premises (whether or not insured).
Show distance in feet in between buildings.
Label all buildings and attach dated photographs.
Label "NC" if not covered.



Show nearest Road, Highway, or Interstate.

Show Fire Hydrant if applicable.

Show any Lakes, Rivers, or Ponds.

Show Fuel Tank locations.

Must include current photos of all buildings.

AMERICAN EQUINE INSURANCE GROUP: Scheduled Farm Personal Property

Applicant: _____

FARM PERSONAL PROPERTY: Deductible: \$ 500 \$ 1,000 Other: _____

**Basis of Valuation for
Business Property:
Actual Cash Value**

Covered Cause of Loss:

- Basic**
- Broad**
- Special**

Mini Blankets:	The following groups can be listed without listing individual items. Individual items must not exceed \$ 2,500 per item.	<i>Insured Amount</i>
A. Tack, Grooming Equipment:	Saddles, bridles, tack trunks, grooming equipment, blankets, etc.	
B. Small Tools & Supplies:	Small lawn mowers, chain saws, weed eaters, power tools, hand tools, etc.	
C. Office Equipment:	Computers (hardware & software), phone systems, copiers, fax machines, etc.	
D. Barn Contents:	Furniture, washer & dryer units, other domestic appliances, etc.	

**Schedule below all Tractors, Tractor Implements, Other Farm Machinery, and all items valued over \$2,500.
Note: Hay & Grain Coverage provided ONLY while stored in a building.**

	Description and Model	Year	Serial Number	<i>Insured Amount</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

Total Scheduled Farm Personal Property \$

AMERICAN EQUINE INSURANCE GROUP: Liability Section

Limits and Coverage Options

Comprehensive Personal Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Equine Commercial General Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Each Occurrence Limit	\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>	
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000	\$50,000	
Medical Payments (Any one Person)	\$5,000	\$5,000	\$5,000	
Double Aggregate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Products and Completed Operations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Excess Coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Personal Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Excess Limits:	\$1m <input type="checkbox"/>	\$2m <input type="checkbox"/>	Professional Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$3m <input type="checkbox"/>	\$4m <input type="checkbox"/>		

List Additional Insureds with relationship descriptions. (Do not include Independent Instructors/Trainers in this section. Employees are Not Qualified.)

Name: _____	Address: _____	Relationship: _____
1. _____		
2. _____		
3. _____		
4. _____		

Remarks: _____

Definitions and Instructions

- **COMPREHENSIVE PERSONAL LIABILITY:** Personal Homeowner's Liability. (Does not provide coverage for Equestrian Activities.) Primary residence must be insured to qualify.
- **COMMERCIAL GENERAL LIABILITY:** Coverage for Commercial Equine Activities, which are both declared on the application and approved by AEIG.
- **DOUBLE AGGREGATE:** Doubles the amount of coverage that is available during the policy period, but does not increase the occurrence limit.
- **EXCESS LIMITS:** Increases the per occurrence and aggregate limit. Primary limits of 1mm per occurrence and 2mm aggregate are required.
- **PRODUCTS AND COMPLETED OPERATIONS:** Coverage for instances when a product you are responsible for causes bodily injury or property damage. For example, this coverage would protect you if you were serving refreshments at a hosted show and a third party became ill from them.
- **PERSONAL HORSE OWNER'S COVERAGE:** Provides coverage for personal, non-commercially owned pleasure horses both on and off premises.
- **EQUESTRIAN PROFESSIONAL COVERAGE:** Professional Equestrian Errors and Omissions coverage.
- **ADDITIONAL INSURED:** List Land Owners and/or Owners of facilities leased, etc. Spouses are covered automatically, but if children are of legal age and are part of your commercial operations, they need to be listed as Additional Insureds. Independent Instructors / Trainers and Employees are not qualified. (An Employee is an insured while working within their job description.)
- **INDEPENDENT TRAINERS / INSTRUCTORS:** List all Trainers and Riding Instructors who utilize your facility. On Premises Coverage will be provided for those Independent Trainers / Riding Instructors listed. If any Trainers and/or Instructors require Off Premises coverage, they must complete their own application. We will provide a quotation to cover your Riding Instructor's activities, which will avoid duplication of coverage and cost. If your Trainer or Independent Instructor has coverage elsewhere, please send proof of coverage listing you and your business as an additional insured. (An Employee is an insured while working within their job description.)
- **CARE, CUSTODY & CONTROL:** CCC coverage is to protect you in the event of a lawsuit claiming negligence by you or an employee resulting in the injury or death of a horse that is in your Care, Custody and Control. There is NO Coverage provided under the Commercial General Liability for other people's horses in your care.

Remember: If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be approved. Any events or activities not described/disclosed are not covered.

Summary of Equestrian Activities

Total number of horses owned / leased by you or your business: _____	Total professional years in this type of an operation: _____
Max. no. of horses owned / leased taken off premises (horse shows etc.): _____	Max. no. of horses used for Riding Instruction / School Horses: _____
Give a brief description of operation: _____	
Briefly list officiating, judging, instructors licenses and/or competition experience: _____	
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"/>	
Emergency numbers posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safety & Barn Rules posted and written out	Yes <input type="checkbox"/>	Enclose copies. <input type="checkbox"/>	No <input type="checkbox"/>
Current liability waivers utilized	Yes <input type="checkbox"/>	Enclose copies. <input type="checkbox"/>	No <input type="checkbox"/>
State Equine Liability signs posted	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Smoking allowed in barns	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Shoes with heels required	Yes <input type="checkbox"/>		No <input type="checkbox"/>

- Helmets are Required:**
- By everyone ALL OF THE TIME
 - 18 and under ALL OF THE TIME
 - Everyone while jumping/speed work
 - Only 18 and under while jumping
 - Optional

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

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.

Breeding Yes No What is your average Stud Fee charged: \$ _____
Total number of stallions standing stud on your premises: _____ Total number of stallions, which you own or have partial ownership, standing at stud off premises: _____
Total number of mares covered annually on premises: _____ Total number of mares, which you own, covered annually off premises: _____

Boarding Yes No Average number of horses boarded monthly: _____
Horse Sales Yes No Total horses sold annually: _____
Training Yes No Average number of horses in training monthly: _____

Independent Trainers Yes No (Must be 18 years old.)
1. _____ Years Exp. _____ 2. _____ Years Exp. _____

Riding Instruction Yes No Anyone under 21 giving riding instruction: Yes No
Any Day Camp activities: Yes No (If yes, the Equestrian Day Camp Supplemental Application must be completed.)
Type of instruction: _____
Operation's Total Riding Instruction, both On and Off Premises, including all Independents' On Premises Instruction.
Total lessons given annually: _____ Average number of weekly lessons given on Client's Own horse(s): _____
Average cost per lesson: \$ _____ Average number of weekly lessons given on School/Insured's horse(s): _____

On Premises Riding Clinics Yes No Total Clinic Days: _____ Clinic Dates: _____ No. of participants per day: _____
Off Premises Riding Clinics Yes No Total Clinic Days: _____ Clinic Dates: _____ No. of participants per day: _____

Independent Instructors Yes No (Must be 18 years old.)
1. _____ Years Exp. _____ 2. _____ Years Exp. _____

Officiating/Judging Yes No Total show days Judging / Officiating annually: _____

Host Shows / Events Yes No Please provide a description of the event (such as show, clinic, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.

Hosted Sanctioned Show Days per year: _____ Event/Show date(s): _____
Sanctioning Organization(s): _____ Description of event activities: _____
Average number of competitors per Show / Event: _____ Average number of spectators per Show / Event Day: _____
Maximum number of competitors: _____ Maximum number of spectators: _____

Hosted Non-Sanctioned Show Days per year: _____ Event/Show date(s): _____
Description of event activities: _____
Average number of competitors per Show / Event: _____ Average number of spectators per Show / Event Day: _____
Maximum number of competitors: _____ Maximum number of spectators: _____

Note: *If dates have not been set, Written Notice of the event must be received in our office prior to the show date. Coverage is not provided for show dates that have not been declared to the company in advance of the event.*

Tack Store / Retail Sales Yes No (Tack manufacture and repair not eligible.)

Pony & Horse Drawn Vehicle Rides Yes No (If yes, the Pony Ride / Horse Drawn Vehicle Rides Supplemental Application must be completed.)

Do you own dogs? Yes No If yes, how many, what type, and for what purpose: _____
Are other dogs permitted at your facility or at any events you host? Yes No
If yes, please explain your policy regarding dogs: _____
Has any dog which you own or on your premises bitten or caused injury to anyone. (If yes, attach details on a separate page.) Yes No

Other animals on premises Yes No If yes, describe: _____
Hunting on premises? Yes No If yes, by: Owners Others Do you charge a fee? Yes No
Swimming pool on premises? Yes No Do you have a security fence around your pool? Yes No

Is alcohol permitted on your premises? Yes No If yes, describe: _____
 Is alcohol sold on your premises? Yes No If yes, describe: _____

Note: The sale of alcohol is not covered by the policy.

Is **CARE, CUSTODY & CONTROL (CCC)** coverage desired? Yes No

If you selected "No", please sign here to verify that CCC coverage has been explained to you and you have opted to decline the coverage: _____

The rates below include "Transportation Coverage" for transportation of non-owned horses in your care while in the Continental U.S. and Canada.
(Excludes Licensed 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	\$300.00	\$5.00
<input type="checkbox"/> 2)	\$5,000	\$50,000	\$375.00	\$8.00
<input type="checkbox"/> 3)	\$10,000	\$50,000	\$400.00	\$9.00
<input type="checkbox"/> 4)	\$10,000	\$100,000	\$475.00	\$10.00
<input type="checkbox"/> 5)	\$15,000	\$100,000	\$500.00	\$13.00
<input type="checkbox"/> 6)	\$25,000	\$100,000	\$550.00	\$15.00
<input type="checkbox"/> 7)	\$25,000	\$250,000	\$600.00	\$17.00
<input type="checkbox"/> 8)	\$25,000	\$300,000	\$700.00	\$18.00
<input type="checkbox"/> 9)	\$50,000	\$300,000	\$1,100.00	\$20.00
<input type="checkbox"/> 10)	\$100,000	\$300,000	\$1,400.00	\$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 & Control (Breeding, Boarding, Training, etc.): _____

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

Are your horse trailers in good repair and on a proper maintenance program: Yes No

How often and for what reasons do you transport horses for others: _____

ANNUAL GROSS REVENUES FROM EQUINE ACTIVITIES

Breeding: \$ _____	Boarding: \$ _____	Horse Sales: \$ _____
Training: \$ _____	Riding Instruction: \$ _____	Riding Clinics: \$ _____
Judging: \$ _____	Hosting Shows: \$ _____	Tack / Retail Sales: \$ _____
Pony Rides: \$ _____	Horse Wagon Rides: \$ _____	Equestrian Day Camps: \$ _____
Other (): \$ _____	(<i>Explain activity below.</i>)	Total Annual Gross Revenue: \$ _____

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)

Insurance Fraud Warning

- Delaware:** 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.
- Kentucky:** Any person who knowingly and with intent to defraud any insurance company, or other person, files a statement of claim containing any materially false information, or conceals, for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
- Michigan:** Any person who knowingly and with intent to injure or defraud any insurer, files any application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
- Minnesota:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- New York:** All insurance applications and claim forms except auto: 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 civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.
- Ohio:** Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.
- Oklahoma:** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, is guilty of a felony.
- Pennsylvania:** Any person who knowingly and with intent to injure or defraud any insurer, files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

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 coverage 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 and that the Company requires that I/We obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage.

(Must be signed and dated)

Applicant's Signature: _____

Print name: _____ Date: _____