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## FARM AND EQUINE APPLICATION

### GENERAL INFORMATION

Desired Coverage: • Property • Inland Marine • Farm Liability • CGL Farm Liability • Equine Liability Only

Effective Date: Expiration Date:

• New Business • Renewal • Rewrite • Account Bill

### AGENCY INFORMATION

Agency Name:	Agency Code:
Sub-Producer Name:	Sub-Producer Code:

### APPLICANT INFORMATION

First Name Insured:		
Address:		
City:	State:	Zip:
Phone Number:		
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Farm/Ranch Business Name:		
Entity Type: • Corporation • Individual/Sole Proprietor • Joint Venture • LLC • Partnership • Trust or Estate		
If Named Insured is not an individual, list the individuals that make up the entity and the percentage of ownership for each:		
Type of Farm/Ranch Operations: • Cattle - # • Horses - # • Sheep - # • Hogs - # • Other - #		
Total Receipts from Entire Farm/Ranch Operations (all Locations):		
Number Years of Experience in this Type of Operation:		
How Long Has Agency Known the Applicant:		
Additional Named Insureds ( • supplemental additional named insureds attached):		

### PRIOR CARRIER AND LOSS HISTORY (PREVIOUS 3 YEARS)

#### PRIOR INSURANCE INFORMATION

Company	Type of Policy	Effective Date	Expiration Date	Annual Premium

#### LOSS HISTORY

Date of Loss	Description of Loss	Amount Paid

• No Losses (in last 3 years) • Loss Runs Attached Apply Loss Free Credit

# UNDERWRITING QUESTIONS

1. Has the insured been canceled or non-renewed in the last 5 years? (N/A for Missouri) If yes, please explain:	• YES	• NO
2. During the last 5 years has the insured been indicted for or convicted of any degree of crime of fraud, bribery, arson or other arson related crime in connection with this or any other property? If yes, please explain:	• YES	• NO
3. Has the insured had any bankruptcy, judgments, liens or foreclosures within the past 10 years? If yes, please explain:	• YES	• NO
4. Is Farming the primary source of insured income? If no, what is?	• YES	• NO
5. Is any business other than farming conducted by the insured? If yes, explain:	• YES	• NO
6. Are any of the farm premises open to the public for activities such as roadside stands, U-Pick, recreational, rent-a-garden, auction, sales, show, food or beverage service, hay rides, fishing, kennels, animal boarding or Christmas tree sales? If yes, please explain:	• YES	• NO
7. Does the insured rent or lease any land, buildings or stables to others? If yes, explain:	• YES	• NO
8. Are customers allowed on the premises? If yes, explain:	• YES	• NO
9. Overall maintenance and condition of the grounds, fencing and buildings: • Excellent • Good • Fair • Poor		
10. Are all pastures totally fenced? Describe type of fencing: Height of fencing:	• YES	• NO
11. How often is fencing checked:		
12. Who is responsible for fence repair?		
13. Are there any swimming pools situated on any insured location ? If yes, is there a diving board ? Is there a water slide? Are swimming pools completely fenced in? Attach photos of swimming pool	YES • YES • YES • YES	• NO • NO • NO • NO
14. Are there any other bodies of water (lake, pond) situated on any insured location ?	• YES	• NO
15. Are there any trampolines situated on any insured location ? Is there a safety net around the trampoline? Used for private personal use only? Attach photos of trampoline	• YES • YES • YES	• NO • NO • NO
16. Does the insured have dogs? Number: _____ Breed: _____  Dog bitten or caused injury to anyone? If yes, please explain:	• YES   • YES	• NO   • NO
17. Does the insured have horses? If yes, please complete the Equine section of application.	• YES	• NO
18. Does insured have non-domestic or exotic animals on the premise? If yes, please explain:	• YES	• NO
19. Are any wood burning stoves or solid fuel devices used in dwellings or outbuildings? If yes, complete and attach the Wood Burning Stove questionnaire.	• YES	• NO
20. Does the insured plan on any construction or renovations in the next twelve (12) months?	• YES	• NO
21. Are independent contractors hired to perform any farm operations ? If yes, attach Certificate of Insurance.	• YES	• NO
22. Any recreational vehicles used on the premises? If yes, number and type: Who is allowed to use?	• YES	• NO
23. Any hemp grown on the premises? If yes, complete the Hemp application.	• YES	• NO

# LIABILITY SECTION

- Farm Liability      CGL Farm Liability

<b>LIMITS OF LIABILITY (PER OCCURRENCE)</b> <ul style="list-style-type: none"> <li>• \$100,000 OCC/\$200,000 AGG</li> <li>• \$300,000 OCC/\$600,000 AGG</li> <li>• \$500,000 OCC/\$1,000,000 AGG</li> <li>• \$1,000,000 OCC/\$2,000,000 AGG</li> <li>• \$1,000,000 OCC/\$3,000,000 AGG</li> <li>• OTHER</li> </ul>	<b>MEDICAL PAYMENTS</b> <ul style="list-style-type: none"> <li>• \$5,000 (included)   • \$10,000</li> </ul>
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## FARM LIABILITY ONLY

<ul style="list-style-type: none"> <li>• Personal and Advertising Injury Limit (Occurrence Limit Included)</li> <li>• Exclude Personal and Advertising Injury   • Exclude Advertising Injury</li> <li>• Fire Damage Limit (\$100,000 included) Increase to:   •\$300,000   •\$500,000   • \$750,000   •\$1,000,000</li> <li>• Residence Employees - Number of Employees: Medical Payments Limit   •\$1,000   •\$1,500   •\$2,000   •\$2,500   •\$3,000   •\$4,000   •\$5,000</li> <li>• Farm Stands <sup>2</sup>Gross Sales:</li> </ul>
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## CGL FARM LIABILITY ONLY

<p>Deductible Type • N/A • PD Deductible Basis- •\$1,000 •\$3,000 •\$5,000 Per Occurrence</p> <ul style="list-style-type: none"> <li>• Damage to Premises Rented to You (\$100,000 included) Increase to:   •\$300,000   •\$500,000   • \$750,000   •\$1,000,000</li> <li>Personal and Advertising Injury - • Include   • Exclude</li> <li>• Personal Liability: Insured Name:  <table border="1" style="width: 100%; height: 30px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> </li> <li>• Feedlots - Number of Heads:</li> <li>• Limited Feeding and Watering (\$1,000 Deductible) - Number of Heads:</li> <li>• Pesticide or Herbicide Applicator <sup>2</sup>Acres:      Description of Operation:</li> <li>• Broad Farm Premises Liability <sup>2</sup>Limited Pollution Liability Extension Aggregate Limit   •\$50,000   •\$100,000</li> <li>• Additional Residences Rented to Others</li> </ul> <table border="1" style="width: 100%;"> <thead> <tr> <th>Type</th> <th>Occupancy</th> <th>Location of Residence</th> </tr> </thead> <tbody> <tr> <td>• One Family • Two <sup>2</sup>Four Family</td> <td>• Owner • Non-Owner</td> <td> </td> </tr> <tr> <td>• One Family • Two <sup>2</sup>Four Family</td> <td>• Owner • Non-Owner</td> <td> </td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• Animals/Livestock Breeders or Dealers Except Poultry Hatcheries and Equine Operations <sup>2</sup>Gross Sales:</li> <li>• Farm Products (No Other Classification) Except Equine Operations - Gross Sales:</li> <li>• Grazing Away From the Farm Premises <sup>2</sup>Number of Animals:</li> </ul>				Type	Occupancy	Location of Residence	• One Family • Two <sup>2</sup> Four Family	• Owner • Non-Owner		• One Family • Two <sup>2</sup> Four Family	• Owner • Non-Owner	
Type	Occupancy	Location of Residence										
• One Family • Two <sup>2</sup> Four Family	• Owner • Non-Owner											
• One Family • Two <sup>2</sup> Four Family	• Owner • Non-Owner											

## • CGL Detail

Description/Classification	Class Code	Exposure
Example: Florists	12841	10,000

- Transportation of Farm Chemicals (\$25,000 included limit of insurance) Increase to:      • \$50,000   • \$100,000
- Chemical Drift (included aggregate limit) Increase to:   • \$50,000   • \$100,000   • \$300,000   • \$500,000   • \$1,000,000

PLEASE COMPLETE THIS SECTION IF INSURED HAS HORSES

UNDERWRITING QUESTIONS

1. Is there 24-hour supervision of the facility? If yes, please describe:	• YES	• NO
2. Are all the pastures totally fenced? Describe type for all fencing:	• YES	• NO
3. Height of fencing:		
4. Describe condition of fences:		
5. How often is fencing checked?		
6. Who is responsible for fence repair?		
7. Riding facilities: • Indoor Arena • Outdoor Arena • Open Fields • Trails		
8. Describe condition of stables:		
9. Overall maintenance and condition of the grounds, fencing and buildings: Excellent • Good • Fair • Poor		
10. Does the insured have operable fire extinguishers visible and readily accessible in their stables?	• YES	• NO
11. Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for Bodily Injury and Property Damage? If yes, please attach a copy to the application.	• YES	• NO
12. Is there hunting conducted on any of the insured locations?	• YES	• NO
13. Total number of Stalls on all insured locations?		
14. What is the number of horses, owned or non-owned that can be kept on all insured locations?		
15. Do you have hay, sleigh, carriage or wagon rides? If yes, please describe: Gross Receipts:	• YES	• NO

SUMMARY OF HORSES

ACCOUNT FOR EACH ANIMAL ONLY ONCE, BASED ON ITS PRIMARY USE. ALL HORSE RELATED EXPOSURES MUST BE INSURED

	# OWNED	# NON-OWNED
Boarding/Pasturing		
Breeding - Indicate # of Mares and # of Stallions		
Riding Instruction		
Racing and/or training to race		
Personal Use <sup>2</sup> Pleasure		
Personal Use <sup>2</sup> Show		
Foals/Weanlings		
Retired and/or Lay -Ups		
For Sale/Consignment for Sale		
Other (Describe)		
TOTAL		

<b>(16405) PRIVATE HORSE OWNER</b>				• Check if No Exposure
• Saddle Animals <sup>2</sup> Private				
1. Number of Horses:				
2. Are your horses stabled on premises owned or leased by you?				
3. Are any of your horses leased to others or used for instruction to others?				
4. Do you board, breed or train horses or riders for compensation or operate any commercial equine activities?				
5. Schedule of all owned horses:				
	Name of Horse	Breed	Use	% of Ownership

<b>COMMERCIAL EQUINE</b>	• Check if No Exposure
• Equine Professional Service	

<b>[09904] HORSE SHOWS/EVENTS</b>			• Check if No Exposure
1. Number of Participants:			
2. Number of Days:			
3. Shows Dates:			
4. Gross Receipts (All Shows):			
5. Arena Type: • Indoor • Outdoor			
6. Seating Capacity:			
7. Is your show recognized by any national association?		Name:	
8. Do you obtain a signed release from all participants?		If yes, please attach a copy of the release.	
9. Is the warm up area fenced?			
10. Security on Site?		Ambulance or EMT on site?	
11. Any food sales?		Prepackaged or cooked food?	Receipts:
12. Any concession stands?		Deep fat fryer used?	
13. Any rodeos?		If yes, please describe:	
14. Do you manage any hunts or racing?		What type?	
15. Do you own/lease hounds for hunting?		How many?	

<b>[10201] GRANDSTANDS/BLEACHERS</b>			• Check if No Exposure
1. Number of Seats:			
2. Construction:			
3. Stationary or Portable:			
4. Year Built:			
5. Number of Bleachers:			
6. Are back and side railings provided?			
7. Indoor or Outdoor?			

<b>[14100] RIDING CLUBS*</b>			• Check if No Exposure
1. Number of Members:			
2. Number of Public Days:			
3. Number of Spectators:			
4. Number of Clinic Days:			
5. Number of Parade Days:			
6. Premises Owned/Leased:			
7. Food Sales Receipts:			
8. Tack Sales Receipts:			
9. Number of Hounds:			

\*COMPLETE RIDING CLUB APPLICATION

<b>[60100] STABLES - RACING</b>	• Check if No Exposure
1. Number of Horses racing or training to race:	
2. What Breeds:	
3. How many do you train for others:	
4. Payroll:	
5. What states does the insured race in:	
6. Is the insured actively involved in the racing of their own race horses:	

<b>[16200] RIDING INSTRUCTIONS AND ACADEMIES</b>	• Check if No Exposure
1. School Horses Receipts: Number of Schools Horses used at one time:	
2. Student Horses Receipts:	
3. Off-Premises Show Receipts:	
4. Day Camps Receipts:	
5. Is instruction provided by the insured or an independent instructor?	
6. Is the insured a certified instructor?	
7. Describe type of safety gear required:	
8. Do you provide instruction for the handicapped? If yes, complete the Therapeutic Questionnaire.	
9. Do you teach: • English • Jumping • Saddle Seat • Western • Dressage • Other:	

<b>[16201] CLINICS</b>	• Check if No Exposure
1. Number of Days:	
2. Type of Clinics:	
3. Receipts:	
4. Average Attendance <sup>2</sup> Participants: Spectators:	
5. Who teaches the clinics?	
6. Do you require outside clinicians to provide proof of insurance?	

<b>[16300] SADDLE ANIMALS- ACTIVITIES</b>	• Check if No Exposure
1. Number of event days:	
2. Gross Annual Receipts:	
3. What type of activity (describe in detail)?	
4. Are ponies/horses taken off the premises?	
5. Are ponies ever leased, rented or loaned for pony parties?	
6. Is food and/or drink served? If yes, what is served?	
7. Number of ponies used?	
8. Are side walkers and helmets required?	
9. Is a signed hold harmless agreement required by each rider/participant? If yes, please provide a copy.	

<b>[16401] SADDLE ANIMALS- COMMERCIAL</b>	• Check if No Exposure
1. Number of Horses:	
2. Number of Carts, Buggies, Wagons and Carriages: Describe use:	

<b>[16402] STABLES - BOARDING</b>	• Check if No Exposure
1. Number of Horses Boarded:	
2. Gross Annual Receipts:	
3. Total Number of Stalls Available:	
4. Number of Horses Pastured Boarded:	
5. Are any horses self-care? If yes, please describe:	

<b>[16403] STABLES - TRAINING AND BOARDING</b>	• Check if No Exposure
1. Number of Horses:	

<b>[16404] STABLES - TRAINING</b>	• Check if No Exposure
1. Number of Horses:	

<b>[58500] LIVESTOCK SALES</b>	• Check if No Exposure
1. Number of Livestock:	

<b>[88002] THERAPEUTIC OPERATIONS*</b>	• Check if No Exposure
1. Number of School Horses used at one time:	
2. Receipts: _____ or No. of Lessons and/or sessions: _____	

\*COMPLETE THE THERAPEUTIC QUESTIONNAIRE

<b>[08201] INDEPENDENT INSTRUCTORS</b>	• Check if No Exposure
1. Number of Instructors/Trainers:	
2. Do independent instructors/trainers operate on your premises? _____ Do they operate under your name? _____	
3. Do they carry their own insurance? _____ If yes, we require a copy of a Certificate of Insurance for each insured.	
If not, answer questions 4 -7. They will be added as an additional insured for an additional charge if eligible.	
4. How many horses are provided for lessons by independent instructors on your premises?	
5. Gross receipts for instruction to students on their own horses?	
6. How many of your boarded horses are being trained by independent trainers?	
7. Names, ages and experience of independent instructors (provide copy of their hold harmless agreement):	

<b>CARE, CUSTODY AND CONTROL</b>	• Check if No Exposure
1. Number of Horses: _____ Breed: _____ Use: _____	
2. Per Horse Limit/Aggregate Limit: • \$2,500/\$25,000 • \$5,000/\$25,000 • \$5,000/\$50,000 • \$10,000/\$50,000 • \$10,000/\$100,000 • \$15,000/\$150,000 • \$25,000/\$250,000 • \$50,000/\$250,000 • \$75,000/\$300,000 • \$100,000/\$300,000 • \$150,000/\$400,000 • \$200,000/\$500,000 • \$500,000/\$1,000,000	
3. Number of Stalls: Stable/Barn #1: _____ Stable/Barn #2: _____ Stable/Barn #3: _____ Stable/Barn #4: _____	
4. Is any stable over 25 years old? _____ If yes, when was the last time electrical wiring was checked and certified suitable for current usage? _____	
5. Do the buildings have properly marked and charged fire extinguishers?	
6. Minimum # of Non-Owned Horses in Your Care: _____ Minimum Value of Non-Owned Horses: _____	
7. Average # of Non-Owned Horses in Your Care: _____ Average Value of Non-Owned Horses: _____	
8. Maximum # of Non-Owned Horses in Your Care: _____ Maximum Value of Non-Owned Horses: _____	
9. Do you transport horses for others? • Yes • No If Yes, please answer questions a-g.	
a. Maximum number of trips per year: _____	
b. Maximum number of non-owned horses per trip: _____	
c. Radius of normal operations: _____ miles	
d. Number of trips and destinations exceeding 175 mile radius: Trips: _____ Destinations: _____	
e. How often are trailer or van boards checked? _____	
f. How many persons go on each trip? _____	
g. Are working fire extinguishers carried on the van or truck? _____	

• Transportation Extension

# ADDITIONAL INTERESTS

NAME AND ADDRESS	LOC #	DESCRIPTION OF PROPERTY	ADDITIONAL INTEREST
			<ul style="list-style-type: none"> <li>• /HQQGHU·V /RVV 3D\DEOH</li> <li>• Loss Payable</li> <li>• Contract of Sale</li> <li>• Additional Insured*</li> </ul>
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**\*PLEASE DESCRIBE THE INSURABLE INTEREST THE ADDITIONAL INSURED HAS IN THE PROPERTY**



**FRAUD WARNING**

In AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

In CO: 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 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 FL and OK: 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 (of the third degree)\*. \*Applies in FL Only.

In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

In KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

In ME, TN, VA and WA: 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 and denial of insurance benefits. \*Applies in ME Only.

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

In OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

In PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

***I hereby certify that I am an authorized representative of the applicant and to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.***

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

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_