



Insurance Agency LLP

AlbrachtInsurance.com

P-817-220-4700 F- 817-523-4909

Application for Equine Care, Custody & Control Insurance

Coverage as part of an Agripolicy

Producer Information Producer Code: Producer Name:	Applicant Information Name and Mailing Address: Your Telephone Number:
Proposed Policy Period: From:	To: Maximum Term = 12 months

1. The Insured's Business is: <input type="checkbox"/> Stable Owner <input type="checkbox"/> Boarding of Horses <input type="checkbox"/> Training of Horses <input type="checkbox"/> Other _____	
2. How Long in Business? _____ Years	3. Do You Own or Lease the Stables? <input type="checkbox"/> Own <input type="checkbox"/> Lease If leased, who is responsible for building & fence repairs?
4. Breed of Animals:	5. Use of Animals:
6. Minimum Number of horses in your care:	7. Minimum Value of horses in your care: \$
8. Average Number of horses in your care:	9. Average Value of horses in your care: \$
10. Maximum Number of horses in your care:	11. Maximum Value of horses in your care: \$

Limits – Limit Per Horse and Annual Aggregate Per Policy Limit

Select (1) a Limit Per Horse, and Limit

(2) an Annual Aggregate Per Policy Limit

- | | | | |
|--|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> \$5,000 Limit Per Horse | Annual Aggregate Per Policy Limits: | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$10,000 Limit Per Horse | Annual Aggregate Per Policy Limits: | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$15,000 Limit Per Horse | Annual Aggregate Per Policy Limits: | | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$25,000 Limit Per Horse | Annual Aggregate Per Policy Limits: | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$250,000 |
| <input type="checkbox"/> \$50,000 Limit Per Horse | Annual Aggregate Per Policy Limits: | | <input type="checkbox"/> \$250,000 |
| <input type="checkbox"/> \$100,000 Limit Per Horse | Annual Aggregate Per Policy Limits: | <input type="checkbox"/> \$300,000 | <input type="checkbox"/> \$500,000 |

Premium computation based on _____ Horses: Base Premium (For Initial 10 horses): \$ _____ +

Number of horses over 10 in increments of 10 (or a portion thereof) = _____ units X \$ _____ = \$ _____

Annual Premium: \$ _____

Stable Number	Construction	Number of Stalls	Sprinklered	Lightning Rods	Fire Extinguishers	Smoke or Fire Alarms	Fire Prot Class
1							
2							
3							
4							

12. Is there 24 hour security and supervision of stables? Is there a night watchman on premises? Are visitors required to check into main office? Is access to the property open to the general public?	<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	If yes, describe:
13. Are shelters provided in runs or pastures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. What type of fencing is used in runs, pastures and paddocks? Condition of fence?		
15. Do you transport horses for others? maximum number of trips per year: If yes, maximum number of animals per trip: Do at least two people go on each trip? Are fire extinguishers carried on truck or van? How often are trailer or van floor boards checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No Radius of Operation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> No
16. Do you have therapeutic pools for horses? If yes, were they installed by manufacturer? Electrician?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were they installed by a licensed	
17. Do your employees (if any) have instructions, in writing, on their responsibilities in case of a stable fire? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach the instructions.		
18. Name and address of regular Veterinarian: How often is he/she on premises? Other (describe)	<input type="checkbox"/> Daily <input type="checkbox"/> Twice Weekly <input type="checkbox"/> Weekly <input type="checkbox"/>	
19. Describe any losses or potential claims in the past three years and include deaths of any animal(s) in your custody, even if a claim was not presented:		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.		
Insured Signature:		Date ___ / ___ / ____
By:		Time _____AM / PM
Title:		
Agent Signature:		Date ___ / ___ / ____