

# Farm & Ranch Application



(800) 346-3271 Fax (940) 686-5375  
hisinc@horse-insurance.com

Desired Effective Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Applicant: \_\_\_\_\_ Farm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # (required for insurance credit score): \_\_\_\_\_

Location Address #1: \_\_\_\_\_ County: \_\_\_\_\_ Acres: \_\_\_\_\_

Location Address #2: \_\_\_\_\_ County: \_\_\_\_\_ Acres: \_\_\_\_\_

Does Insured:  Own  Lease  
Type of Ownership:  Individual  Corporation  Partnership  Association

Payment Plan desired?  Yes  No  
If a payment plan is desired, would you like to set up automatic Electronic Funds Transfer?  Yes  No

Past and/or current Insurance Company: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_

Have you had any claims and/or reported incidents in the past 5 years?  Yes  No  
If yes, explain all claims and/or incidents. Give dates, cause of loss, amounts paid.  
Unless this is a new purchase, we will require loss runs from your previous carrier.

Have you had coverage cancelled or refused in the past 5 years?  Yes  No  
If yes, explain:

**Name and address of Mortgagee:**

**Loan Number:**

\*Note items applicable to.

**Name and address of Loss Payee:**

**Loan Number:**

\*Note items applicable to.

Do you have any personal non-farm business pursuits? Yes  No

Are any portions of the farm/ranch leased by any other individual for farming use or otherwise? Yes  No   
If yes, describe:

If yes, does the person leasing any portion of the property have their own insurance? Yes  No   
A certificate of such insurance will be required.

# Building Coverage Form

Applicant: \_\_\_\_\_

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

Legal Description of Property: \_\_\_\_\_  
 Nearest Responding Fire Dept: \_\_\_\_\_ Miles from Dept: \_\_\_\_\_ Feet from hydrant: \_\_\_\_\_  
 Is there a year round water supply? Yes  No  If yes, describe: \_\_\_\_\_

**Deductible:**  \$500  \$1,000  \$2,500  1%  Other: \$ \_\_\_\_\_

Location #	Main Dwelling	Other Dwellings and Farm Structures				
Building/Diagram #						
Use or Description						
A. Coverage Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B. Appurtenant Structures	\$ _____	Please note: A Replacement Cost questionnaire must be completed on each building. Please be sure to include accurate dimensions and construction information. Each building must be insured for at least 80% of its replacement cost in order to avoid a penalty in the event of a claim. Replacement Cost is determined by the information that you provide. Please check with a local contractor to determine accurate replacement cost.				
C. Household Contents	\$ _____					
D. Loss Of Use	\$ _____					
Covered Causes of Loss	<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
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"/>
Earthquake Coverage	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupancy	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"/>
# of Families						
Year Built						
Type of Construction						
Roof: Type Age						
Heating: Main Source Supplemental Age						
Cooling	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke Alarm Type of System	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Burglar Alarm Type of System	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Open Sides						
Fire Extinguishers	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinkler System	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hay Storage	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Renovation/Updates:	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.
Wood Stove in building	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Building under construction If yes, give estimated completion date.	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exposed Urethane Styrene	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Square Footage</b>						

Is this your primary residence? Yes  No  If "No", please describe property supervision.

Do you maintain any vacation or seasonal premises? Yes  No

Is there any non-farm offices or private schools in an insured building? Yes  No

Type of Construction: Wood Frame, Masonry, Masonry Veneer, All Steel Frame (Non-combustible), Pole Frame, Mobile Home/Mobile Building, Log.

Type of Roof: Asphalt Shingles, Wood Shingles, Copper, Tile, Slate, Tin, Steel, Built Up Tar and Gravel.

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

# Property Diagram

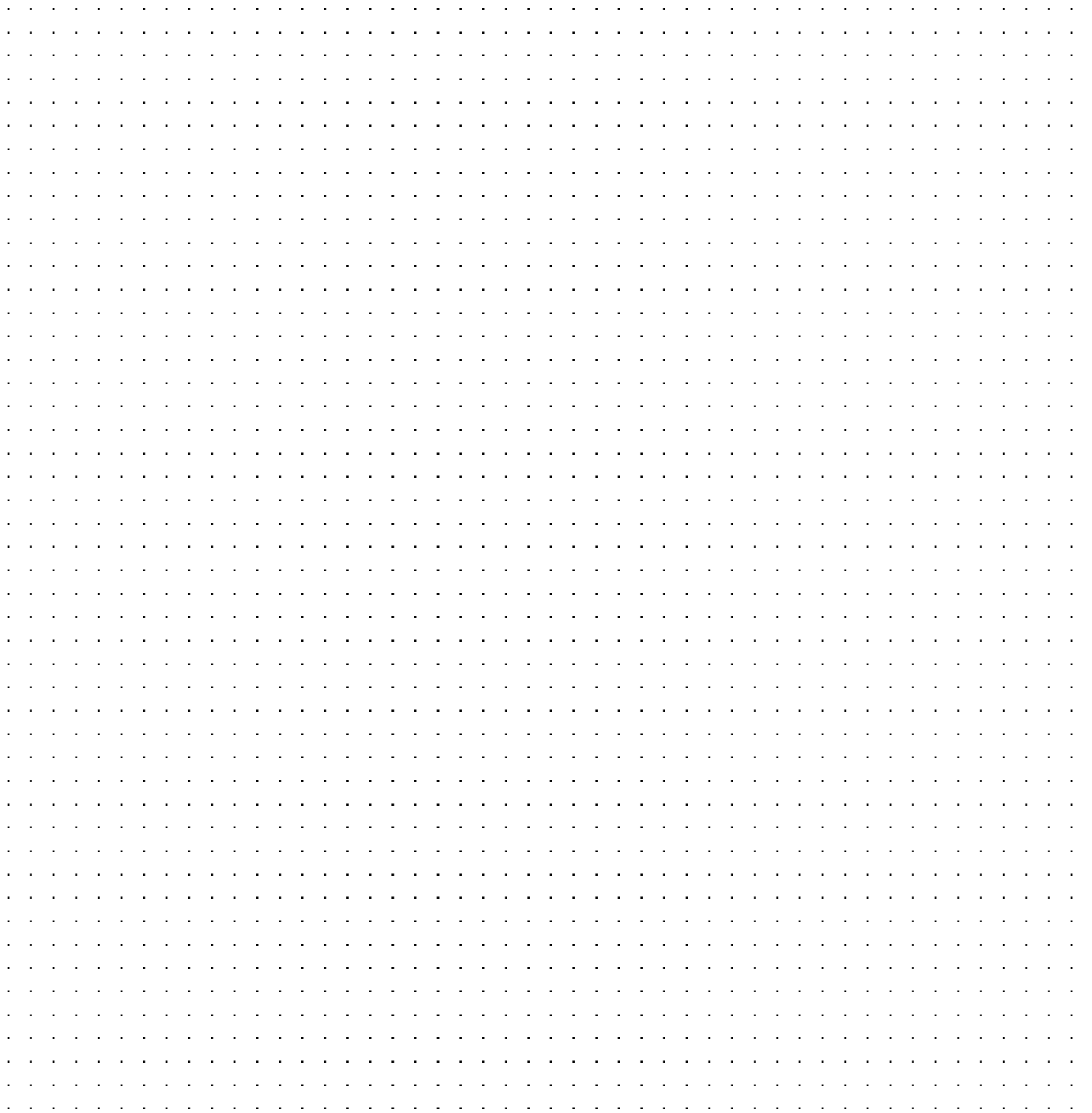
Applicant:

Location #

Please include a Property Diagram for each location with insured buildings.

Show all buildings on premises (whether or not insured).  
Show distance in feet between buildings as well as square footage of buildings.  
Label all buildings and attach current photographs.  
Label "NC" if not covered.

**Photos of all insured buildings will be required. Please label appropriately.**



# Policy Options

Applicant: \_\_\_\_\_

**Policy Options:**

**A. Property Enhancement Package** Yes  No  (\$75)

When this endorsement is selected, it increases coverage on personal computers to \$10,000; increases coverage on unscheduled jewelry and furs to \$10,000 (limit on any one item \$2,500); increases theft coverage on unscheduled silverware and goldware to \$10,000; and includes Water or Sewer backup coverage with a \$5,000 limit.

**B. Equine Property Endorsement** Yes  No  (\$125)

Includes up to \$10,000 in coverage for tack (no more than \$5,000 on any one item); up to \$5,000 for corrals, fences, entrance gates and mailboxes; \$5,000 for signs; \$5,000 for incidental hay coverage; additional 10% for debris removal; 10% of scheduled building values for Building Ordinance or Law. \$500 deductible applies.

**C. Identity Fraud Expense** Yes  No  (\$30)

Coverage for up to \$25,000 in expenses incurred as a direct result of any one identity fraud discovered during the policy period. A \$250 deductible applies.

**D. Personal Computer**

Coverage is automatically included for \$5,000 (unless the property enhancement package is selected and then it is increased to \$10,000). If a higher limit is needed, please indicate the limit of coverage desired: \$ \_\_\_\_\_

**E. Inflation Guard**

An inflation guard will allow for the buildings to be automatically increased at policy renewal. Select limit desired (example 4%): \_\_\_\_\_

## Scheduled Personal Property

Category	Item Description	Limit of Coverage
Jewelry		
Fine Arts		
Cameras		
Musical Instruments		
Furs		
Gold/Silverware		
Firearms		

Please note: An appraisal is necessary on Fine Arts valued over \$25,000. Please include accurate descriptions including serial or item numbers (if applicable).

**Do you own Personal Watercraft?** Yes  No

If coverage is desired, please describe items including value: \_\_\_\_\_

**Do you own ATV's or Golf Carts?** Yes  No  Are they for farm use? Yes  No

If coverage is desired, please describe items including value: \_\_\_\_\_

# 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**

<b>Mini Blankets:</b>	The following groups can be covered without listing individual items. Individual items <u>must not exceed \$2,500 per item.</u>	<b>Insured Amount</b>
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.	

<b>Scheduled Tractors, Tractor Implements, and Other Farm Machinery</b>			<b>Insured Amount</b>
Description and Model	Year	Serial Number	
Is equipment breakdown coverage desired? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", a supplemental application is required.			

<b>Hay, Grain, Shavings, Livestock, Field or Pasture Fencing and/or Fence Panels</b>			<b>Insured Amount</b>
Item Description	# of Units		
If Livestock are not covered, is coverage desired for Collision resulting in death? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", indicate the limit per head that is to apply: \$ _____ Total # of Livestock _____			

<b>Tack Valued over \$2,500</b>			<b>Insured Amount</b>
Item Description	# of Units		

Is coverage desired for:

Live Plants \$ \_\_\_\_\_ Description: \_\_\_\_\_

Farm Personal Property (other than machinery or livestock) in excess of \$10,000 kept of premises? \$ \_\_\_\_\_

Animal or other Farm Personal Property in transit? \$ \_\_\_\_\_

Produce in buildings with less than 3 sides? \$ \_\_\_\_\_

# Liability Section

## Limits and Coverage Options

Each Occurrence Limit	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)	\$3,000	\$5,000	\$10,000

**Double Aggregate**  Yes  No

Doubles the amount of coverage that is available during the policy period, but does not increase the occurrence limit.

**Umbrella**  Yes  No  \$1,000,000  \$2,000,000  \$3,000,000  Other: \$ \_\_\_\_\_

\* If Umbrella coverage is desired over your Auto or Workers' Compensation policy, please provide a copy of the policy declaration pages so that we may determine if underlying coverage limits are adequate. We will also need a list of drivers and dates of birth.

### List Additional Insureds with relationship descriptions.

(Independent Instructors/Trainers and Employees are Not Qualified.)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Annual Payroll: \_\_\_\_\_

Is a Workers' Compensation quote desired?  Yes  No

Is Employers Liability coverage desired?  Yes  No

Is Loss of Farm income coverage required?  Yes  No

Please indicate your monthly revenue: \_\_\_\_\_

Do you serve on any boards for remuneration?  Yes  No

Are any children over the age of 21 years a member of your household?  Yes  No

If yes, are they a dependent?  Yes  No If yes, list their names: \_\_\_\_\_

Is there any other business (other than equine) on the property?  Yes  No

If yes, please describe, including annual revenue: \_\_\_\_\_

Other than equine activities, are there any other farming pursuits?  Yes  No

If yes, please describe activities and include annual revenues: \_\_\_\_\_

### Supplemental questions:

1. Are any independent contractors hired to perform any farming operations?  Yes  No

2. Is any part of the farm used or leased for organized recreational use?  Yes  No

3. Does applicant build, repair or design machinery, equipment systems for anyone at a charge or fee?  Yes  No

4. Does applicant mix, process, slaughter, butcher or otherwise prepare for any "end consumer" his or any other grower's product?  
 Yes  No

5. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?  Yes  No

6. Are any contract or service operation performed for others such as tilling, excavating or ditching?  Yes  No

7. Are the farm premises open to the public for roadside stands, "U-Pick" recreational, "rent-a-garden", auction, sales, show, food or beverage service, animal boarding (other than equine) or Christmas tree sales uses?  Yes  No

8. Is there any unusual hazard such as open dump pits, siliage pits, sump holes, lakes or reservoirs?  Yes  No

9. Is there an airstrip on the premises?  Yes  No

10. Are tractors used for other than farming?  Yes  No

11. Is any land held for real estate development or speculation?  Yes  No

## Summary of Equestrian Activities

Total years experience in this type operation: \_\_\_\_\_ Total years experience with horses: \_\_\_\_\_  
 If you are not the primary manager, Manager's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Years Experience: \_\_\_\_\_

24-hour supervision of facility <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency numbers posted <input type="checkbox"/> Yes <input type="checkbox"/> No Safety & Barn rules posted and written out <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit copy. Current liability waivers (hold harmless agreement) used <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit copy. State Equine Liability signs posted (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No Smoking allowed in barns <input type="checkbox"/> Yes <input type="checkbox"/> No Shoes with heels required <input type="checkbox"/> Yes <input type="checkbox"/> No Do employees have instructions (in writing) on their responsibilities in case of stable fire? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach instructions.	<b>Helmets are Required:</b> <input type="checkbox"/> By everyone ALL OF THE TIME <input type="checkbox"/> 18 and under ALL OF THE TIME <input type="checkbox"/> Everyone while jumping/speed work <input type="checkbox"/> Only 18 and under while jumping/speed work <input type="checkbox"/> Optional
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Describe precautions taken to keep horse(s) from having access to public roads: \_\_\_\_\_  
 \_\_\_\_\_

### Coverage will be provided only for exposures marked "Yes".

**Number of Personally Owned Horses** \_\_\_\_\_ **Number of Cattle on Premises** \_\_\_\_\_

**Breeding**  Yes  No  
 Total stallions standing at stud on your premises: \_\_\_\_\_ Average stud fee charged: \$ \_\_\_\_\_  
 # non-owned mares covered annually on premises: \_\_\_\_\_ Do you ship semen?  Yes  No

**Boarding**  Yes  No Average number of horses boarded monthly: \_\_\_\_\_

**Horse Sales**  Yes  No Gross Receipts for sales: \_\_\_\_\_

**Training**  Yes  No Average number of trained horses monthly: \_\_\_\_\_

**Independent Trainers**  Yes  No Does the Independent(s) carry their own insurance?  Yes  No  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Riding Instruction**  Yes  No What type of lessons are given? \_\_\_\_\_  
 Operation's Total Riding Instruction, both On and Off Premises, including all Independents' On Premises Instruction (unless they have insurance).  
 Total lessons given annually: \_\_\_\_\_ Average number of weekly lessons given on Client's horse: \_\_\_\_\_  
 # of students: \_\_\_\_\_ Average number of weekly lessons given on School horse(s): \_\_\_\_\_

Any Day Camp activities?  Yes  No If yes, complete supplemental Day Camp form.

**Independent Instructors**  Yes  No Does the Independent(s) carry their own insurance?  Yes  No  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

**On Premises Riding Clinics**  Yes  No Total Clinic Days: \_\_\_\_\_ Participants Per Day: \_\_\_\_\_  
 Clinic Dates: \_\_\_\_\_

**Off Premises Riding Clinics**  Yes  No Total Clinic Days: \_\_\_\_\_ Participants Per Day: \_\_\_\_\_  
 Clinic Dates: \_\_\_\_\_

**Officiating / Judging**  Yes  No Total show days Judging / Officiating annually: \_\_\_\_\_

**Hosted Shows / Events**  Yes  No Please provide a description of the event (such as a show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer.

Total **Sanctioned** Show Days per year: \_\_\_\_\_ List date(s): \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_ Description of activities: \_\_\_\_\_

Average competitors per Show/Event: \_\_\_\_\_ Average spectators per Show/Event day: \_\_\_\_\_

Total **Non-Sanctioned** Show Days per year: \_\_\_\_\_ List date(s): \_\_\_\_\_

Description of activities: \_\_\_\_\_

Average competitors per Show/Event: \_\_\_\_\_ Average spectators per Show/Event day: \_\_\_\_\_

Are there grandstands or bleachers on your property?  Yes  No If yes, please describe construction and seating capacity: \_\_\_\_\_

**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 manufacturing, tack repair and feed manufacturing not eligible.)  
 Type of sales: \_\_\_\_\_ Estimated receipts: \$ \_\_\_\_\_

<b>Pony Rides OR Horse Drawn Vehicle Rides</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the Pony Rides or Horse Drawn Rides supplemental.
<b>Do you own dogs?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many, what type: _____
Are other dogs permitted at your facility or at any events that you host:			<input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Other animals on premises</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: _____
<b>Hunting on premises</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by: <input type="checkbox"/> Owners <input type="checkbox"/> Others Do you charge a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Swimming pool on premises</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a security fence around your pool? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is use of alcohol by others permitted on premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: _____
Is alcohol sold on your premises/at events?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: _____
<b>Note: Liquor Liability is not covered by this policy, nor is the sale of alcoholic products.</b>			
<b>Is CARE, CUSTODY &amp; CONTROL (CCC) coverage desired?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you selected "NO", please sign here to verify that CCC coverage has been offered and explained to you and you have opted to decline the coverage:			
Signature: _____		Date: _____	
<b>Please select a coverage limit below. (Please note: This coverage does not apply to Commercial Horse Haulers).</b>			
	<b>Limit Per Horse</b>	<b>Aggregate Limit Per Policy</b>	
<input type="checkbox"/>	\$5,000	<input type="checkbox"/> \$25,000 or <input type="checkbox"/> \$50,000	1. Breed of Animals in your care: _____
<input type="checkbox"/>	\$10,000	<input type="checkbox"/> \$50,000 or <input type="checkbox"/> \$100,000	2. Use of Animals in your care: _____
<input type="checkbox"/>	\$15,000	\$100,000	3. Average value: _____
<input type="checkbox"/>	\$25,000	<input type="checkbox"/> \$100,000 or <input type="checkbox"/> \$250,000	4. Minimum value: _____
<input type="checkbox"/>	\$50,000	\$250,000	5. Maximum value: _____
<input type="checkbox"/>	\$100,000	<input type="checkbox"/> \$300,000 or <input type="checkbox"/> \$500,000	6. Are shelters provided in runs or pastures? <input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum number of non-owned horses in your care: _____			7. What type of fencing is used in runs, pastures and paddocks and what is the condition? _____
Average number of non-owned horses in your care: _____			
Maximum number of non-owned horses in your care: _____			
Name and address of regular Veterinarian: _____			8. Do you have therapeutic pools for horses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were they installed by the manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were they installed by a licensed electrician? <input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the vet on premises? _____			
Do you transport horses for others? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do at least 2 people go on trips? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, maximum number of trips per year: _____		Are fire extinguishers carried in the truck or trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Radius of operation: _____		How often are truck/trailer boards checked? _____	
<b>ANNUAL GROSS REVENUES FROM EQUINE ACTIVITIES</b>			
Breeding	\$ _____	Boarding	\$ _____
Training	\$ _____	Riding Instruction	\$ _____
Judging	\$ _____	Hosting Shows	\$ _____
Pony Rides	\$ _____	Horse Wagon Rides	\$ _____
Other ( )	\$ _____	<b>Total Revenue</b>	\$ _____
If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.			
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.			
Applicant's Signature: _____			
Print Name: _____		Date: _____	



# Replacement Cost Form – Page 1 of 2

Applicant: _____		
Location # _____		Sketch floors and indicate outside dimensions.
<b>Main Dwelling Diagram #</b> <input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Custom <input type="checkbox"/> Luxury	Partition Walls <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Ceiling Finish: <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Wall Finish: <input type="checkbox"/> Paint <input type="checkbox"/> Tile <input type="checkbox"/> Wallpaper	
<b>Exterior Wall Construction</b> I _____ % Wood, Stucco, Vinyl II _____ % Brick Veneer III _____ % All Stone or All Brick  Sub-Structure: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement  Is Basement Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No Total Ground Floor Area: _____ # of Stories            _____ Ceiling Height        _____ # Bathrooms          1/2    Full # Kitchen                _____ # Bedrooms             _____ # Fireplaces            _____ # Chimneys             _____	Garage ( # Cars) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> Attached <input type="checkbox"/> Carport <input type="checkbox"/> Detached <input type="checkbox"/> Built-In  Slope of building site: <input type="checkbox"/> Level <input type="checkbox"/> 15% <input type="checkbox"/> 30% <input type="checkbox"/> 45%  Primary type of Flooring: <input type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl  Open Porch:            _____ sq. ft. Closed Porch:         _____ sq. ft. Deck:                     _____ sq. ft. Balcony:                _____ sq. ft.  Who lives in this dwelling: _____	
<b>Main Dwelling Diagram #</b> <input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Custom <input type="checkbox"/> Luxury	Partition Walls <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Ceiling Finish: <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Wall Finish: <input type="checkbox"/> Paint <input type="checkbox"/> Tile <input type="checkbox"/> Wallpaper	
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<b>Exterior Wall Construction</b> I _____ % Wood, Stucco, Vinyl II _____ % Brick Veneer III _____ % All Stone or All Brick  Sub-Structure: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement  Is Basement Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No Total Ground Floor Area: _____ # of Stories            _____ Ceiling Height        _____ # Bathrooms          1/2    Full # Kitchen                _____ # Bedrooms             _____ # Fireplaces            _____ # Chimneys             _____	Garage ( # Cars) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> Attached <input type="checkbox"/> Carport <input type="checkbox"/> Detached <input type="checkbox"/> Built-In  Slope of building site: <input type="checkbox"/> Level <input type="checkbox"/> 15% <input type="checkbox"/> 30% <input type="checkbox"/> 45%  Primary type of Flooring: <input type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl  Open Porch:            _____ sq. ft. Closed Porch:         _____ sq. ft. Deck:                     _____ sq. ft. Balcony:                _____ sq. ft.  Who lives in this dwelling: _____	
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<b>Exterior Wall Construction</b> I _____ % Wood, Stucco, Vinyl II _____ % Brick Veneer III _____ % All Stone or All Brick  Sub-Structure: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement  Is Basement Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No Total Ground Floor Area: _____ # of Stories            _____ Ceiling Height        _____ # Bathrooms          1/2    Full # Kitchen                _____ # Bedrooms             _____ # Fireplaces            _____ # Chimneys             _____	Garage ( # Cars) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> Attached <input type="checkbox"/> Carport <input type="checkbox"/> Detached <input type="checkbox"/> Built-In  Slope of building site: <input type="checkbox"/> Level <input type="checkbox"/> 15% <input type="checkbox"/> 30% <input type="checkbox"/> 45%  Primary type of Flooring: <input type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl  Open Porch:            _____ sq. ft. Closed Porch:         _____ sq. ft. Deck:                     _____ sq. ft. Balcony:                _____ sq. ft.  Who lives in this dwelling: _____	

# Replacement Cost Form – Page 2 of 2

Applicant: _____		
<b>Farm Location #</b> _____		Sketch building floor areas. Include outside dimensions.
<b>Farm Structure</b> Dia#      Use: _____	<b>Exterior Wall Type:</b> _____	
<input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Deluxe	<b>Ground Floor:</b> <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other: _____	
<b>Average Story Height</b> _____	<b>Roof:</b> <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Gothic <input type="checkbox"/> Gambrel	
<b># of Stories</b> _____	<b>Lightning Rods:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b># of Stalls</b> _____ Size: _____	<b>Loft Space:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b># Tack Rooms</b> _____	<b>Office:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Electricity</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Sq. ft: _____	
<b>Water</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Viewing Room:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b># of Bathrooms:</b> ½ _____ Full _____	<b>Wash Rack:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Living Quarters:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sq. ft: _____	
<b>Farm Structure</b> Dia#      Use: _____	<b>Exterior Wall Type:</b> _____	
<input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Deluxe	<b>Ground Floor:</b> <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other: _____	
<b>Average Story Height</b> _____	<b>Roof:</b> <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Gothic <input type="checkbox"/> Gambrel	
<b># of Stories</b> _____	<b>Lightning Rods:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b># of Stalls</b> _____ Size: _____	<b>Loft Space:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b># Tack Rooms</b> _____	<b>Office:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Electricity</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Sq. ft: _____	
<b>Water</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Viewing Room:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b># of Bathrooms:</b> ½ _____ Full _____	<b>Wash Rack:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Living Quarters:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sq. ft: _____	
<b>Farm Structure</b> Dia#      Use: _____	<b>Exterior Wall Type:</b> _____	
<input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Deluxe	<b>Ground Floor:</b> <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other: _____	
<b>Average Story Height</b> _____	<b>Roof:</b> <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Gothic <input type="checkbox"/> Gambrel	
<b># of Stories</b> _____	<b>Lightning Rods:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b># of Stalls</b> _____ Size: _____	<b>Loft Space:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b># Tack Rooms</b> _____	<b>Office:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Electricity</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Sq. ft: _____	
<b>Water</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Viewing Room:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b># of Bathrooms:</b> ½ _____ Full _____	<b>Wash Rack:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Living Quarters:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sq. ft: _____	
<b>Farm Structure</b> Dia#      Use: _____	<b>Exterior Wall Type:</b> _____	
<input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Deluxe	<b>Ground Floor:</b> <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other: _____	
<b>Average Story Height</b> _____	<b>Roof:</b> <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Gothic <input type="checkbox"/> Gambrel	
<b># of Stories</b> _____	<b>Lightning Rods:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b># of Stalls</b> _____ Size: _____	<b>Loft Space:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b># Tack Rooms</b> _____	<b>Office:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Electricity</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Sq. ft: _____	
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<b># of Bathrooms:</b> ½ _____ Full _____	<b>Wash Rack:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Living Quarters:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sq. ft: _____	