

## FARMOWNERS QUESTIONNAIRE FOR QUOTING PURPOSES

This form requests basic information to provide an estimated quote. For a firm quote, we will need a company specific application completed. To start coverage, we will need the company specific application, payment, and any other required documentation (including photos).

**APPLICANT'S NAME** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**COUNTY** \_\_\_\_\_

**# OF ACRES** \_\_\_\_\_

Email \_\_\_\_\_

website: \_\_\_\_\_

Current Insurance Company \_\_\_\_\_

expiration date? \_\_\_\_\_

Current premium \$ \_\_\_\_\_

**DWELLING**

**POLICY DEDUCTIBLE \$** \_\_\_\_\_

VALUE	Do you want coverage for		SEWER BACK-UP	ALARM SYSTEM	CONSTRUCTION	YR BUILT	SIZE	HEAT TYPE	WOOD STOVE	
\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>					Yes <input type="checkbox"/>	No <input type="checkbox"/>

name and distance to Fire Dept. DISTANCE TO HYDRANT

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**FARM BUILDINGS, STABLES AND OTHER STRUCTURES**

ITEM#	BLDG NAME	VALUE	CONSTRUCTION	# OF STALLS	SQ FT	HEAT TYPE	YR BUILT	Hay Storage?
1		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>
2		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>
3		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>
4		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>
5		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>
6		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>

Use reverse side if you need more room

**\*\*IF YOU EMAIL/MAIL PICTURES OF THE HOUSE/BUILDINGS, we can get the best rates from the company**

What type of fencing is on the property \_\_\_\_\_

**SCHEDULED ITEMS (JEWELRY, FURS, TACK, FARM EQUIPMENT)**

ITEM #	DESCRIPTION (tack, tools, misc. can be grouped together)	AMOUNT
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$

Use reverse side if you need more room

Do you use your ATV off your premise? Yes  No

Do you have a swimming pool/trampoline? Yes  No

Do you have bleachers/grandstands? Yes  No

Have you had any Claims Or Losses? Yes  No

If Yes, how many sets? \_\_\_\_\_

If Yes, provide details on a separate page

If there is any other type of business being conducted on the property, please described briefly and indicate if you have insurance coverage for it: \_\_\_\_\_

**LIABILITY QUESTIONNAIRE FOR QUOTING PURPOSES**

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APPLICANT'S NAME \_\_\_\_\_

LOCATION OF EQUINE OPERATION (if different) \_\_\_\_\_

YEARS AT THIS LOCATION \_\_\_\_\_ # YEARS EXPERIENCE \_\_\_\_\_

LIABILITY AMOUNT DESIRED: \$500,000  \$1,000,000   
\$1,000,000 aggregate \$2,000,000 aggregate

**HORSE INFORMATION**

List # of each horse – counting each only once	Owned		Unowned	Annual Payroll
Used for Instruction				
Boarded	xxxxx			
Training for show/pleasure				
Owned used for Show / Pleasure			xxxxx	
Racing and/or training to race				
Breeding owned - Mares: _____ Stallions: _____ Foals/Weanlings _____			xxxxx	
Breeding unowned - Mares: _____ Stallions: _____ Foals/Weanlings _____	xxxxx			
For sale				
Other (Describe)				
TOTALS				

How many **owned** horses will you take off the property at any one time \_\_\_\_\_

**LESSONS**

Number of <b>School Horses</b> used at any one time	#	
Gross Annual Receipts (required if applicable . you may need to estimate)	\$	
Do you give instructions to <b>students on their own horses?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gross Annual Receipts (required if applicable . you may need to estimate)	\$	
Do you attend off-premise shows with your students	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gross Annual Receipts (required if applicable . you may need to estimate)	\$	
Do you provide <b>day camps</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gross Annual Receipts (required if applicable . you may need to estimate)	\$	
Do you provide riding for the handicapped (if yes, we need details of operation)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Independent Trainers/Instructors MUST have coverage if providing training/lessons on your property. Number of independents who utilize your facility only and need on-premise coverage under this policy \_\_\_\_\_

If Independents require off-premise coverage, they must complete their own application and we will provide a quote for their ON and OFF premise activities. If the Independent has their own policy, we need a current Certificate of Insurance showing you as an additional insured. (An Employee is an insured while working within their job description.)

**MANAGED SHOWS AND/OR CLINICS**

	off-premise show	on-premise show	off-premise clinic	on-premise clinic
Number of Participants				
Gross Receipts (required if applicable . estimate if necessary)				
Maximum # of spectators per day				
Total Number of Days				

**OTHER:** Do you have any other type of equine-related operation or other business conducted on the property? Yes  No   
If yes, please describe in detail (including gross receipts) \_\_\_\_\_

**CARE, CUSTODY & CONTROL**

Coverage if a nonowned horse in your care is injured/dies and the owner makes a claim  
For unowned horses only: Average value \_\_\_\_\_  
Do you transport horses for others? Yes  No  If yes, maximum trips in a year \_\_\_\_\_ radius of longest trip \_\_\_\_\_