FRY'S EQUINE INSURANCE AGENCY

3907 Broadway, Grove City, OH 43123 **614-875-3711** info@frysequineinsurance.com

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).

NAME _____ Farm name _____

Address _____

Phone _____ **COUNTY** _____ # OF ACRES_____

Email _____ website:_____

Current Insurance Company _____ expiration date _____ Current premium $_____

HOUSE **POLICY DEDUCTIBLE** $_____

VALUE	Do you want coverage for SEWER BACK-UP	ALARM SYSTEM	CONSTRUCTION	YR BUILT	SIZE	HEAT TYPE	WOOD STOVE
$	Yes☐ No ☐	Yes☐ No ☐					Yes☐ No☐

DISTANCE TO FIRE DEPARTMENT _____ miles DISTANCE TO HYDRANT _____ feet

FARM BUILDINGS, STABLES AND OTHER STRUCTURES

ITEM#	BLDG NAME	VALUE	CONSTRUCTION	# STALLS	SQ FT	ROOF/SIDING MATERIAL	YEAR BUILT	Hay Storage
1		$				ROOF SIDE		Yes☐ No☐
2		$				ROOF SIDE		Yes☐ No☐
3		$				ROOF SIDE		Yes☐ No☐
4		$				ROOF SIDE		Yes☐ No☐
5		$				ROOF SIDE		Yes☐ No☐
6		$				ROOF SIDE		Yes☐ No☐

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

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

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

Do you use your ATV off your premise? Yes☐ No☐ Do you have a swimming pool/trampolene? 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 **School Horses used at any one time**	#	
Gross Annual Receipts (required if applicable – you may need to estimate)	$	
Do you give instructions to **students on their own horses?**	Yes ☐	No ☐
Gross Annual Receipts (required if applicable – you may need to estimate)	$	
Do you attend off-premise shows with your students	Yes ☐	No ☐
Gross Annual Receipts (required if applicable – you may need to estimate)	$	
Do you provide **day camps**	Yes ☐	No ☐
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 ☐	No ☐

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 _____

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 _____