LAUREL FOWLER
INSURANCE BROKER INC.

YOUR MANE INSURANCE SOURCE
877 Noyes Rd., Arroyo Grande, CA 93420
Phone: (940) 324-9559 Fax: (805 473-0202
Lic #: 0B57610

APPLICATION FOR LEGAL LIABILITY OF NON-OWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL

AGENCY NAME		
ADDRESS		
TELEPHONE NO ( )	FAX NO ( )	AGENCY CODE

THIS IS NOT A BINDER

☐ DIRECT BILL
☐ ACCOUNT CURRENT

☐ NEW BUSINESS - DESIRED EFFECTIVE DATE ____/____/____
☐ RENEWAL - EXPIRATION DATE ____/____/____

☐ POLICY NO. CCC _____

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATION WILL BE RETURNED FOR COMPLETION.

NAME OF INSURED	BUSINESS / STABLE NAME	
MAILING ADDRESS		
CITY / STATE / ZIP CODE	TELEPHONE NO. ( )	
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS		
COUNTY	CITY / STATE / ZIP CODE	
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS.		

A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.

DO YOU: ☐ OWN ☐ LEASE ☐ RENT THE PREMISES?	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS. IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE. _____ _____ _____

IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR? _____

IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR? _____

DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS: _____

DESCRIBE CONDITION OF FENCES: ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR
DESCRIBE CONDITION OF STABLES: ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR

OPERATIONS: ☐ STABLE OWNER ☐ BOARDING ☐ BREEDING ☐ TRAINING ☐ OTHER

BREED OF ANIMALS _____ USE OF ANIMALS _____

DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES _____

ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE? ☐ YES ☐ NO

IS ANY STABLE OVER 25 YEARS OLD? ☐ YES ☐ NO
IF YES, WHEN WAS THE LAST TIME THE ELECTRICAL WIRING WAS CHECKED, CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? _____

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CARE, CUSTODY OR CONTROL

NUMBER OF STALLS: BARN #1 _____   BARN #2 _____   BARN #3 _____   BARN #4 _____

MINIMUM NUMBER OF HORSES IN YOUR CARE _____   MINIMUM VALUE OF HORSES IN YOUR CARE _____

AVERAGE NUMBER OF HORSES IN YOUR CARE _____   AVERAGE VALUE OF HORSES IN YOUR CARE _____

MAXIMUM NUMBER OF HORSES IN YOUR CARE _____   MAXIMUM VALUE OF HORSES IN YOUR CARE _____

POLICY COVERAGE INCIDENTAL TRANSPORTATIONI ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.
*COVERAGE MAY BE EXTENDED, REFER TO UNDERWRITER FOR PREMIUM.

DO YOU TRANSPORT HORSES FOR OTHERS? ☐ YES ☐ NO   IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR _____

MAXIMUM NUMBER OF ANIMALS PER TRIP _____   RADIUS OF NORMAL OPERATIONS _____miles

NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS _____

HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED? _____

ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK? ☐ YES ☐ NO

DO AT LEAST TWO PEOPLE GO ON EACH TRIP? ☐ YES ☐ NO

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 _____

_____

_____

FRAUD NOTICES

Standard: 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 act, which is a crime, and may subject such person to criminal and civil penalties.

Florida Applicants: 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.

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

APPLICANT (PRINT)

SIGNATURE	DATE
X	/ /
AGENT SIGNATURE	DATE
X	/ /

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

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CARE CUSTODY OR CONTROL PROGRAM
LIMITS OF LIABILITY (CHECK ONE)

	LIMIT PER HORSE	MAXIMUM LOSS PER POLICY YEAR
☐	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	400,000
☐	**500,000**	***1,000,000**

*Limits of 500,000/1,000,000 must be referred to the company for approval