Race Horse Homeowner, Ranch & Estate Program

Exclusively Underwritten By
AMERICAN EQUINE INSURANCE GROUP

Producer:_____ Number:_____
Policy and/or Renewal #:_____
Expiration Date:_____
Requested Effective Date:_____

Note: ***Incomplete applications will be returned to the applicant.***

Applicant: _____ Social Security Number(s):_____

Farm Name:_____

Mailing Address:_____

City:_____ **County:**_____ State:_____ Zip:_____

Phone:_____ Fax:_____ Contact Person:_____

Website:_____ E-mail:_____

Applicant's Ownership Structure: Individual ☐ Corporation ☐ Association ☐ Partnership ☐

Farm location(s) if different from above. If multiple locations are utilized, please attach a separate sheet.

Use:_____ Number of Acres: _____

Address:_____

City:_____ County:_____ State:_____ Zip:_____

Does the applicant: Own ☐ *or* Lease ☐ the facilities utilized by the applicant.

Is applicant currently insured*?* Yes ☐ No ☐

Most recent or present insurance company: _____ **Annual premium: $**_____

Pay Plan Desired? Yes ☐ No ☐ ***Ask your broker for more information.***

Has the applicant had any claims or reported incidents in the past five years? Yes ☐ No ☐

If yes, explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Has the applicant had coverage cancelled or refused in the past five years? *(Not applicable in Missouri.)* Yes ☐ No ☐

If yes, explain:

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes ☐ No ☐

If yes, attach a separate sheet and explain.

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes ☐ No ☐

Has any racing license of any person named on the policy ever been suspended or revoked? Yes ☐ No ☐

Attach a separate sheet and explain any "yes" answer.

Name and address of ***Mortgagee(s)****:*

Please note buildings applicable to.

Name and address of ***Loss Payee(s):***

Please note items applicable to.

Remarks:

How long has producer known the applicant:_____ Date producer last inspected the premises:_____

Fair Credit Reporting Act Notice A consumer report may be requested by the insurer to which this application is submitted. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Building Coverage Form

Applicant:

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

Location #:_____ Acres:_____ Street:_____

City:_____ County:_____ State:_____ Zip:_____

Name and department number of the nearest Fire Station.	***Feet from Hydrant***	***Miles from Fire Department***	**Deductible:** ***Residence & Farm Structures***
			☐ $500 ☐ $1,000 ☐ $2,500 ☐ Other: $_____

	Residence	***Farm Barns, Buildings, and Structures – Coverage G***				
Building Name / Diagram #						
Use or Description						
A. Dwelling	$	$	$	$	$	$
B. Appurtenant Structures	$					
C. Household Contents	$					
D. Loss of Use	$	10% ☐ 20% ☐	10% ☐ 20% ☐	10% ☐ 20% ☐	10% ☐ 20% ☐	10% ☐ 20% ☐
Covered Causes of Loss *(Subject to eligibility)*	BASIC ☐ BROAD ☐ SPECIAL ☐ ELITE ☐	BASIC ☐ BROAD ☐ SPECIAL ☐	BASIC ☐ BROAD ☐ SPECIAL ☐	BASIC ☐ BROAD ☐ SPECIAL ☐	BASIC ☐ BROAD ☐ SPECIAL ☐	BASIC ☐ BROAD ☐ SPECIAL ☐
Inflation Guard Desired	_____%	_____%	_____%	_____%	_____%	_____%
Loss Settlement* - Dwelling	RC ☐ ACV ☐	RC ☐ ACV ☐	RC ☐ ACV ☐	RC ☐ ACV ☐	RC ☐ ACV ☐	RC ☐ ACV ☐
Loss Settlement* - Contents	RC ☐ ACV ☐					
Ordinance or Law	10%☐ 15%☐ 20%☐ 25%☐					
Occupancy *(Owner-Primary, Owner-Seasonal, Manager, Tenant, Vacant, Under Construction)*						
Number of Families						
Year Built						
Type of Construction**						
Roof *Type****						
Age						
Heating *Type/Source*						
Central or Number of Units						
Age						
Cooling	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
Central or # of Window Units						
Electrical System *Type*						
Capacity (Amps)						
Smoke Alarm	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
(Battery, Hard Wired)						
Burglar Alarm	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
(Central, Local)						
Lightning Rods	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
Fire Extinguishers	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
Sprinkler System	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
Hay Storage	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
Renovation Update: ***Please provide year of update for Buildings over 25 years old.***	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.	Wiring: _____yr. Heating: _____yr. Plumbing: _____yr.

Do any buildings have Exposed Urethane or Styrene Insulation? Yes ☐ No ☐ *If yes, please identify buildings and describe:*

Please fill out the Wood Stove / Mobile Home Tie Down Supplemental Application if any of the following questions are answered with Yes.

Wood Stove	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
Mobile Home	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐

*Remarks:*_____

***Loss Settlement:** RC = Replacement Cost, ACV = Actual Cash Value, *as verified on attached Replacement Cost Forms.*

***Type of Roof:** Asphalt, Metal, Tile, Cedar Shake

****Type of Construction:** Frame, Masonry, Steel Frame, Pole, Mobile Home, Mobile Building, House-Barn Frame, House-Barn Masonry

Property Diagram

Applicant: Location #:

Property Diagram for each location with insured buildings.

Show all buildings on premises, even if not covered. Show distance in feet between buildings. Label all buildings and attach dated photographs. Label “NC” if not covered.	Show nearest Roads, Highways, or Interstates. Show Fire Hydrants if applicable. Show any Lakes, Rivers, or Ponds. Show Fuel Tank locations.

Must include current photos of all buildings.

Please indicate North.

Scheduled Personal Property

Applicant:

Class of Personal Property	*Total Limit**	*Maximum Value Any One Item*
1. Jewelry	$	$
2. Furs and Fur Trimmed Garments	$	$
3. Fine Arts	$	$
4. Silverware	$	$
5. Postage Stamps and Other Philatelic Property	$	$
6. Rare Coins and Other Numismatic Property	$	$
7. Musical Instruments ☐ Professional ☐ Non-Professional *If Professional, please explain how instrument is used:* ______________	$	$

** For items over $5,000, we require receipts if purchased within the last 5 years. Appraisals are acceptable for items owned over 5 years.*

Do you have a permanent installed safe? Yes ☐ No ☐
If yes, please provide details and photo:

Class	*Description of Item*	*Serial Number*	*Limit*
	Total Scheduled Personal Property		**$**

Scheduled Farm Personal Property

Applicant:

Farm Personal Property	***Deductible:*** ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500
Note: ***Loss Settlement for Farm Personal Property, whether Blanket or Scheduled, is Actual Cash Value.***	***Covered Cause of Loss*** ☐ **Basic** ☐ **Broad** ☐ **Special**

Mini Blankets	**The *Limit of Insurance* is the most the Company will pay for damage to property as a result of a single occurrence. Items to be insured for more than $2,500 must be scheduled below.**	***Limit of Insurance***
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 and software), phone systems, copiers, fax machines, etc.	
D. Barn Contents:	Furniture, Washer and Dryer units, other domestic appliances, etc.	

Schedule below all Tractors, Tractor Implements, Other Farm Machinery, and all items valued over $2,500.
Note: ***Coverage for Hay and Grain is limited to Broad Perils, and only while stored in a building.***

	Description and Model	***Year***	***Serial Number***	***Limit of Insurance***
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
			Total Scheduled Personal Property	**$**

Liability Section

Limits of Liability

Comprehensive Personal Liability Only Desired	**Yes** ☐	**No** ☐		
Each Occurrence Limit *(Select one)*			**$500,000** ☐	**$1,000,000** ☐
General Aggregate Limit			**$1,000,000**	**$2,000,000**
Medical Payments (Any one Person)			$5,000	$5,000

(Note: If only selecting CPL coverage, please skip to Optional Coverages below.)

Equine Commercial General Liability desired	**Yes** ☐	**No** ☐		
Comprehensive Personal Liability desired	**Yes** ☐	**No** ☐		
Each Occurrence Limit *(Select one)*			**$500,000** ☐	**$1,000,000** ☐
General Aggregate Limit			**$500,000**	**$1,000,000**
Fire Damage Limit (Any one Fire)			$50,000	$50,000
Medical Payments (Any one Person)			$5,000	$5,000
Double Aggregate Limit desired	**Yes** ☐	**No** ☐	**$1,000,000**	**$2,000,000**
Triple Aggregate Limit desired *(Note: Only available with $1,000,000 Occurrence Limit)*	**Yes** ☐	**No** ☐	**N/A**	**$3,000,000**

Excess Coverage desired	**Yes** ☐	**No** ☐	*(Note: Requires $1,000,000 Occurrence Limit, and $2M or $3M Aggregate Limit.)*
Excess limits (Each Occurrence and General Aggregate)	$1m ☐	$2m ☐ $3m ☐	$4m ☐ $5m ☐

Optional Coverages – *Subject to eligibility and underwriting approval.*

Equine Personal Liability desired	**Yes** ☐	**No** ☐	**Products and Completed Operations desired**	**Yes** ☐	**No** ☐
Race Horse Owner's Liability desired	**Yes** ☐	**No** ☐	**Personal and Advertising Injury desired**	**Yes** ☐	**No** ☐

Note: ***If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are <u>not covered</u>.***

Additional Insureds

List Additional Insureds and describe their connection to your equine activities. Do not list employees.

Name:	*Address:*	*Relationship:*
1.		
2.		
3.		
4.		

Summary of Equine Activities

Please indicate the breed and type of racing activity you participate in: _____

Description of your operation: _____

_____

_____

_____

_____

_____

Years experience in the racing industry: _____

What types of racing licenses do you hold and in what states: _____

_____

_____

24-hour supervision of facility	Yes ☐	No ☐
Emergency numbers posted	Yes ☐	No ☐
Safety & Barn Rules posted and written out	Yes ☐ *Enclose copies.*	No ☐
Current liability waivers utilized	Yes ☐ *Enclose copies.*	No ☐
State Equine Activity signs posted	Yes ☐	No ☐
Fire Drills conducted	Yes ☐	No ☐
No Smoking signs posted	Yes ☐	No ☐
Smoke Alarms	Yes ☐	No ☐
Smoking allowed in barns	Yes ☐	No ☐
Shoes with heels required for riders	Yes ☐	No ☐

Riding Helmets are Required:

☐ By everyone ALL OF THE TIME
☐ 18 and under ALL OF THE TIME
☐ Everyone while jumping/speed work
☐ Only 18 and under while jumping
☐ Not required

Is all fencing in good condition? Yes ☐ No ☐

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: _____

Describe security measures utilized to prevent horse(s) from coming into contact with the general public: _____

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are <u>not covered.</u>

Owned / Leased Horses

Total number of race horses and/or horses in race training which you or your business own, in full or in part: _____

Total number of non-racing horses (breeding / ponying etc.) which you or your business own/lease, in full or in part: _____

Maximum number of horses you lease to others on premises: _____

Maximum number of horses you lease to others off premises: _____

Breeding Yes ☐ No ☐ Average Stud Fee charged: $ _____

Total number of stallions standing stud (Live and A.I.) on premises: _____

Total number of stallions, that you own or have partial ownership, standing at stud (Live and A.I.) off premises: _____

Total number of mares covered annually on premises: _____

Total number of mares, which you own, covered annually off premises: _____

Boarding Yes ☐ No ☐

What is the total number of horses boarded monthly: Maximum: _____ Minimum: _____ Average: _____

Average number of horses on: Full Board: _____ Pasture Board: _____

Monthly charge per horse: Full Board: $ _____ Pasture Board: $ _____

Total number of stalls on premises: _____

Horse Sales Yes ☐ No ☐

How many horses do you sell annually: Owned by you: _____ Owned by others: _____ Total: _____

Average value of horses sold: Owned by you: $ _____ Owned by others: $ _____

Training Yes ☐ No ☐

Number of horses which you train and own, in full or in part. Maximum: _____ Minimum: _____ Yearly Average: _____

Number of horses in training in which you have no full or partial ownership: Maximum: _____ Minimum: _____ Yearly Average: _____

Please give a brief description of operation: _____

Do you own dogs? Yes ☐ No ☐ *If yes, how many, what type, and for what purpose:* _____

Are other dogs permitted at your facility? Yes ☐ No ☐

If yes, please explain your policy regarding dogs: _____

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? *(If yes, attach details on a separate page.)* Yes ☐ No ☐

Other animals on premises? Yes ☐ No ☐ *If yes, how many, what type, and for what purpose:* _____

Hunting on premises? Yes ☐ No ☐ *If yes, by:* ☐ Owners ☐ Others Do you charge a fee? Yes ☐ No ☐

Please explain hunting activities: _____

Swimming pool on premises? Yes ☐ No ☐

If yes, do you have a security fence around your pool? Yes ☐ No ☐

Is the pool for your personal use only? Yes ☐ No ☐

If no, please explain: _____

Is alcohol permitted on your premises? Yes ☐ No ☐

If yes, describe: _____

Is alcohol sold, served, or furnished on your premises? Yes ☐ No ☐

If yes, describe: _____

Note: ***The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.***

Is **CARE, CUSTODY OR CONTROL (CCC)** coverage desired? Yes ☐ No ☐

The rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. ***Coverage is not available to Commercial Haulers.*** **Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.**

Select from the limits below.

		Maximum Limit Per Horse		***Aggregate Limit Per Policy***
☐ 1)	Limit:	**$25,000** Per Horse	/	**$250,000** Maximum Loss Per Policy Year
☐ 2)	Limit:	**$50,000** Per Horse	/	**$300,000** Maximum Loss Per Policy Year
☐ 3)	Limit:	**$100,000** Per Horse	/	**$300,000** Maximum Loss Per Policy Year
☐ 4)	Limit:	**$100,000** Per Horse	/	**$500,000** Maximum Loss Per Policy Year
☐ 5)	Limit:	**$250,000** Per Horse	/	**$500,000** Maximum Loss Per Policy Year
☐ 6)	Limit:	**$250,000** Per Horse	/	**$1,000,000** Maximum Loss Per Policy Year
☐ 7)	Limit:	**$500,000** Per Horse	/	**$500,000** Maximum Loss Per Policy Year
☐ 8)	Limit:	**$500,000** Per Horse	/	**$1,000,000** Maximum Loss Per Policy Year

If only local transportation coverage is desired, mark "No" and $100 will be deducted from the total CCC premium. No ☐

(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Do you transport horses in your Care, Custody or Control? Yes ☐ No ☐

If yes, how often, for what reasons, and for whom you transport horses: _____

Do you transport horses not usually in your Care, Custody or Control? *(Coverage not provided for Commercial Haulers.)* Yes ☐ No ☐

If yes, please describe: _____

Type and capacity of your horse trailer(s): _____

Are your horse trailers in good repair? Yes ☐ No ☐

Are your horse trailers on a regular maintenance program? Yes ☐ No ☐

Annual Gross Revenues from Equine Activities

Breeding: $_____ Boarding: $_____ Horse Sales: $_____

Training: $_____ Race Earnings: $_____

Other ( ): $_____ *(Explain below.)* ***Total Annual Gross Revenue:*** **$**_____

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

(REMEMBER: EXPOSURES NOT DECLARED ARE *NOT* *COVERED*.)

Regulatory Fraud Warnings

In Arkansas, Louisiana, and New Mexico

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES INCLUDING CONFINEMENT IN PRISON.

In Colorado, District of Columbia, Maine, Tennessee, and Virginia

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In Florida and Oklahoma

WARNING: 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.

In Kentucky, New York, and Pennsylvania

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 insurance act, which is a crime and subjects such person to criminal and civil penalties. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

In New Jersey

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

In Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.

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. I/We understand and agree that this application shall form a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.

(Must be signed and dated)

Applicant's Signature: _____

Print name: _____ *Date:* _____