

Agri-Risk Services, Inc.

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

AGENCY NAME AGRI-RISK SERVICES INC.		WEB SITE www.agririsk.com
ADDRESS 7540 WEST 160 STREET, SUITE 100, OVERLAND PARK, KS 66085		
TELEPHONE NO. 800-821-5558	FAX NO. 913- 897-1444	AGENCY CODE

THIS IS NOT A BINDER

<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> NEW BUSINESS – DESIRED EFFECTIVE DATE <u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/> ACCOUNT CURRENT	<input type="checkbox"/> RENEWAL – EXPIRATION DATE <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> POLICY NO. CCC <u> </u>

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: <input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT PREMISES?	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? <u> </u> YEARS. IF LESS THAN THREE YEARS, 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: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
DESCRIBE CONDITION OF STABLES: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
OPERATIONS: <input type="checkbox"/> STABLE OWNER <input type="checkbox"/> BOARDING <input type="checkbox"/> BREEDING <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	
BREED OF ANIMALS _____ USE OF ANIMALS _____	
DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES _____	
ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS ANY STABLE OVER 25 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED, CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? _____	

CARE, CUSTODY OR CONTROL

NUMBER OF STALLS: BARN #1__ BARN #2 __ BARN #3 __ BARN #4__
MINIMUM NUMBER OF HORSES IN YOUR CARE ____ . MIN. VALUE OF HORSES IN YOUR CARE ____
AVERAGE # OF HORSES IN YOUR CARE ____ . AVERAGE VALUE OF HORSES IN YOUR CARE ____
MAXIMUM NUMBER OF HORSES IN YOUR CARE ____ . MAX. VALUE OF HORSES IN YOUR CARE ____

POLICY COVERAGE INCIDENTAL TRANSPORTATION 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

X

DATE

/ /

AGENT SIGNATURE

X

DATE

/ /

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.

How did you hear about us? (Check one)

YAHOO

GOOGLE

MAGAZINE

REFERRAL (Name): _____

Please send information via email on: _____

Email addresses are kept confidential.