

Care, Custody & Control Legal Liability

SECTION 1: APPLICANT INFORMATION

1. Name of Insured: _____
2. Principal: _____
3. Operating Name of Business/Farm: _____
4. Mailing Address: _____
5. Risk Location (Legal Address): _____
6. Business Phone: _____ Residence Phone: _____ Cell Phone: _____
7. Email: _____ Fax: _____ Website: _____

SECTION 2: UNDERWRITING INFORMATION

1. Do you lease any part of your land or operations to others? Yes No
If yes, please explain and provide a Certificate of Insurance:

2. Are horses you do not own kept in a Stall in Pasture or in Individual Paddocks?
How many horses in each? Stall: _____ Pasture: _____ Paddock: _____
3. Do pastures/paddocks have shelters? Yes No
If yes, please describe type and construction:

4. Number of Pastured Acres: _____
Are all pasture fences checked and well-maintained? Yes No
Type of Fence: _____
5. Describe gates that access major roadways including latch systems:

6. Are these gates used regularly by boarders/non-boarders? Yes No
7. Are main gates to remain closed at all times? Yes No
If no, please explain any safety measure(s) in place to prevent escape:

8. Do you store hay/feed/bedding in the same buildings as the horses you do not own? Yes No
9. Do you require mortality coverage for all horses in your care, custody and control? Yes No
10. Do you allow use of premises for haul-ins, including, but not limited to, equestrian, rodeo, cutting/penning/
reining, western riding, training? Yes No

11. If the length of stay is longer than 24 hours, please explain penning/housing of non-owned livestock:

12. Do you own, lease or use any facility for equine rehabilitation or surgical purposes? Yes No

If yes, please describe:

13. Do you have an equine:

Swimming Pool Hot Walker Treadmill Other: _____

14. Do you allow use of the above noted equipment to non-owned horses? Yes No

15. Do you Own Rent and/or Lease, vehicle(s) in order to transport horses you do not own?

16. Number of Vehicles: _____ Number of Trips per Year: _____ Radius of Operations: _____

17. Have any drivers had any traffic violations within the past 5 years? Yes No

18. List type and capacity of trailer: _____

19. Do you have a safety maintenance program for vehicle(s) and trailers(s)? Yes No

20. Do you have emergency evacuation procedures in place for all areas of your facility? Yes No

21. Distance from Fire Department: _____ Distance from Regular Veterinarian: _____

22. Name and Address of Emergency Veterinarian: _____

23. Name and Address of Emergency Farrier: _____

24. Are these names and numbers clearly posted in your facility? Yes No

SECTION 3: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: _____ Policy #: _____

Property Damage Deductible on prior policy? Yes No Amount: _____

2. Claims Experience. Describe all liability losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts):

3. Effective Date: _____

4. Limits of Insurance desired:

Limit per Horse	Aggregate Limit
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$500,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$250,000
<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$250,000
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$25,000



SECTION 4: NOTICE

Legal liability provides coverage arising from your negligence resulting in injury to or death of horses you do not own in your care, custody and control. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. The coverage for the exposure is excluded in most general liability policies. Settlements are based on actual cash value at time of loss.

Please check one: I, ACCEPT DECLINE Care, Custody & Control Coverage

Signature of Applicant

Date (MM/DD/YYYY)

SECTION 5: OTHER INFORMATION

Please provide any other information you feel would assist in the evaluation of your application:

SECTION 6: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____

Brokerage Name: _____

Email: _____

Address: _____

Phone: _____

City / Province: _____

Fax: _____

Postal Code: _____