

FARMOWNERS RENEWAL QUESTIONNAIRE

AGENCY NAME	AGENCY CODE	PHONE NUMBER / E-MAIL ADDRESS	POLICY NUMBER
INSURED/DBA		PHONE NUMBER / E-MAIL ADDRESS	EXPIRATION DATE / /

I. PROPERTY SECTION – If you are not adding or deleting any property, check this box and go to Section II.

- Have you made any additions to the insured dwellings, barns, or buildings? – If yes, describe and attach photo.
 Yes No

- Have any new buildings been added that you wish to insure? – If yes, describe completely including dimensions and attach photo.
 Yes No

- What was the total cost of the building or addition?
 \$ _____

- Have you acquired personal valuable articles that you wish to schedule? – If yes, attach a copy of the bill of sale or a current appraisal.
 Yes No

- Have you acquired farm personal property that you wish to schedule? – If yes, give complete description and value of item(s).
 Yes No

- Are there any other additions or deletions to be made to your coverage? – If yes, describe.
 Yes No

II. LIABILITY SECTION: FARM PERSONAL OR COMMERCIAL FARM

Occurrence Limit: \$ _____

Read this section. If there are no changes in your farm operations, check this box and go to Section III.

- Has there been any change in occupancy of the residence, dwelling or structures? – If yes, explain.
 Yes No

- Have you acquired additional land? – If yes, advise number of acres and location.
 Yes No Owned Leased

- Describe fully any (non-farming) business operations conducted on the premises.

- Describe type of farming, including all related operations. Gross Receipts \$ _____

- Describe any custom farming, including all related operations. Gross Receipts \$ _____

- Describe any livestock operations (other than horses), including average number of head and range acres.

- Describe any recreational vehicles and their use.

III. HORSE FARM SECTION: PRIVATE AND/OR COMMERCIAL LIABILITY

PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONS THAT ARE APPLICABLE. WRITE NONE OR 0 IF NO EXPOSURE. DO NOT LEAVE SPACES BLANK. ALL OPERATIONS MUST BE DECLARED. ATTACH A SEPARATE PAGE IF MORE SPACE IS NEEDED.

If you do not own any horses and are not involved in any horse activities or stable operations, check this box and go to Section IV.

SUMMARY – AT PEAK SEASON. ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE BASED ON PRIMARY USE.

Horses Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured:	Number
1a. Owned horses used for instruction	_____	1. Boarding/pasturing.....	_____
b. Boarded horses used for instruction to others	_____	2. Show training	_____
2. Show and/or pleasure	_____	3. Racing and/or training to race.....	_____
3. Racing and/or training to race.....	_____	4. Breeding (Mares _____, Stallions _____)	_____
4. Breeding (Mares _____, Stallions _____).....	_____	5. Foals/weanlings	_____
5. Foals/weanlings	_____	6. Retired and/or lay-ups	_____
6. Retired and/or lay-ups.....	_____	7. Consignment for sale (Breed _____).....	_____
7. For sale (Breed _____).....	_____	8. Other (Describe: _____)	_____
8. Other (Describe: _____)	_____		
All Owned Horses Must be Declared		Total (Lines 1-8)	<input style="width: 50px; height: 20px;" type="text"/>
Total (Lines 1-8)	<input style="width: 50px; height: 20px;" type="text"/>		
9. Number of carts, buggies, carriages, etc.	_____	9. Total number of stalls on your premises.....	_____
Describe Use: _____	_____	10. What is the maximum number of horses, owned and non-owned that can be kept on your premises?.....	_____

RIDING INSTRUCTION – CLINICS: (Breakdown Annual Gross Receipts for the following categories.)

1. Handicapped Program: Number of lessons/week.....	_____	Gross receipts.....	\$ _____
2. Maximum number of school horses available.....	_____	Maximum number of school horses used at one time	_____
3. Receipts for instruction on school horses	\$ _____	Receipts for instruction to students on their own horses	\$ _____
Average number of lessons per week.....	_____	Average number of lessons per week	_____
4. Receipts for attending off-premise shows with students on school horses.....	\$ _____	* Receipts for day camp activities.....	\$ _____
5. Number of clinic days for non-students.....	_____	Total number of campers.....	_____
6. Receipts earned by independent instructors: On school horses \$ _____		Provide clinic dates: _____	
		On student owned horses \$ _____	
7. Provide the name and address of Independent Instructor(s) to be covered on this policy. (Must be 18 years of age or older.) Advise number of years experience for each. If more space is needed, attach a separate page. Attach a copy of their release if not on file with the company.			

* The Company may request additional information with respect to camp activities.

HORSE SHOWS AND OTHER MISCELLANEOUS INFORMATION: (Attach a separate page if more space is needed.)

Prior notification is required for all public event days.

1. Number of public event / show days held on premises _____ Number of participants per show _____
 Provide dates for events: _____

2. If AHSA, provide competition number _____ Dates when spectators exceed 500/day _____
3. If you are required to provide a certificate as proof of insurance, provide names and complete addresses of each.

4. If you request coverage for an additional insured, please submit name, complete address, and insurable interest for company approval.

5. Number of horses sold annually: _____ Gross receipts from Tack Shop: \$ _____
6. Are you obtaining release agreement/waivers from students and boarders? Yes No If applicable, do you post state equine liability warning signs? Yes No Do you hand out or post barn & safety Rules? Yes No
Are No Smoking signs posted? Yes No
7. Do you provide or conduct any of the following activities: pony rides, pony parties, hay, sleigh or carriage rides; rental of horses to the public or pack trips? Yes No If yes, provide details.

DESCRIBE FULLY ANY OTHER EVENTS / ACTIVITIES CONDUCTED. (ALL OPERATIONS MUST BE DELCARED.)

SECTION IV.

If there are any material changes in your farming or stable operations during the policy year, please notify your agent at once.

The undersigned hereby applies for renewal of insurance coverage as set forth in the application and affirms that the statements and representations made here are to the best of his/her knowledge true.

INSURED'S SIGNATURE X	DATE / /	AGENT'S SIGNATURE X	DATE / /
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NOTE: I am interested in the availability of increased limits for the coverage checked below:

- \$10,000 Medical Payments to Others
- \$100,000 Fire Legal Liability
- General Aggregate Limit Equal to Triple Occurrence Limit

If you have **declined** coverage for the Legal Liability of non-owned horses in your Care, Custody or Control, your signature **rejecting** coverage is required below.

SIGNATURE
X

**IMPORTANT – ORIGINAL MUST BE RETURNED
INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COMMERCIAL LIABILITY**