

CARE, CUSTODY & CONTROL QUESTIONNAIRE
(Horse Liability Questionnaire Must Also Be Complete)

INSURED'S NAME	POLICY NUMBER
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Business:

Stable Owner
 Boarding
 Breeding Farm
 Trainer
 Other

How long in business?	Do you <input type="checkbox"/> own or <input type="checkbox"/> lease stable?	If leasing premises, who is responsible for building and fence repair?
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Stable	Const?	# of Stalls	Sprinklered	Lightning Rods?	Fire Ext.?	Smoke/Fire Alarms	24 Hr Security	Describe Security	Secondary Egress?	If over 25 yrs. When Last updated
1										
2										
3										
4										

Breed of Horses:	Use of Horses:
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1. Minimum number of non-owned horses in your care
2. Maximum number of non-owned horses in your care
3. Minimum value of non-owned horses in your care
4. Maximum values of non-owned horses in your care
5. Average number of non-owned horses in your care
6. Average value of non-owned horses in your care
7. Fire protection class
8. What type of fencing is used in run, pastures and paddocks?
9. Is wire utilized in the construction of pasture fences, paddocks or any area that non-owned horses will have access? if yes, please explain the type and the extent of use (make specific reference to any use of barbed wire).
10. Are shelters provided in runs of pastures? Yes No
If yes, describe
11. Where are non-owned horses kept at night (stable, pasture, etc.)?
12. Is smoking allowed within structures? Yes No Strictly Enforced? Yes No
13. Are stallions housed, pastured and exercised in separate pastures, paddocks and runs, away from mares
 Yes No

14. Do all electrical lights have explosion proof covers? Yes No
15. Are electrical outlets inaccessible to horses? Yes No
16. Does applicant mix own concentrate feed rations on the premises? Yes No
17. Is feed stored in the stabling area? Yes No If yes, explain the type of feed and the location of the storage area.
18. Is the feed room secured with horse proof latches? Yes No
19. What is construction of the stalls? _____ Type of stalls (box, slip)? _____
20. Size of stalls (sq. ft. & height)? _____
21. Are health certificates required to be provided by the owner(s) prior to accepting the non-owned horses?
 Yes No If yes, how often are they required to be updated? _____
22. Are all non-owned horses required to have permanent methods of identification, i.e. tags, brands, tattoos, registration records?
 Yes No If yes, explain _____
23. Are non-owned horses transported for others? Yes No If yes, please provide the following:
 Maximum number of trips per year? _____ Maximum number of animals per trip? _____
 Radius of operation? _____ Do at least two people go on each trip Yes No
 How often are trailer(s) or van(s) floor boards checked? _____
 Are fire extinguishers carried on the truck or van? Yes No
24. Are there therapeutic pools for horses? Yes No If yes, were they installed by the manufacturer?
 Yes No Electrician? _____
25. Do employees (if any) have written instructions on their responsibility in case of a stable fire? Yes No
 If yes, please provide a copy of those instructions.
26. Name/Address of regular Veterinarian: _____
- How often is he/she on premises? Daily Twice a week Weekly Other
27. Describe any losses or potential claims in the past three years. Include any deaths of any animal(s) in your custody, even if a claim was not presented: _____

Requested Limits of Insurance: Please place and X beside limits desired!

<u>Limit per Horse</u>	<u>Limit per Occurrence</u>	<u>Aggregate</u>
<input type="checkbox"/> \$ 500	\$ 5,000	\$ 5,000
<input type="checkbox"/> \$ 1,000	\$ 10,000	\$ 10,000
<input type="checkbox"/> \$ 2,500	\$ 25,000	\$ 25,000
<input type="checkbox"/> \$ 5,000	\$ 25,000	\$ 25,000
<input type="checkbox"/> \$ 5,000	\$ 50,000	\$ 50,000
<input type="checkbox"/> \$ 10,000	\$ 50,000	\$ 50,000
<input type="checkbox"/> \$ 10,000	\$ 100,000	\$ 100,000
<input type="checkbox"/> \$ 25,000	\$ 250,000	\$ 250,000
<input type="checkbox"/> \$ 50,000	\$ 250,000	\$ 250,000
<input type="checkbox"/> \$ 100,000	\$ 300,000	\$ 300,000
<input type="checkbox"/> \$ 200,000	\$ 500,000	\$ 500,000

Insured Signature _____ **Date** _____

Agent Signature _____ **Date** _____