



**Illinois R. B. Jones**

A KAUFMAN GROUP COMPANY

Since 1905

## Commercial Equine Application Applicant Information Section

Important: This is not a binder. Incomplete and unsigned applications will be returned for completion. All horse related operations must be declared.

Applicants Name \_\_\_\_\_

DBA: \_\_\_\_\_

Applicant is a: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone No./Fax No./e-mail \_\_\_\_\_

Location of Operations (if different from mailing address) \_\_\_\_\_

\_\_\_\_\_

Please provide a description of your operation(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Limit of Liability Requested \_\_\_\_\_ \$300,000 CSL \_\_\_\_\_ \$500,000 CSL \_\_\_\_\_ \$1,000,000 CSL

Desired Effective Date \_\_\_\_\_

### **Summary of Operations**

Check all that apply and attach the required supplement(s) for each activity.

<b><u>Activity</u></b>	<b><u>Supplement</u></b>
_____ Equestrian Schools, Riding Instruction or Clinics	Section I
_____ Boarding, Pasturing, Training or Breeding	Section II
_____ Horse Shows or Events	Section III
_____ Horse, Tack or Food Sales	Section IV
_____ Wagon, Hay, Sleigh or Carriage Rides	Section V
_____ Pony Rides or Petting Zoos	Section VI
_____ Care, Custody or Control	CCC Application
_____ Riding Club	Riding Club Application
_____ Pleasure, Show Horse(s) or Race Horse(s)	Pleasure Horse App.

## Premise Information

Do you raise hay or grain for horses? \_\_\_\_ yes \_\_\_\_ no If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

What is the square footage of each of the following? Stable(s) or barn(s) \_\_\_\_\_

Indoor arena \_\_\_\_\_

Are you engaged in any other business? \_\_\_\_ yes \_\_\_\_ no If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Is the premise supervised 24 hours a day? \_\_\_\_ yes \_\_\_\_ no If no, describe supervision \_\_\_\_\_

\_\_\_\_\_

Do you provide hunting, fishing or pack trips? \_\_\_\_ yes \_\_\_\_ no If yes, complete the Guided Recreational Activities Application.

### Current Insurance Company Information

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Number of Claims the Prior 3 years \_\_\_\_\_

Please describe, in detail, any claim reported the prior 3 years. Attach a separate page if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has coverage ever been cancelled by a prior company in the past five (5) years? If yes, provide the name of the company, the date of cancellation and the reason. \_\_\_\_\_

\_\_\_\_\_

**Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals information concerning any fact material hereto, for the purpose of misleading, commits a fraudulent insurance act which is a crime.**

\_\_\_\_\_  
Applicants Signature--Required

\_\_\_\_\_  
Date