



Illinois R. B. Jones

A KAUFMAN GROUP COMPANY

Since 1905

Care, Custody, or Control Application

Name of Insured _____ Breeding Farm Trainer

Business Name _____ Boarding Farm Other

Mailing Address _____ Telephone (____) _____

City _____ State _____ Zip _____

Desired effective date _____ Number of years in business _____

Briefly describe management's experience and professional training with horses _____

List All Stable Locations to be Insured	Number of Barns	Construction (frame, metal, etc.)	Horses Per Barn	Average Value of Horses	Apartments Above Barn?	Miles to Fire Dept.	Nearest Water/Type /Size	Are Barns Sprinklered?	*Are Barns Heated?

If barns are over 25 years old, send photos with application.

*If heated, when was electrical wiring checked by an electrician and certified safe for current usage? _____

Type of heating _____

Do you use run-in sheds and/or outside stalls exclusively? yes no

Are quantities of hay or straw stored in the same barns as horses not owned by you? yes no

Do you own, lease, or use a vehicle in order to transport non-owned horses? yes no If yes, purpose of transport _____

Number of vehicles _____ Radius of operation _____

Number of trips per year _____

Do you own, lease, or use any facility for rehabilitation or surgical purpose? yes no If yes, describe _____

Do you own, lease, or use mechanical devices such as a Hot Walker? yes no If yes, describe _____

Maximum value of any one horse in your care at any time \$ _____

Average number horses in your care per month _____

Do you provide swimming for horses? yes no If yes, describe _____

Are all runs, pastures, and paddocks fenced? yes no

Type of fencing _____

Conditions of fences _____

(If fences are barbed wire, send photo(s) of all fences)

Is there 24 hour security and supervision of stables? yes no. Describe _____

Number of miles to your veterinarian _____

Number of miles to equine surgical facility _____

List and date all losses, injuries, and deaths to owned and non-owned horses in your care, custody, or control during the past 5 years _____

Was insurance cancelled or denied in the last 3 years?
 yes no

Excluded from eligibility for this coverage: veterinarians, equine dentists, farriers, commercial transporters, rehabilitation centers, and embryo transplant facilities.

FOR A QUOTE, PLEASE CHECK ONE OF THE FOLLOWING BOXES TO INDICATE CHOICE OF COVERAGE

✓	Limit per Horse	Maximum Loss per Policy Year
<input type="checkbox"/>	5,000	25,000
<input type="checkbox"/>	5,000	50,000
<input type="checkbox"/>	10,000	50,000
<input type="checkbox"/>	10,000	100,000
<input type="checkbox"/>	25,000	100,000
<input type="checkbox"/>	25,000	250,000

PREVIOUS CARRIER INFORMATION
 (IF NO PREVIOUS CARRIER, STATE "NONE.")

Company	Policy Number	Period	Premium	Number of Claims	Losses/Reserves

I understand and agree that any misrepresentation of fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application.

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 thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Date _____

Applicant's Signature _____

Date _____

Broker's Signature _____