



NATIONAL FLOOD INSURANCE PROGRAM

# THINGS YOU SHOULD KNOW ABOUT FLOOD INSURANCE

Statistics show that 90% of all property damages are due to natural disasters resulting from Floods. It's not just high-risk areas that are flooded. 20% to 25% of all flood insurance claims are from medium or low flood-risk areas. Floods occur when you least expect them and the Farm owners insurance will not cover flood losses. Your insured can protect their home, farm buildings, and their contents with an American Bankers Insurance Company flood insurance policy.

If you would like a **free** quote for Flood Coverage, please complete this supplemental form and return to **BUXTON Equine** with the completed farm application. Flood coverage is **optional** and issued as a separate policy. Flood is **NOT** part of the Equine Farm package.

## Flood Rating Elements

*(Complete one (1) form & provide one (1) Elevation Certificate for each building to be covered)*

There is **NO** binding of/or implied coverage provided by completing this form.

1. Name of Insured:
2. Property Location:  
(Please provide complete Street Address, City, State, Zip)
3. What is the National Flood Insurance (NFIP) community's name?  
(If community name unknown, please provide full address above.)
4. If known, in what flood zone is the property located?
5. What date was the building built?
6. What is the building's occupancy?     Single         2-4 Family         Non-Residential     Other Residential
7. What is the amount of coverage requested for the building? \$
8. What is the amount of coverage requested for contents? \$
9. Where are the contents located?     N/A (not insuring contents)     Basement only     Basement and above  
 Lowest floor only - above ground level  
 Lowest floor only - above ground level and higher floors  
 Above ground level - more than one floor
10. What is the requested deductible?     \$500 (standard Post-FIRM)     \$1000 (standard Pre-FIRM-Prior to 12/31/1974)  
 \$2000         \$3000         \$4000         \$5000

- I **REJECT** Building & Contents coverage FLOOD protection,
- I **REJECT** contents coverage for FLOOD protection,
- I **REJECT** Building coverage for FLOOD protection  
(For condominium owners and tenant occupied buildings)

**NOTE: If Post-FIRM construction - located in an 'A' or 'V' zone, an Elevation Certificate may be required for rating.**

PRINT CLIENT NAME \_\_\_\_\_ CLIENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PRINT AGENT NAME \_\_\_\_\_ AGENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

# EQUINE FARM – CAMP SUPPLEMENT

If none, check here

Named Insured: \_\_\_\_\_ Policy # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. The camp is operated from Month \_\_\_\_\_ Date \_\_\_\_\_ to Month \_\_\_\_\_ Date \_\_\_\_\_
2. The hours of camp are from \_\_\_\_\_ AM to \_\_\_\_\_ PM, \_\_\_\_\_ days per week.
3. Number of campers per day \_\_\_\_\_ per week \_\_\_\_\_
4. Number of campers that are not regular students per day \_\_\_\_\_ per week \_\_\_\_\_?
5. Number of adult supervisors? \_\_\_\_\_
6. There are \_\_\_\_\_ supervisors under the age of 18.
7. What are the ages of the consoler's? \_\_\_\_\_
8. What type of training do you require or do you provide consoler's \_\_\_\_\_
9. Are overnight accommodations provided? Y N
10. Are meals prepared and/or provided by you? Y N
11. Age of campers? From \_\_\_\_\_ yrs. to \_\_\_\_\_ yrs.
12. Are there any campers who are physically or emotionally handicapped? Y N
13. Any counselor/employee/supervisor under investigation for, or has a previous record of, child abuse? Y N
14. Are medications kept and distributed to children with prescription/nonprescription needs? Y N
15. Are campers under adult supervision at all times? Y N If campers are not in direct vision of adults, are adults aware of where they are and what they are doing? Y N
16. All equipment and buildings are maintained in a safe, clean condition and in good repair. Indoor and outdoor environments are safe, clean, and spacious? Y N
17. Is there a swimming pool? Y N  
If YES please answer the following:  
Is the pool fenced? Y N Depth \_\_\_\_\_  
Is there a diving board? Y N  
Is lifeguard on duty? Y N  
Type of certificate required by lifeguard? \_\_\_\_\_  
Are swimming lessons given? Y N  
Type of certificate required for instructor? \_\_\_\_\_
18. There are \_\_\_\_\_ fire extinguishers in the buildings in which the campers will conduct activities? Y N
19. All poisonous/toxic materials are kept under lock and key and out of children's reach? Y N
20. Please detail camp activities \_\_\_\_\_  
\_\_\_\_\_
20. Are there any off premises activities? Y N If YES, describe in detail \_\_\_\_\_  
\_\_\_\_\_
21. Do you provide transportation to campers for any reason? Y N If yes provide complete driver info, and COI from your auto carrier \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# COVERAGE G – BLANKET FARM PERSONAL PROPERTY SUPPLEMENT TO THE FARMOWNER APPLICATION

NAME OF APPLICANT				POLICY/QUOTE NUMBER							
NOTE: Coverage cannot be bound without a completed inventory (Minimum limit \$15,000.)											
MACHINERY	UNIT PRICE	TOTAL VALUE	TOOLS & SUPPLIES	UNIT PRICE	TOTAL VALUE	LIVESTOCK	UNIT PRICE	TOTAL VALUE			
Tractor No. 1	\$	\$	Milk House Utensils & Sup.	\$	\$	Horses	\$	\$			
Tractor No. 2	\$	\$	Hog Feeders	\$	\$	Ponies	\$	\$			
Tractor No. 3	\$	\$	Hog Fountains	\$	\$	Sheep	\$	\$			
Tractor No. 4	\$	\$	Tank Heaters	\$	\$	Dairy Cows	\$	\$			
			Furrowing Crates	\$	\$	Heifers	\$	\$			
			Poultry Feeders	\$	\$	Beef Cows	\$	\$			
			Poultry Waterers	\$	\$	Beef Calves	\$	\$			
			Hen Nests	\$	\$	Bulls	\$	\$			
Crop Drier	\$	\$	Electric Motors	\$	\$						
Corn or Grain Head	\$	\$	Gas Engines	\$	\$	<b>TOTAL LIVESTOCK</b>		\$			
Corn Picker	\$	\$	Fuel Tank and Stand	\$	\$	EQUESTRIAN EQUIPMENT	UNIT PRICE	TOTAL VALUE			
Corn Planter	\$	\$	Tractor Fuel	\$	\$						
Plows	\$	\$	Oil and Grease	\$	\$	Saddles	\$	\$			
Chisel Plow	\$	\$	Electric Welders	\$	\$	Show Saddles	\$	\$			
Vibratiller	\$	\$	Acetylene Welders	\$	\$	Bridles, Bits, Reins	\$	\$			
Disc	\$	\$	Spare Parts	\$	\$	Jog Carts, Bikes	\$	\$			
Quack Digger	\$	\$	Chain Saws	\$	\$	Buggies	\$	\$			
Harrows and Curl	\$	\$	Power Saws	\$	\$	Blankets, Hoods	\$	\$			
Cultipacker	\$	\$	Posthole digger	\$	\$	Sheets, Coolers	\$	\$			
Rotaryhoe and Truck	\$	\$	Electric Fencer	\$	\$	Grooming Equipment	\$	\$			
Rotatiller	\$	\$	Air Compressor	\$	\$	Halters, Lead Lines	\$	\$			
Cultivators	\$	\$	Wheel Barrows	\$	\$	Harnesses	\$	\$			
Drills and Seeders	\$	\$	Fertilizer	\$	\$	Tail Sets	\$	\$			
Fertilizer Spreaders	\$	\$	Spray Material	\$	\$	Jumping Equipment	\$	\$			
Manure Spreaders	\$	\$	Fans	\$	\$	Automatic Waterers	\$	\$			
Manure Loader	\$	\$	Building Material	\$	\$	Wood Shavings	\$	\$			
Stalk Cutters	\$	\$	Paint	\$	\$	Insect Control	\$	\$			
Weed Sprayer	\$	\$	Power Tools	\$	\$	Lounge Furniture	\$	\$			
Anhydrous Applier	\$	\$				Tack Trunks	\$	\$			
Corn Sheller	\$	\$				Tack Room (Portable)	\$	\$			
Grain Cleaner	\$	\$	Hand Tools (forks, shovels, brooms, hammers, saws, wrenches, rakes, etc., other misc. small tools)	\$	\$	Tack Room Accessories	\$	\$			
Silo Filler	\$	\$				Stable Banners	\$	\$			
Silo Unloader	\$	\$				Misc. Equipment (tarps, chains, parts, clippers, etc.)	\$	\$	Water Tanks	\$	\$
Mowers	\$	\$							Whips, Whip Box	\$	\$
Forage Harvester	\$	\$	<b>TOTAL TOOLS AND SUPPLIES</b>			\$	Misc. Tack	\$	\$		
Hay Conditioner	\$	\$				Misc. Stable Equipment	\$	\$			
Hay Crimper	\$	\$	GRAIN AND FEED	UNIT PRICE	TOTAL VALUE						
Hay Fluffer	\$	\$	Wheat	\$	\$	<b>TOTAL EQUESTRIAN</b>		\$			
Hay Rake	\$	\$	Oats	\$	\$						
Hay Swather	\$	\$	Barley	\$	\$	<b>SUMMARY</b>					
Hay Baler	\$	\$	Corn	\$	\$	Total Value of Listed Items		\$			
Auger Wagons	\$	\$	Sealed Wheat Bushels	\$	\$	Other Unlisted Farm Personal Property		\$			
Chopper Wagons	\$	\$	Sealed Corn Bushels	\$	\$	Sub-Total		\$			
Wagons	\$	\$	Soybeans	\$	\$	Less Value of Excluded Property		\$			
Feed Trailers	\$	\$	Ground Feed	\$	\$	<b>TOTAL VALUE</b>		\$			
Feed Grinder	\$	\$	Hay (Bales or Tons)	\$	\$	Limit of Liability		\$			
Hammer Mill	\$	\$	Straw (Bales or Tons)	\$	\$	AT TIME OF LOSS UNLESS SPECIFICALLY EXCLUDED IN THE POLICY, THE VALUE OF ALL FARM PERSONAL PROPERTY OWNED BY THE INSURED WILL BE INCLUDED TO ESTABLISH COMPLIANCE WITH THE CO-INSURANCE CLAUSE.  <b>EXCLUDED PROPERTY:</b>					
Feed Mixer	\$	\$									
Feed Carts	\$	\$									
Auger Elevators	\$	\$									
Portable Elevators	\$	\$									
Irrigation Equipment	\$	\$									
Power Lawn Mower	\$	\$									
<b>TOTAL MACHINERY</b>		\$	<b>TOTAL GRAIN AND FEED</b>		\$						

**SECTION VII RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES EXPOSURE**  CHECK IF NO

RIDES	# OF PASSENGERS	GROSS RECEIPTS	# OF WAGONS	# OF HORSES	# OF MOTOR VEH	# OF TRIPS	ON OR OFF PREMISES
<input type="checkbox"/> Hay <input type="checkbox"/> Sleigh <input type="checkbox"/> Carriage		\$					

SHOWS  YES  NO

ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOCIATION  Yes  No DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS

SHOWS	# OF PARTICIPANTS	GROSS RECEIPTS ALL SHOWS	MAX # OF SPECTATORS PER DAY	TOTAL # OF SHOW DAYS	SHOW DATES
Shows on Premises		\$			
Rodeos on Premises		\$			

3. DO YOU SECURE RELEASES FROM ALL ENTRANTS – ATTACH A SAMPLE DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY  
 Yes  No

4. DO YOU HAVE BLEACHERS OR GRANDSTANDS  Yes  No CONSTRUCTION YEAR BUILT SEATING CAPACITY #

5. DO YOU MANAGE ANY HUNTS OR RACING EVENTS  Yes  No IF YES, WHAT TYPE DO YOU OWN/USE/LEASE ANY HOUNDS FOR HUNTS  Yes  No HOW MANY HOUNDS

6. IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS

7. DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES  YES  NO GROSS RECEIPTS \$  
 IF "YES" EXPLAIN

8. ALL OPERATIONS MUST BE DECLARED – DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION

NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.

**GENERAL INFORMATION AND UNDERWRITING QUESTIONNAIRE**

1. NUMBER OF YEARS AT THIS LOCATION NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS

2. IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS

3. DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD – **IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION**  Yes  No

4. DO YOU POST RULES  Yes  No DO YOU POST WARNING SIGNS DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION

5. DESCRIBE TYPE OF ALL FENCING

6. DESCRIBE CONDITION  Excellent  Good  Fair  Poor HOW OFTEN IS FENCING CHECKED

PERSON TO CONTACT FOR INSPECTION TELEPHONE NUMBER ( )

**REFER TO FRAUD WARNINGS ON PAGE 5 OF THE FARMOWNER APPLICATION**

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

APPLICANT'S SIGNATURE <b>X</b>	DATE / /	AGENT'S SIGNATURE <b>X</b>	DATE / /
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**Note:** Farm owners and commercial liability policies generally exclude liability coverage for damage to non-owned property in the care, custody or control of the insured. Please complete a separate **Care, Custody or Control** application for the non-owned horses in your care. Your signature is requested below, if you are **declining** this coverage.

**X** \_\_\_\_\_

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

**NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.**

**SECTION IV EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS EXPOSURE**  CHECK IF NO

1. IS INSTRUCTION PROVIDED BY <input type="checkbox"/> You <input type="checkbox"/> An Independent Instructor		ARE YOU A CERTIFIED INSTRUCTOR <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. DESCRIBE TYPE OF SAFETY GEAR REQUIRED			
3. DO YOU PROVIDE RIDING FOR THE HANDICAPPED <input type="checkbox"/> Yes <input type="checkbox"/> No		# OF HORSES AVAILABLE FOR HANDICAPPED	GROSS ANNUAL RECEIPTS \$
NON-PROFIT <input type="checkbox"/> Yes <input type="checkbox"/> No		RATIO OF INSTRUCTORS TO STUDENTS	
ARE SIDEWALKERS USED <input type="checkbox"/> Yes <input type="checkbox"/> No		VOLUNTEER COVERAGE REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE		MAXIMUM NUMBER USED AT ANY ONE TIME	GROSS ANNUAL RECEIPTS \$
5. ARE STALLIONS USED FOR INSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE	
6. DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, ADVISE AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL GROSS RECEIPTS \$
7. DO YOU TEACH <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other:			
8. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS – IF SO, GIVE DATES CLOSED <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No		HOW MANY TIMES PER YEAR	GROSS RECEIPTS \$
10. DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY DAYS	AVERAGE ATTENDANCE	RECEIPTS EARNED \$
11. DO YOU OPERATE A DAY CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERNIGHT CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PROVIDE FOOD <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS FOR CAMP \$
12. DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS			

**SECTION V INDEPENDENT INSTRUCTORS / TRAINERS EXPOSURE**  CHECK IF NO

1. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No      IF YES, HOW MANY		DO THEY CARRY THEIR OWN INSURANCE++ <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.</p>			
PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)			
INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE – <b>ATTACH COPY(S)</b>			
2. HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS		GROSS RECEIPTS	GROSS RECEIPTS FOR INSTR. TO STUDENTS ON THEIR OWN HORSES \$
3. HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS		OR TRAINED UNDER YOUR NAME	

**SECTION VI PONY RIDES/SADDLE ANIMALS FOR HIRE/HOURLY OR EXPOSURE**  CHECK IF NO

**DAILY RENTALS/TRAILRIDES/LEASING/PACK TRIPS**

1. # OF ANIMALS USED FOR RENTAL OR TRAIL RIDES	GROSS RECEIPTS FOR RENTALS \$	GROSS RECEIPTS FOR TRAIL RIDES \$	DO YOU CONDUCT PACK TRIPS <input type="checkbox"/> Yes <input type="checkbox"/> No
2. PONY RIDES/PARTIES – NUMBER OF PONIES	GROSS RECEIPTS \$		DO YOU USE SIDEWALKERS <input type="checkbox"/> Yes <input type="checkbox"/> No
3. DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No			

# EQUINE LIABILITY SUPPLEMENT

## THIS SUPPLEMENT FORMS PART OF OUR FARMOWNER APPLICATION

(Umbrella coverage is available in most states. Please contact your agent for information and an application.)

<b>SECTION I SUMMARY OF HORSES – AT PEAK SEASON</b>			
ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE			
Horses Owned/Leased/Used by Insured	Number	Horses Non-Owned by Insured	Number
1. a. 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 _____) .....	_____	<b>Total (Lines 1-8)</b>	_____
<b>All Owned Horses Must be Declared...Total (Lines 1-8)</b>			
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 in your premises.....	

<b>SECTION II HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING EXPOSURE</b>					<input type="checkbox"/> CHECK IF NO
1. TOTAL # OF STALL	MAXIMUM # BOARDED	PASTURED	MONTHLY BOARDING RATE	ANNUAL GROSS \$	
			\$		
2. TRAINING PLEASURE & SHOW – MAX. # OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE \$	ANNUAL GROSS \$	
3. BREEDING - # OF NON-OWNED STALLIONS			BREED	MAX # OF OUTSIDE MARES	ARE MARES KEPT ON PREMISES UNTIL FOALING <input type="checkbox"/> Yes <input type="checkbox"/> No
RACE HORSES – WHAT BREEDS	HOW MANY DO YOU TRAIN FOR OTHERS	PAYROLL \$		WHAT STATES DO YOU RACE IN	
4. ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES <input type="checkbox"/> YES <input type="checkbox"/> NO					

<b>SECTION III SALES HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING EXPOSURE</b>				<input type="checkbox"/> CHECK IF NO
1. DO YOU SELL HORSES	WHAT BREEDS	HOW MANY PER YEAR	GROSS ANNUAL RECEIPTS	
<input type="checkbox"/> YES <input type="checkbox"/> NO			\$	
2. IS BUYER ALLOWED TO TEST RIDE	IF YES	DO YOU SELL FROM YOUR OWN PREMISES		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> In arena <input type="checkbox"/> In open field	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. EXPLAIN ANY OTHER METHOD OF SALES				
4. DO YOU SELL FOOD OR HAVE A SNACK BAR (LIQUOR LIABILITY NOT COVERED)				GROSS RECEIPTS
<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
5. DO YOU SELL TACK AND/OR CLOTHING –				GROSS RECEIPTS
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES - <input type="checkbox"/> NEW <input type="checkbox"/> USED				\$
6. DO YOU SELL HAY OR FEED				GROSS RECEIPTS
<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
7. DO YOU MIX FEED FOR SALE/CONSUMPTION				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
8. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
9. DO YOU PERFORM ANY TYPE OF FARRIER SERVICES (INJURY TO HORSE NOT COVERED)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE SERVICES ON PREMISE ONLY				GROSS RECEIPTS
<input type="checkbox"/> YES <input type="checkbox"/> NO				\$

**CHECK EACH COVERAGE DESIRED (ALL COVERAGE MAY NOT BE AVAILABLE IN ALL STATES THIS IS NOT A COMPLETE LIST)**

ENDORSE-MENT #	COVERAGE OPTIONS	ENDORSE-MENT #	COVERAGE OPTIONS
<input type="checkbox"/> FO-15	Actual Cash Value	<input type="checkbox"/> FO-346	4-H and F.F.A. Animals
<input type="checkbox"/> FO-25	Consent to Move Mobile Home	<input type="checkbox"/> FO-349	Suffocation of Livestock
<input type="checkbox"/> FO-26	Collision or Upset	<input type="checkbox"/> FO-350	Debris Removal – Coverages E and F
<input type="checkbox"/> FO-27	Secured Party's Interest – Additional Coverage	<input type="checkbox"/> FO-352	Peak Season Inventory – Farm Personal Property
<input type="checkbox"/> FO-30	Incidental Property Coverages – Higher Limits	<input type="checkbox"/> FO-354	Earthquake – Coverage's E, F and G
<input type="checkbox"/> FO-41	Additional Insureds (Property)	<input type="checkbox"/> FO-356	Added Animal Perils
<input type="checkbox"/> FO-48	Related Private Structures	<input type="checkbox"/> FO-360	Farm Machinery
<input type="checkbox"/> FO-54	Earthquake	<input type="checkbox"/> FO-361	Property in Transit – Coverage's F and G
<input type="checkbox"/> FO-55	Replacement Value	<input type="checkbox"/> FO-362	Special Form Coverage – Farm Barns, Buildings, and Structures
<input type="checkbox"/> FO-60	Debris Removal	<input type="checkbox"/> FO-363	Repair or Rebuilding Requirement
<input type="checkbox"/> FO-61	Scheduled Personal Property	<input type="checkbox"/> FO-364	Replacement Cost Provision for Well Pumps
<input type="checkbox"/> FO-65	Coverage C – Higher Limit of Liability on Certain Property	<input type="checkbox"/> FO-6 Policy Form	Farm Extra Expense \$_____ Limit
<input type="checkbox"/> FO-68	Scheduled Glass	<input type="checkbox"/> GL-9	Personal Liability Coverage
<input type="checkbox"/> FO-69	Business Property – Business Occupancy on the Insured Premises	<input type="checkbox"/> GL-40	Structures Rented to Others
<input type="checkbox"/> FO-70	Ordinance or Law	<input type="checkbox"/> GL-70	Additional Insured – Persons or Organizations
<input type="checkbox"/> FO-75	Amendment of Vacancy or Unoccupied	<input type="checkbox"/> GL-71	Additional Insured – Partners or Co-owners
<input type="checkbox"/> FO-123	Pollutant Clean Up and Removal	<input type="checkbox"/> GL-72	Additional Insured
<input type="checkbox"/> FO-125	Dwelling Under Construction – Theft	<input type="checkbox"/> GL-73	Additional Residences or Farms – Rented to Others
<input type="checkbox"/> FO-170	Computers	<input type="checkbox"/> GL-74	Business Activities
<input type="checkbox"/> FO-178	Insurance By More Than One Company	<input type="checkbox"/> GL-75	Custom Farm Work
<input type="checkbox"/> FO-184	Automatic Adjustment of Limits	<input type="checkbox"/> GL-76	Employer's Liability – Farm Employees
<input type="checkbox"/> FO-200	Replacement Cost Terms – Mobile Homes	<input type="checkbox"/> GL-78	Fruit or Vegetable Picking – By Public
<input type="checkbox"/> FO-208	Water Damage – Sewers, Drains and Sumps	<input type="checkbox"/> GL-80	Office, Professional, Private School, or Studio Occupancy
<input type="checkbox"/> FO-216	Premises Alarm or Fire Protection System	<input type="checkbox"/> GL-81	Personal Injury (with GL-2, GL-9 only)
<input type="checkbox"/> FO-255	Repair Cost Terms	<input type="checkbox"/> GL-82	Watercraft
<input type="checkbox"/> FO-256	Modified Replacement Cost Terms	<input type="checkbox"/> GL-83	Snowmobile
<input type="checkbox"/> FO-257	Ordinance or Law – Farm Barns, Buildings and Structures	<input type="checkbox"/> GL-84	Care Provided for Others
<input type="checkbox"/> FO-307	Sprinkler Leakage	<input type="checkbox"/> GL-90	Incidental Business Pursuits
<input type="checkbox"/> FO-323	Weight of Ice, Snow or Sleet	<input type="checkbox"/> GL-95	Products Aggregate Limits
<input type="checkbox"/> FO-324	Winter Perils – Livestock	<input type="checkbox"/> GL-108	Additional Insured
<input type="checkbox"/> FO-330	Incidental Property Coverage's – Higher Limits	<input type="checkbox"/> GL-615	Exclusion of Products/Completed Work Coverage
<input type="checkbox"/> FO-340	Limited Perils – Coverage's E, F and G	<input type="checkbox"/> GL-872	Farm Employers Liability Coverage (with GL-610 only)
<input type="checkbox"/> FO-341	Replacement Cost Terms – Farm Barns, Buildings and Structures	<input type="checkbox"/> GL-904	Personal and Advertising Injury Liability Coverage (with GL-610 only)
<input type="checkbox"/> FO-345	Theft of Building Materials – Farm Barns, Buildings and Structures	<input type="checkbox"/> AD9182EM	Horse Boarding Operations

**LIABILITY SECTION**

LIMITS OF LIABILITY CHECK ONE  \$500,000  \$1,000,000  Other \$ \_\_\_\_\_

LIABILITY FORMS  Farm Liability or  Commercial Farm/Stable With Personal Liability:  Included  Excluded

Umbrella Coverage is available in most states. Please contact **BUXTON Equine** for information and an application.

**ADDITIONAL INSURED (SUBJECT TO COMPANY APPROVAL)**

NAME	ADDRESS	INTEREST	REASON

**ADDITIONAL RESIDENCE PREMISES OCCUPIED BY INSURED (LIABILITY ONLY)**

**WATERCRAFT LIABILITY (GL-82) MVR Required**

COMPLETE DESCRIPTION	MAKE	SERIAL #	LENGTH	H.P.	M.P.H.

**SNOWMOBILE LIABILITY (GL-83) MVR Required**

COMPLETE DESCRIPTION	MAKE OR MODEL	SERIAL #

**OFFICE, PROFESSIONAL, PRIVATE SCHOOL, STUDIO OCCUPANCY (GL-80)**

DESCRIPTION OF BUSINESS	LOCATION

**INCIDENTAL BUSINESS PURSUITS – EXCLUDING PRODUCTS AND COMPLETED OPERATIONS (GL-90)**

NAME OF INSURED(S)	BUSINESS DESCRIPTION	ESTIMATED GROSS ANNUAL RECEIPTS

ARE YOU ENGAGED IN CUSTOM FARM WORK (GL-75)  
 YES  NO IF YES, PROVIDE ESTIMATE OF ANNUAL RECEIPTS \$

DO YOU CARRY WORKERS COMPENSATION COVERAGE  
 YES  NO CARRIER POLICY NUMBER

**FAIR CREDIT REPORTING ACT NOTICE**

The insurer to which this application is submitted may request a consumer report. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer-reporting agency that furnished the report.

**STANDARD FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

- FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.
- VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- WASHINGTON D.C.: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if the applicant provided false information materially related to a claim.

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

DATE / /	APPLICANT'S SIGNATURE (REQUIRED) <b>X</b>
DATE / /	AGENT'S SIGNATURE (REQUIRED) <b>X</b>
DATE OF LAST INSPECTION / /	<input type="checkbox"/> I have NOT seen the property. <input type="checkbox"/> I have seen the property.

**The following Supplements are attached (please check):**

- Equine Liability Supplement
- Coverage G – Blanket Farm Personal Property Supplement
- Fireplace, Wood Burning Stove Supplement
- Collapse Coverage Supplement

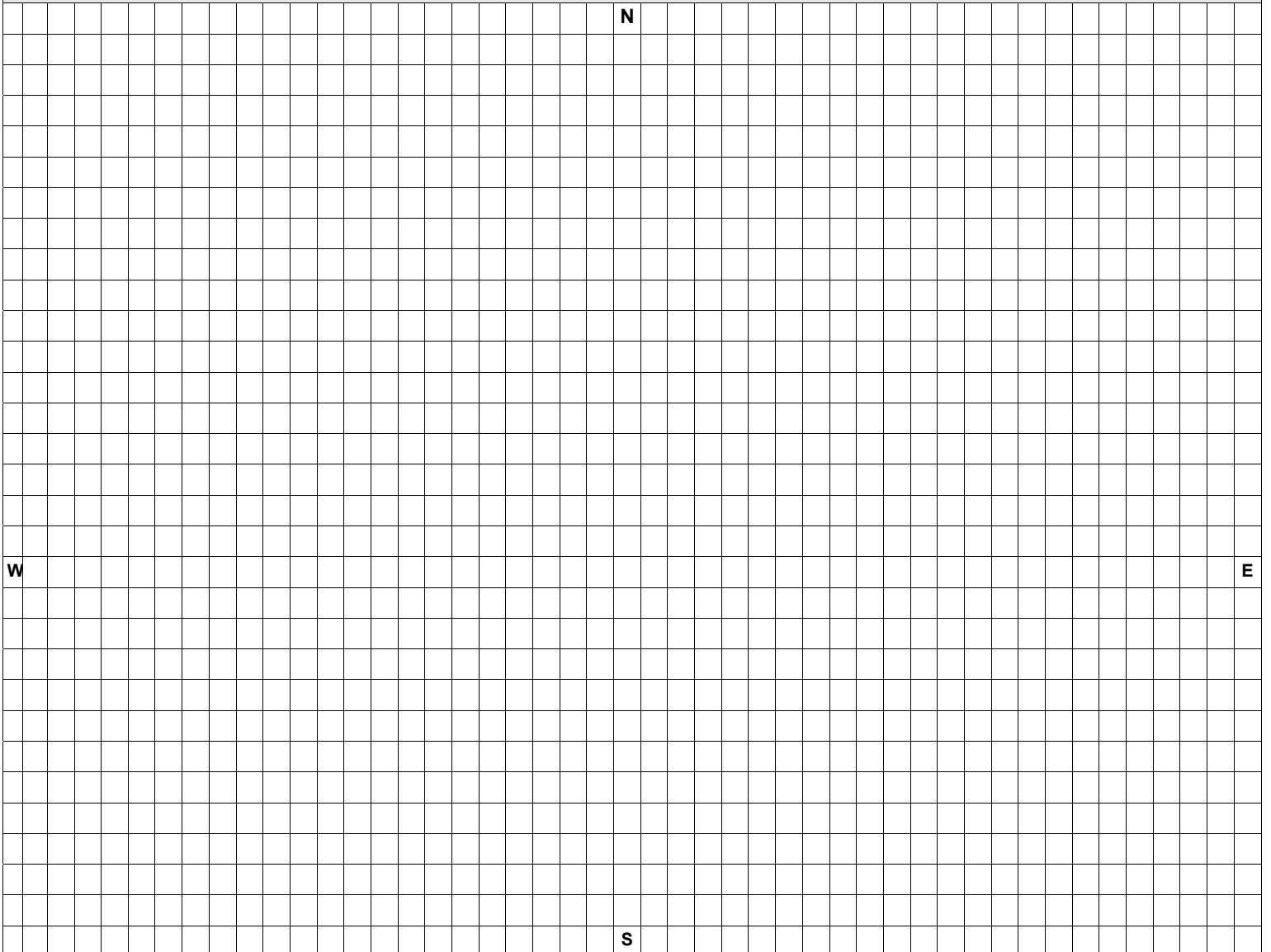


<u>Described Machinery</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Serial Number</u>	<u>Open Perils</u>
					<input type="checkbox"/> YES <input type="checkbox"/> NO
6. \$ _____ On _____					
7. \$ _____ On _____					
8. \$ _____ On _____					
9. \$ _____ On Horses (limit \$2,500 for any one animal), Type _____					
10. \$ _____ On Other Livestock (limit \$2,500 for any one animal), Type _____					
11. \$ _____ On Specifically Described Horses (Attach schedule including name, age, sex, and use. Race and show horses not eligible.)					
12. \$ _____ On contents of dwelling on Coverage E _____					
13. \$ _____ On _____					
14. \$ _____ On misc. tools and equipment (limit \$1,500 for any one item) _____					
15. \$ _____ On misc. tack and related equipment (limit \$1,500 for any one item) _____					
16. \$ _____ On specifically described tack (attach schedule)					

**COVERAGE G – BLANKET FARM PERSONAL PROPERTY**  
 \*Limit: \_\_\_\_\_ \*Subject to 80% Coinsurance Clause – Complete Coverage G Blanket Supplement

**DIAGRAM**

SHOW ALL BUILDINGS ON THE PREMISES (WHETHER INSURED OR NOT), OUTSIDE DIMENSIONS AND DISTANCE BETWEEN EACH. INDICATE NC IF NOT COVERED. LABEL ALL BUILDINGS AND ATTACH A CLEAR, DATED PHOTO OF EACH BUILDING. (DIGITAL PHOTOS/DOCUMENTS CAN BE ACCEPTED OVER THE INTERNET.)



SCHEDULE OF COMPUTER EQUIPMENT		DEDUCTIBLE:	
HARDWARE LIMIT	MAKE	DESCRIPTION	SERIAL NUMBER
SOFTWARE LIMIT			

COVERAGE E – SCHEDULED FARM BARN, BUILDINGS, STRUCTURES, DWELLINGS																
LO C #	BLD G #	LIMIT OF INS.	DESCRIPTION	BLDG TYPE 1, 2 OR 3	YEAR BUILT	CONST F/M	HAY Y / N	RC/ ACV	LENGTH & WIDTH	TYPE HEAT	TYPE ROOF	AGE	# OF STALL S	CAUSES OF LOSS		
														BASI C	SPECIAL *	WISS *
		\$														
		\$														
		\$														
		\$														
		\$														
		\$														
		\$														
		\$														

\*If Special Form or WISS, Collapse Coverage Supplement MUST be completed.

<b>MOBILE HOME SECTION</b>	MAKE	SERIAL NUMBER (S)	SOLID FOUNDATION <input type="checkbox"/> YES <input type="checkbox"/> NO	TIE DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO	SKIRTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	MAKE	SERIAL NUMBER (S)	SOLID FOUNDATION <input type="checkbox"/> YES <input type="checkbox"/> NO	TIE DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO	SKIRTED <input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDINGS OVER 20 YEARS OLD - YR HEATING, PLUMBING, WIRING WERE UPDATED				ARE "NO SMOKING" SIGNS POSTED <input type="checkbox"/> Yes <input type="checkbox"/> No	
DO ANY BUILDINGS HAVE EXPOSED URETHANE OR STYRENE INSULATION – IF YES, IDENTIFY BUILDINGS AND DESCRIBE <input type="checkbox"/> YES <input type="checkbox"/> NO				ARE FIRE EXTINGUISHERS MAINTAINED IN BARN AND STABLES <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE BUILDINGS BEING RENOVATED, REMODELED OR UNDER CONSTRUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:					

**NOTE: IF DECLINING COVERAGE FOR COLLAPSE DUE TO WEIGHT OF ICE, SLEET OR SNOW, PLEASE INITIAL HERE:**

**CRITERIA FOR BUILDING TYPES 1, 2, 3**

DWELLINGS	FARM BARN, BUILDINGS & STRUCTURES	SILOS
A. Excellent Repair B. Good Repair C. Foundation – Continuous Construction D. Approved Central Heating E. Modern Electrical & Plumbing System F. Wood Burner as Supplement Heat <b>Type 1 – ACDE</b> <b>Type 2 – BCDEF</b> <b>Type 3 – All Others</b>	A. \$4,000 Minimum B. Good Physical Condition C. Not Over One Story D. Foundation – Continuous Construction E. Approved Pole Barn F. Fully Enclosed, No Open Sheds Attached G. No Hay H. Fully Utilized in Farm/Stable Operation <b>Type 1 – ABC/DEFG</b> <b>Type 2 – ABD/EH</b> <b>Type 3 – All Others</b>	<b>Type 1:</b> Minimum Amount \$5,000 All silos except frame or frame iron clad <b>Type 2:</b> Minimum Amount \$1,000 All silos not qualifying for Type 1 except frame or frame iron <b>Type 3:</b> Frame, including frame iron clad <u>Mobile Homes</u> <b>Type 1:</b> Must be set on continuous foundation under all exterior walls <b>Type 2:</b> All others not eligible for Type 1

**COVERAGE F – SCHEDULED FARM PERSONAL PROPERTY – BASIC PERILS – ACV**

1. \$ _____ On _____
2. \$ _____ On Hay in Barns
3. \$ _____ On Hay in Stacks (stack limit of \$ _____ on hay, max. \$10,000, and \$ _____ on straw and fodder)
4. \$ _____ On Machinery Not Described (limit \$2,500 for any one item)
5. \$ _____ On Borrowed, Rented or Leased Farm Machinery and Equipment

PROPERTY SECTION							
LOC #	# OF ACRES	LEGAL DESCRIPTION OF LOCATIONS TO BE INSURED, INCLUDING COUNTY, STATE, ZIP CODE	USED BY INSURED	MILES FROM FIRE DEPT.	FEET FROM HYDRANT	WITHIN 10 MILES FROM COAS	BRUSH ZONE
1			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**DWELLING INFORMATION**

L O C. #	DWL #	COVER A LIMIT	COVERAGE A DWELLING	COVER. B LIMIT	COVER. C LIMIT	COVERAGE C UNSCHED PERS PROP	COVERAGE D LOU USE LIMIT	TYPE OF CONS T	YEAR BUILT	MOBILE HOME		DED.	CAUSES OF LOSS	
										YES	NO		BROAD	SPECIAL
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC				<input type="checkbox"/>	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC				<input type="checkbox"/>	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC				<input type="checkbox"/>	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC				<input type="checkbox"/>	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC				<input type="checkbox"/>	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC				<input type="checkbox"/>	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC				<input type="checkbox"/>	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>

<b>MOBILE HOME SECTION</b>	MAKE	SERIAL NUMBER(S)	SOLID FOUNDATION <input type="checkbox"/> YES <input type="checkbox"/> NO	TIE DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO	SKIRTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	MAKE	SERIAL NUMBER(S)	SOLID FOUNDATION <input type="checkbox"/> YES <input type="checkbox"/> NO	TIE DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO	SKIRTED <input type="checkbox"/> YES <input type="checkbox"/> NO

**NOTE:** Coverage B unavailable in California. Additional Structures can be covered under Coverage E.

DWG. NO.	PRIMARY RESIDENCE	OCCUP. SEASONAL	TENANT	EMPL	GRND FLOOR	LOCAL ALARM	CENTRAL STATION	SMOKE /HEAT DET	TYPE OF HEAT	THERMO CONTROL	WOODSTOVE /FIREPLACE	NEAR WATER SOURCE	UPDATE		
													PLUMBING	ELECTRIC	ROOF
	Y/N	Y/N	Y/N	Y/N	SQ. FT.	Y/N	Y/N	Y/N		Y/N	Y/N*	Y/N	YEAR	YEAR	YEAR
1															
2											*Complete				
3											Woodstove				
4											Suppl.				
5															
6															
7															

FIRST MORTGAGEE	MAILING ADDRESS INCLUDING ZIP CODE	LOAN NUMBER
SECOND MORTGAGEE	MAILING ADDRESS INCLUDING ZIP CODE	LOAN NUMBER
LOSS PAYEE	MAILING ADDRESS INCLUDING ZIP CODE	

ADDITIONAL PERSONAL PROPERTY COVERAGE			
SCHEDULED PROPERTY	TOTAL LIMIT	SCHEDULED PROPERTY	TOTAL LIMIT
Jewelry	\$	Fine Arts	\$
Furs	\$	Other	\$
Silverware	\$	<b>A complete schedule and current appraisals (within 3 years) on any item over \$1,500 must be provided before coverage can be bound.</b>	

# FARMOWNERS APPLICATION

## THIS IS NOT A BINDER

Incomplete or unsigned Applications will be returned for completion

<input type="checkbox"/> New <input type="checkbox"/> Renewal of # _____		EFFECTIVE DATE    /    /		TYPE OF FARM OR RANCH	
APPLICANT			AGENCY NAME <b>BUXTON EQUINE</b>		
DBA			AGENCY CODE		
MAILING ADDRESS (INCLUDING CITY, STATE, ZIP CODE)			MAILING ADDRESS (INCLUDING CITY, STATE, ZIP CODE) <b>PO BOX 6823 LAKE WORTH, FL 33466-6823</b>		
PHONE NUMBER (    )		FAX NUMBER (    )		PHONE NUMBER <b>(561) 585-0900</b> FAX NUMBER <b>(561) 586-0870</b>	
EMAIL ADDRESS		SOCIAL SECURITY NUMBER		EMAIL ADDRESS <b>bill@buxtonequine.com</b>	
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: specify _____					
FEDERAL EIN		NAMES OF ALL PARTNERS OR OFFICERS			

Applicant is:     Owner Operator     Absentee Owner     Other: specify \_\_\_\_\_

### GENERAL INFORMATION

1. DESCRIBE FARMING OPERATIONS		APPLICANT'S ADDITIONAL OCCUPATION			
2. # OF YEARS EXPERIENCE IN THIS TYPE OF OPERATION			# OF YEARS AT THIS LOCATION		
3. HOW LONG HAS THE AGENT KNOWN THE APPLICANT		HAS PROPERTY BEEN INSPECTED <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DATE _____			
4. OVERALL MAINTENANCE & CONDITION OF THE GROUNDS, FENCING AND BUILDINGS <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
5. DESCRIBE BUILDINGS OR FENCES IN FAIR OR POOR CONDITION			HOW OFTEN IS FENCING CHECKED		
6. DO YOU HAVE A ROADSIDE MARKET <input type="checkbox"/> Yes <input type="checkbox"/> No			"PICK YOUR OWN" OPERATIONS <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. IS THERE ANY OTHER BUSINESS BEING CONDUCTED ON THE COVERED LOCATION <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" Describe					
8. IS THERE A SWIMMING POOL <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, IS IT ENCLOSED BY A FENCE <input type="checkbox"/> Yes <input type="checkbox"/> No		IT RESTRICTED TO PRIVATE USE OF RESIDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. IDENTIFY LIABILITY HAZARDS – CHECK THE BOXES THAT APPLY <input type="checkbox"/> Hunting <input type="checkbox"/> 3-Wheel ATV or ATC <input type="checkbox"/> Trampoline <input type="checkbox"/> Ponds/Fishing <input type="checkbox"/> Airstrip <input type="checkbox"/> Junk Cars <input type="checkbox"/> Other <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Daycare <input type="checkbox"/> Overnight Camps					
10. DOES APPLICANT RENT OR LEASE ANY OF THE LAND, BUILDINGS, STABLES TO OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No IF "YES EXPLAIN					
11. ANY HORSE EXPOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, COMPLETE EQUINE LIABILITY SUPPLEMENT.</b>					
12. ANY DOGS ON THE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, HOW MANY AND WHAT BREED		HAS ANY DOG BITTEN OR INJURED ANYONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. DOES APPLICANT OWN CATTLE <input type="checkbox"/> Yes <input type="checkbox"/> No		SWINE <input type="checkbox"/> Yes <input type="checkbox"/> No		SHEEP <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, NUMBER OF HEAD AND RANGE ACRES		IF YES, NUMBER OF HEAD		IF YES, NUMBER OF HEAD AND RANGE ACRES	
14. ADVISE IF ANY NON-DOMESTIC, EXOTIC ANIMALS, EMUS, OSTRICHES, REPTILES, OTHER					
15. HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO RENEW SIMILAR COVERAGE – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No					

### PROPERTY AND LIABILITY -- PREVIOUS 3 YEARS CARRIER INFORMATION

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES/RESERVE
1.					
2.					
3.					

**EXPLAIN ANY LOSSES WITHIN PAST THREE YEARS, INCLUDE APPROXIMATE DATES**